



Centers for Disease Control and Prevention

**NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH
PROMOTION**

Epilepsy Incidence Among Children in the United States

RFA-DP-25-038

01/23/2025

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Overview

Participating Organization(s)

Centers for Disease Control and Prevention

Components of Participating Organizations

Components of Participating Organizations:

National Center for Chronic Disease Prevention and Health Promotion

Notice of Funding Opportunity (NOFO) Title

Epilepsy Incidence Among Children in the United States

Activity Code

U01

Notice of Funding Opportunity Type

New

Agency Notice of Funding Opportunity Number

RFA-DP-25-038

Assistance Listings Number(s)

93.068

Category of Funding Activity

HL - Health

NOFO Purpose

The purpose of this NOFO is to:

- 1) Estimate overall epilepsy incidence among U.S. children 0 – 17 years of age.
- 2) Examine potential disparities in incidence rates of epilepsy stratified by demographic, geographic, social determinants of health, or other characteristics.

3) Identify factors that contribute to the risk of developing epilepsy and examine the association between risk factors and incidence.

Key Dates

Publication Date:

To receive notification of any changes to RFA-DP-25-038, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.

Letter of Intent Due Date:

12/12/2024

Application Due Date:

01/23/2025

On-time submission requires that electronic applications be error-free and made available to CDC for processing from the NIH eRA system on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov no later than 11:59 PM U.S. Eastern Time.

Applicants will use a system or platform to submit their applications through Grants.gov and eRA Commons to CDC. ASSIST, an institutional system to system (S2S) solution, or Grants.gov Workspace are options. ASSIST is a commonly used platform because it provides a validation of all requirements prior to submission and prevents errors.

For more information on accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: <https://era.nih.gov/erahelp/assist>. Additional support is available from the NIH eRA Service desk via <http://grants.nih.gov/support/index.html>.

- E-mail: commons@od.nih.gov
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552
- Hours: Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding Federal holidays

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Scientific Merit Review:

03/19/2025

Secondary Review:

04/30/2025

Estimated Start Date:

09/30/2025

Expiration Date:

01/24/2025

Required Application Instructions

It is critical that applicants follow the instructions in the [How to Apply - Application Guide](#) except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan is limited to 12 pages.

Page Limitations: Pages that exceed the page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

Applications that do not comply with these instructions may be delayed or may not be accepted for review.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Executive Summary

Mechanism of Support. Cooperative agreement.

Funds Available and Anticipated Number of Awards. \$1.6 million is available for this NOFO. One award is anticipated. Awards issued under this NOFO are contingent upon availability of funds and a sufficient number of meritorious applications. Because the nature and scope of the proposed research will vary from application to application, it is also anticipated that the size and duration of each award may also vary. The total amount awarded and the number of awards will depend upon the number, quality, duration, and cost of the applications received.

Budget and Period of Performance. The estimated total funding (direct and indirect) for the first budget period, September 30, 2025 to September 29, 2026, is \$500,000. The estimated total funding (direct and indirect) for the entire Period of Performance, September 30, 2025 to September 29, 2029, is \$1.6 million.

Eligible Institutions/Organizations. Institutions/organizations listed in Section III.1 are eligible to apply.

Eligible Project Directors/Principal Investigators (PD/PI). Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. CDC does not make awards to individuals directly. Individuals from organizations that are uniquely prepared to examine research relevant to underserved groups, including sexual orientation and gender identity minorities as well as individuals with disabilities are always encouraged to apply.

Number of PDs/Pis. Applicants are expected to support the study design with an efficient leadership structure. If multiple PIs are proposed, applicants must provide a multiple leadership plan. https://grants.nih.gov/grants/multi_pi/

Number of Applications. Only one application per institution (normally identified by having a unique UEI number) is allowed. **Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission.** The UEI replaced the Data Universal Numbering System (DUNS) and 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](#).

Application Type. New.

Special Date(s).

Informational webinar

Date: 12-17-2024; Time: 2:00 pm (Eastern) Date and time are subject to change.

Join from a PC, Mac, iPad, iPhone or Android device.

Please click this URL to join.

https://cdc.zoomgov.com/join/1601265284?tk=GwnIQIXfVuNkZlownJ9mibRm6KIvBj2luyTBaAEoGg.DQYAAAAAX3FehBZZZkNLOU96WlFHMjRwa2hOSzc4R3N3AA&pwd=ODR4d0daVnBBaEhHYWZkOHlRMjhKdz09&uuid=WN_zGxnPjRmRteJtSR5Fg1pDQ

Passcode: NDE9&ut7

Telecommunications for the hearing impaired are available at: TYT: 1-888-232-6348

Grantor Contact Name: Natalie Brown, Scientific Program Official

Contact: 404-639-4601 (Ph); nbrown3@cdc.gov

Link to Additional Information

<https://nap.nationalacademies.org/read/13379/chapter/1>

<https://pubmed.ncbi.nlm.nih.gov/32451250/>

Section I. Funding Opportunity Description

Statutory Authority

Section 301(a) and 317 (k)(2) of the Public Health Service Act [42 USC 241(a) and 247b(k)(2), as amended.

1. Background and Purpose

Epilepsy is a neurological disease characterized by recurring seizures (1). Approximately 1.2% of the U.S. population, roughly 3.4 million people, are living with active epilepsy, defined as being treated with anti-seizure medications and/or having had one or more seizures in the past year (2). Among this group, approximately 456,000 individuals are children aged 0 – 17 years (3).

Children represent one of the largest populations with newly diagnosed epilepsy (4). Epilepsy incidence among children is highest in their first year of life and declines by the end of their first decade (4). In the U.S. general population, studies of pediatric epilepsy incidence and prevalence rates are scant, and less is known about pediatric epilepsy risk factors. A 2020 CDC article analyzes progress and gaps in data since the inception of CDC's epilepsy program to develop a body of scientific understanding of epilepsy burden, *CDC-supported epilepsy surveillance and*

epidemiologic studies: A review of progress since 1994. The article identifies that more research to determine incidence burden and associated risk factors among U.S. children is warranted (5).

Some studies have used nationwide administrative and claims data to estimate epilepsy incidence among children in 13 states (6,7); however, these studies were conducted more than a decade ago, prior to expanded Medicaid benefits under the Affordable Care Act and when there was less access to nationally representative data.

Only a few population-based estimates of epilepsy incidence among children in the United States exist, and these are also outdated. The studies focused on specific geographic areas and have small sample sizes (8-10), which limit national generalizability. Incidence disparities among child subpopulations also have not been fully explored other than studies focused on certain age groups (6-10).

Research on risk factors that may affect the development of pediatric epilepsy is also scant. Of the few known risk factors, some are preventable (e.g., brain injury, infection-related) (4). Other potential risk factors affect fetal brain development during the prenatal, perinatal, and neonatal stages such as maternal risk behaviors, asphyxia, and trauma respectively. (4,11,12).

Complications and adverse events during this time may increase the risk of developing epilepsy in childhood. Other potential risk factors for developing epilepsy in childhood may include comorbidities, environmental exposures, paternal risk behaviors, and social determinants of health (SDOH).

A promising study using large administrative and claims data, albeit not population-based, examined preexisting potential risk factors and found that neonatal seizures had the strongest independent association with the development of epilepsy after controlling for other primary variables (13). Further research using nationally representative data is needed to advance our understanding of risk factors and etiology to improve epilepsy diagnosis and prevention.

Although pediatric epilepsy research to determine national incidence rates, incidence disparities, and risk factors is limited (4,13), advancements in the past decade point to the possibility of estimating a current, national incidence burden as well as evaluating associated risk factors for children. For example, more families have health insurance, facilitating access to a health system since the Affordable Care Act was enacted; electronic health records are widely used; diagnostic tools such as genetic testing have improved; and studies demonstrate that machine learning methods are effective in diagnosing diseases and conditions (17), including population-based studies (14,15). Machine learning can be particularly useful in the field of epilepsy because the classification standard includes numerous types of seizures, epilepsies, and syndromes (16). For this NOFO, machine learning has the potential to ascertain seizures and epilepsy types, including rare forms of epilepsy, in data sets where the diagnosis is not specific or is inaccurate, as well as to generate population-based estimates (18).

The purpose of this NOFO is to use standardized definitions of epilepsies and validated methods to:

- 1) Estimate overall epilepsy incidence among U.S. children 0 - 17 years of age.
- 2) Examine potential disparities in incidence rates of epilepsy stratified by demographic, geographical, social determinants of health, and other characteristics.

3) Identify factors that contribute to the risk of developing epilepsy, as well as examine the association between these risk factors and incidence.

This NOFO will contribute to a better understanding of epilepsy incidence, incidence disparities, and associated risk factors among the general U.S. pediatric population. The knowledge obtained from this study would help health officials shape public health policies based on epilepsy incidence burden and improve the quality of life for children with epilepsy and their families. Results will inform future research by identifying research gaps in epilepsy incidence as well as risk factors that underlie disparities.

References

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2. Zack MM, Kobau R. National and State Estimates of the Numbers of Adults and Children with Active Epilepsy - United States, 2015. *MMWR Morb Mortal Wkly Rep*. 2017 Aug 11; 66 (31):821-825.
3. Child and Adolescent Health Measurement Initiative. 2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 6/30/2024 from www.childhealthdata.org.
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5. Tian N, Janet B. Croft, Kobau R, Zack MM, Kurt JG. CDC-supported epilepsy surveillance and epidemiologic studies: A review of progress since 1994. *Epilepsy & Behavior*. 2020 Aug;109:107123. doi: 10.1016/j.yebeh.2020.107123. Epub 2020 May 22.
6. Helmers SL, Thurman DJ, Durgin TL, Pai AK, Faught E. Descriptive epidemiology of epilepsy in the U.S. population: A different approach *Epilepsia*. 2015 Jun;56(6):942-8. doi: 10.1111/epi.13001. Epub 2015 Apr 29.
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Healthy People 2030 and other National Strategic Priorities

This NOFO addresses Healthy People 2030 Children-general (MICH 03) to “Reduce the rate of deaths in children and adolescents aged 1 to 19 years.”

The NOFO aligns with CDC’s strategic plan to “develop and deploy word-class data and analytics,” including to “promote seamless reporting of clinical laboratory and other essential public health data.” <https://www.cdc.gov/about/priorities/index.html>. Another CDC priority is to turn research into life-saving strategies to support young families. <https://www.cdc.gov/washington/testimony/2024/t20240723.htm>

Public Health Impact

This NOFO contributes to a comprehensive understanding of epilepsy incidence, incident-related risk factors, and incidence disparities among the general U.S. pediatric population. The knowledge obtained from this study will help health officials shape public health policies by allocating resources, planning for healthcare services, addressing disparities, and implementing preventive measures. By understanding burden and risk factors, the study results will aid researchers to delve further into early detection and intervention for epilepsy, formulate optimal

treatment strategies, and enhance education and the quality of life for affected children and their families.

Relevant Work

Not applicable.

2. Approach

For the purposes of this NOFO, epilepsy is defined according to the *Classification of Epilepsies* (16), to include all types. Incidence rates are expected to be calculated based on all types, inclusive of the most common types of epilepsy, as data are available. Incidence is defined as the number of new epilepsy cases during a specified time period.

The applicant is expected to propose a research plan with the following information:

- A research team with demonstrated expertise in epidemiological methods, analysis, and pediatric epilepsy diagnosis and care, with the expertise to analyze multiple-year dataset(s) and stratify by subpopulation.
- A study design that yields findings which are nationally representative or approximate national representation.
- A timeline which includes milestones for acquiring data of sufficient quantity and quality to conduct the proposed research within the period of performance.
- A preliminary analysis of historic data (if available) to test case identification, evaluate statistical methodology, as well as assess the feasibility of achieving study objectives and identify possible obstacles to ensure a successful plan to obtain the sample.

The applicant is expected to conduct a study that meets the following data requirements:

- A representative sample that considers factors related to a balanced study population, including demographic and social determinants of health factors.
- The most recent data available.
- A description of data source(s), including sources for variables to examine potential risk factors (e.g. electronic health records [EHR]; public/commercial administrative data; survey data).
- Dataset(s) with sufficient sample sizes relative to potential risk factors, allowing incidence rates to be stratified by these factors to examine incidence disparities.

The applicant is expected to describe the study design that includes:

- A wide range of risk factors that are based on the scientific literature and include *both* those related to fetal development and other factors such as comorbidity and SDOH.
- Adequate details/justification for necessary sample sizes; a power analysis may be necessary depending on the data source and sample size for subgroup analysis.
- Standardized definitions and validated methods to ascertain incident epilepsy cases. The applicant is encouraged to leverage advanced data science techniques, including machine learning, natural language processing, or other artificial intelligence tools.

Objectives/Outcomes

Applicants are expected to specify measurable objectives and outcomes, including but not limited to:

- An estimated overall epilepsy incidence rate of U.S. children 0 – 17 years of age at the statistical significance level of at least 0.05. Incidence rates are expected to be inclusive of the most common epilepsies, as data are available.
- Estimated epilepsy incidence rates (at the statistical significance level of at least 0.05) stratified by demographic factors, social determinants of health, and other characteristics.
- Identified fetal brain development and other risk factors with statistically significant associations (at the statistical significance level of at least 0.05) between the identified risk factors and incident epilepsy.
- Producing and communicating findings that enable policymakers and providers to improve epilepsy prevention, screening, management, and care.

Population of Focus

The population of focus is U.S. children aged 0 – 17 years. The population studied should be nationally representative, corresponding to statistical estimates of the U.S. child population by sex, race, ethnicity, and geographic distribution as defined by the U.S. Census Bureau.

Applicants should ensure the population under study is inclusive of subpopulations based on factors that might identify health disparities related to social determinants of health.

Collaboration/Partnerships

Partners may include stakeholders such as professional medical groups, clinical networks, research organizations, and national or state-level epilepsy organizations. Applicants are expected to describe how key stakeholders will be involved in the research, particularly exploring risk factors and translating research findings to reduce disparities.

Evaluation/Performance Measurement

The applicant is expected to include a Year 1 evaluation plan that measures SDOH, research activities, and proposed outcomes with performance measurements, milestones, and outputs aligning with the NOFO purpose. The plan is expected to include outputs such as acquiring data sets, finalizing analytical plans, and developing partnerships/collaborations; as well as preliminary analysis results (if analysis is possible). Place the evaluation/performance measurement plan in the Appendix.

The recipient is expected to finalize a full plan by the 6th month of receiving the award and update the plan yearly. Resource: www.cdc.gov/eval.

Translation Plan

Applications are expected to include an outline of a detailed dissemination plan for the study findings. The outline is expected to include the anticipated dissemination strategies and timeline for recommendations to promote, enhance, or advance the translation of the research into public health and policy practice, including translating the research findings related to social determinants of health. A revised complete plan is expected within six months of award start date.

3. Funding Strategy

N/A

Section II. Award Information

Funding Instrument Type:

CA (Cooperative Agreement)

A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

Application Types Allowed:

New - An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round.

Estimated Total Funding:

\$1,600,000

The estimated total funding for the first budget period, September 30, 2025 to September 29, 2026, is \$500,000. The estimated total funding for the entire four-year Period of Performance, September 30, 2025 to September 29, 2029, is \$1.6 million.

Anticipated Number of Awards:

1

The estimated total funding for the first budget period, September 30, 2025 to September 29, 2026, is \$500,000. The estimated total funding for the entire four-year Period of Performance, September 30, 2025 to September 29, 2029, is \$1.6 million. The anticipated number of awards is one.

Awards issued under this NOFO are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

Award Ceiling:

\$500,000

Per Budget Period

Award Floor:

\$0

Per Budget Period

Total Period of Performance Length:

4 year(s)

Throughout the Period of Performance, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement

(<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>) will apply to the applications submitted and awards made in response to 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.

Section III. 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)

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

Additional Eligibility Category:

The following types of Higher Education Institutions are always encouraged to apply for CDC support as Public or Private Institutions of Higher Education:

Hispanic-serving Institutions

Historically Black Colleges and Universities (HBCUs)

Tribally Controlled Colleges and Universities (TCCUs)

Alaska Native and Native Hawaiian Serving Institutions

Nonprofits (Other than Institutions of Higher Education):

Nonprofits (Other than Institutions of Higher Education)

Governments:

U.S. Territory or Possession

2. Foreign Organizations

Foreign Organizations **are not** eligible to apply.

Foreign components of U.S. Organizations are eligible to apply.

For this announcement, applicants may include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Additional Information on Eligibility

N/A

4. Justification for Less than Maximum Competition

N/A

5. Responsiveness

Access to Population of Focus

Evidence must include documentation demonstrating the applicant has access to or has requested permission to use proposed data set(s). The document must be signed and detailed, such as a memorandum of understanding or agreement, intent to contract, or other signed agreement that states the source will provide access to and facilitate data sharing. Evidence must be placed in Appendix 1.

If an applicant requests a funding amount greater than the ceiling of \$500,000 as indicated in Section II of this NOFO, HHS/CDC will consider the application non-responsive, and it will not enter the review process. HHS/CDC will notify the applicant that the application does not meet the submission requirements.

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Unique Entity Identifier (UEI) number in order to begin each of the following registrations.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission. The UEI replaced the Data Universal Numbering System (DUNS) and 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](#).

(Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: [NCAGE Tool / Products / NCS Help Center \(nato.int\)](#).

System for Award Management (SAM) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, [SAM.gov](#).

[Grants.gov](#)

[eRA Commons](#)

All applicant organizations must register with Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The one-time registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

All Senior/Key Personnel (including Program Directors/Principal Investigators (PD/PIs) must also work with their institutional officials to register with the eRA Commons or ensure their existing Principal Investigator (PD/PI) eRA Commons account is affiliated with the eRA commons account of the applicant organization. All registrations must be successfully completed and active before the application due date. Applicant organizations are strongly encouraged to start the eRA Commons registration process at least four (4) weeks prior to the application due date. ASSIST requires that applicant users have an active eRA Commons account in order to prepare an application. It also requires that the applicant organization's Signing Official have an active eRA Commons Signing Official account in order to initiate the submission process. During the submission process, ASSIST will prompt the Signing Official to enter their Grants.gov Authorized Organizational Representative (AOR) credentials in order to complete the submission, therefore the applicant organization must ensure that their Grants.gov AOR credentials are active.

7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a Unique Entity Identifier (UEI) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The UEI number is a twelve-digit number assigned by SAM.gov. An AOR should be consulted to determine the appropriate number. If the organization does not have a UEI number, an AOR should register through SAM.gov. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a UEI number.

Additionally, organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later.

SAM.gov is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at SAM.gov and the [SAM.gov Knowledge Base](#).

If an award is granted, the recipient organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its UEI number to the recipient organization.

8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for

support. CDC does not make awards to individuals directly. Individuals from organizations that are uniquely prepared to examine research relevant to underserved groups, including sexual orientation and gender identity minorities as well as individuals with disabilities are always encouraged to apply.

9. Cost Sharing

This NOFO does not require cost sharing as defined in the HHS Grants Policy Statement (<http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>).

10. Number of Applications

As defined in the HHS Grants Policy Statement, (<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Only one application per institution (normally identified by having a unique UEI number) is allowed.

Section IV. Application and Submission Information

1. Address to Request Application Package

Applicants will use a system or platform to submit their applications through Grants.gov and eRA Commons to CDC. ASSIST, an institutional system to system (S2S) solution, or Grants.gov Workspace are options. ASSIST is a commonly used platform because, unlike other platforms, it provides a validation of all requirements prior to submission and prevents errors.

To use ASSIST, applicants must visit <https://public.era.nih.gov> where you can login using your eRA Commons credentials, and enter the Notice of Funding Opportunity Number to initiate the application, and begin the application preparation process.

If you experience problems accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: <https://era.nih.gov/erahelp/assist>. Additional support is available from the NIH eRA Service desk via: <http://grants.nih.gov/support/index.html>

- Email: commons@od.nih.gov
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552.
Hours: Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding Federal holidays.

2. Content and Form of Application Submission

Application guides for FORMS-H application packages are posted to the [How to Apply - Application Guide](#) page.

It is critical that applicants follow the instructions in the SF-424 (R&R) Application Guide [How](#)

[to Apply - Application Guide](#) except where instructed in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. The package associated with this NOFO includes all applicable mandatory and optional forms. Please note that some forms marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF-424 [Application Guide](#) to ensure you complete all appropriate “optional” components.

When using ASSIST, all mandatory forms will appear as separate tabs at the top of the Application Information screen; applicants may add optional forms available for the NOFO by selecting the Add Optional Form button in the left navigation panel.

3. Letter of Intent

Due Date for Letter Of Intent 12/12/2024

Although a letter of intent is not required, is not binding, nor enters into the review of a subsequent application, the information allows CDC to plan the review. By the date listed above, prospective applicants are asked to email their intent to apply and include the following information: applicant institution, descriptive title of the proposed research, name and direct telephone number of the PD(s)/PI(s), names of other key personnel, and a list of proposed participating institutions.

Email the info to Natalie Brown, Scientific Program Official, at researchnofo@cdc.gov.

Place the number and title of this NOFO in the subject line: RFA CDC DP25-038, Epilepsy Incidence Among Children in the United States.

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this NOFO in Grants.gov includes all applicable components for this NOFO, required and optional. In ASSIST, all required and optional forms will appear as separate tabs at the top of the Application Information screen.

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of components. Not all components of the Research Plan apply to all Notices of Funding Opportunities (NOFOs). Specifically, some of the following components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guide at [How to Apply - Application Guide](#) for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).

Follow the page limits stated in the SF 424 unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

1. **Introduction to Application** (for Resubmission and Revision ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the NOFO.
2. **Specific Aims** – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.
3. **Research Strategy** – the research strategy should be organized under 3 headings: Significance, Innovation, and Approach. Describe the proposed research plan, including staffing and timeline.
4. **Progress Report Publication List** (for Continuation ONLY)

Other Research Plan Sections

5. **Vertebrate Animals**
6. **Select Agent Research**
7. **Multiple PD/PI Leadership Plan**
8. **Consortium/Contractual Arrangements**
9. **Letters of Support**
10. **Resource Sharing Plan(s)**
11. **Other Plan(s)**
12. **Authentication of Key Biological and/or Chemical Resources**
13. **Appendix**

All instructions in the SF424 (R&R) Application Guide at [How to Apply - Application Guide](#) must be followed along with any additional instructions provided in the NOFO.

Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Other Plan(s) section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.

The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights - this section should address access to identifiable and de-identified data);
- A statement (required) of any limitations you may encounter with sharing data collected or generated under this award with CDC (such as legal, regulatory, policy, or technical concerns);
- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and

- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified (this section should address archiving and preservation of identifiable and deidentified data).

The AR-25 outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

<https://www.cdc.gov/grants/additional-requirements/ar-25.html>

CDC OMB approved templates may be used (e.g. NCCDPHP template

<https://www.cdc.gov/nccdphp/dch/media/files/Data-Management-Plan-template.docx>

Other examples of DMPs may be found here: USGS, <http://www.usgs.gov/products/data-and-tools/data-management/data-management-plans>

Application guides for FORMS-H application packages are posted to the [How to Apply - Application Guide](#) page.

The research strategy/plan is expected to include:

- A multidisciplinary team that includes expertise in epidemiologic methods, population studies, data analysis, and pediatric epilepsy, and expertise with population-based studies of disease burden and associated risk factors.
- A study design that yields findings which are nationally representative or approximate national representation.
- A preliminary analysis of historic data (if available) to test case identification, evaluate statistical methodology, and assess the feasibility of achieving study objectives and identify possible obstacles to ensure a successful plan to obtain the sample.
- A representative sample that considers factors related to a balanced study population, including demographic and social determinants of health factors.
- A wide range of risk factors that are based on the scientific literature and include *both* those related to fetal brain development and other factors such as comorbidity and SDOH).
- Standardized definitions and validated methods to ascertain incident epilepsy cases. The applicant is encouraged to leverage advanced data science techniques, including machine learning, natural language processing, or other artificial intelligence tools.
- Measurable objectives, including but not limited to:
 - An estimated overall epilepsy incidence rate of U.S. children 0 – 17 years of age at the statistical significance level of at least 0.05.
 - Estimated epilepsy incidence rates (at the statistical significance level of at least 0.05) stratified by demographics, social determinants of health, and other characteristics.
 - Fetal brain development and other risk factors with statistically significant associations (at the statistical significance level of at least 0.05) between the identified risk factors and incident epilepsy.

If multiple PIs are proposed in a consortium or other arrangement, applicants must provide a multiple leadership plan.

6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publicly available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

As applicable, applicants may provide links to publications and other information in lieu of attaching PDF documents.

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 12 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 30 pages for all appendices. Pages that exceed page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.

CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide at [How to Apply - Application Guide](#).

Application guides for FORMS-H application packages are posted to the [How to Apply - Application Guide](#) page.

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are strongly encouraged to allocate additional time and submit in advance of the deadline to ensure they have time to make any corrections that might be necessary for successful submission. This includes the time necessary to complete the application resubmission process that may be necessary, if errors are identified during validation by Grants.gov and the NIH eRA systems. The application package is not complete until it has passed the Grants.gov and NIH eRA Commons submission and validation processes. Applicants will use a platform or system to submit applications.

ASSIST is a commonly used platform because it provides a validation of all requirements prior to submission. If ASSIST detects errors, then the applicant must correct errors before their application can be submitted. Applicants should view their applications in ASSIST after submission to ensure accurate and successful submission through Grants.gov. If the submission is not successful and post-submission errors are found, then those errors must be corrected and the application must be resubmitted in ASSIST.

Applicants are able to access, view, and track the status of their applications in the eRA Commons.

Information on the submission process is provided in the SF-424 (R&R) Application Guidance and ASSIST User Guide at https://era.nih.gov/files/ASSIST_user_guide.pdf.

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk at:

Toll-free: 1-866-504-9552; Phone: 301-402-7469

<http://grants.nih.gov/support/index.html>

Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on Federal holidays)

Problems with Grants.gov can be resolved by contacting the Grants.gov Contact Center at:

Toll-free: 1-800-518-4726

<https://www.grants.gov/support>
support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on Federal holidays

It is important that applicants complete the application submission process well in advance of the due date time.

After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. A third and final e-mail message is generated once the applicant's application package has passed validation and the grantor agency has confirmed receipt of the application.

Unsuccessful Submissions: If an application submission was unsuccessful, the **applicant** must:

1. Track submission and verify the submission status (tracking should be done initially regardless of rejection or success).

a. If the status states "rejected," be sure to save time stamped, documented rejection notices, and do #2a or #2b

2. Check emails from both Grants.gov and NIH eRA Commons for rejection notices.

a. If the deadline has passed, he/she should email the Grants Management contact listed in the Agency Contacts section of this announcement explaining why the submission failed.

b. If there is time before the deadline, correct the problem(s) and resubmit as soon as possible.

Due Date for Applications 01/23/2025

Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

10. Funding Restrictions

Expanded Authority:

For more information on expanded authority and pre-award costs, go to <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf> and speak to your GMS.

All HHS/CDC awards are subject to the federal regulations, in 45 CFR Part 75, terms and conditions, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

Public Health Data:

CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards.

Data Management Plan:

Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data and must be included in the Other Plan(s) section of the PHS 398 Research Plan Component of the application.

Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, but not limited to, any statutory limitations prohibiting data sharing, privacy and confidentiality considerations, embargo issues).

Applications submitted without the required DMP may be deemed ineligible for award unless submission of DMP is deferred to a later period depending on the type of award, in which case, funding restrictions may be imposed pending submission and evaluation.

Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please see: <https://www.cdc.gov/grants/additional-requirements/ar-25.html>

Human Subjects:

Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of

all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions.

If the proposed research project involves more than one institution and will be conducted in the United States, awardees are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research, and include a single IRB plan in the application, unless review by a sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy or a compelling justification based on ethical or human subjects protection issues or other well-justified reasons is provided. Exceptions will be reviewed and approved by CDC in accordance with Department of Health and Human Services (DHHS) Regulations (45 CFR Part 46), or a restriction may be placed on the award. For more information, please contact the scientific/research contact included on this NOFO.

Note: The sIRB requirement applies to participating sites in the United States. Foreign sites participating in CDC-funded, cooperative research studies are not expected to follow the requirement for sIRB.

11. Intergovernmental Review

You will need to submit application information for intergovernmental review under Executive Order 12372. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others don't.

To find out your state's approach, see the list of state single points of contact. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you don't need to do anything further. This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

12. Other Submission Requirements and Information

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 under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Application Submission

Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**

Applicants must complete all required registrations before the application due date. Section III.6 "Required Registrations" contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11144).

Important reminders:

All Senior/Key Personnel (including any Program Directors/Principal Investigators (PD/PIs) must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.

It is also important to note that for multi-project applications, this requirement also applies to the individual components of the application and not to just the Overall component.

The applicant organization must ensure that the UEI number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.

If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications:

- http://grants.nih.gov/grants/ElectronicReceipt/avoiding_errors.htm
- http://grants.nih.gov/grants/ElectronicReceipt/submit_app.htm
- https://era.nih.gov/files/ASSIST_user_guide.pdf
- <http://era.nih.gov/erahelp/ASSIST/>

Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (<https://www.cdc.gov/about/divisions-offices/index.html>), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact

Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria

Reviewers will consider each of the review criteria below in the determination of scientific merit and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance

Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or public health be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

How likely is the study design to achieve a nationally representative or approximate nationally representative pediatric epilepsy incidence rate as well as identify the risk factors among children to improve prevention, screening, management, and quality of life?

Does the applicant plan to use the most recent data that includes major characteristics such as age, sex, race, ethnicity, geography, and factors of social determinants of health?

Investigator(s)

Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

Does the multidisciplinary team include expertise in epidemiologic methods, population studies, data analysis, and pediatric epilepsy?

Does the applicant demonstrate experience conducting population-based studies using large, multiple-year dataset(s) to examine disease burden, or epilepsy burden in particular?

Does the PI or other team members have at least one recent, peer-reviewed article related to the proposed study?

How well does the applicant demonstrate an understanding of epilepsy classification standards and corresponding epidemiological standards to identify pediatric epilepsy cases?

Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

How extensive are the risk factors, including those affect fetal brain development (e.g., prenatal, perinatal, or neonatal) factors and other factors (e.g., comorbidities, SDOH)?

To what extent will the study design yield outcomes including incidence rates stratified by characteristics (i.e., potential risk factors), as well as incidence rate disparities?

To what extent does the applicant propose novel techniques to assist in ascertaining epilepsy cases?

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the research project is in the early stages of development, will the strategy establish feasibility, and will particularly risky aspects be managed?

If the project involves human subjects and/or clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

If applicable, how will populations with health disparities be considered and addressed in the design and implementation of the proposed research activities?

Does the applicant evaluate available information or their preliminary results to determine possible critical obstacles and solutions for case identification and statistical methodology to achieve research aims?

Does the application clearly describe case definition and ascertainment criteria for their proposed approach?

How robust is the statistical method to examine the association between proposed risk factors and incident epilepsy?

Environment

Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

To what extent will findings be disseminated to communities and populations of focus in an appropriate and accessible manner?

Does the timeline ensure the applicant's proposed objectives will be met by the end of the four-year period of performance?

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

Protections for Human Subjects

If the research involves human subjects but does not involve one of the six categories of research that are exempt under [45 CFR Part 46](#), the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (<https://www.cdc.gov/grants/additional-requirements/ar-1.html>).

Inclusion of Women, Minorities, and Children

When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (<https://www.cdc.gov/women/research/index.htm>) and the policy on the Inclusion of Persons Under 21 in Research (<https://www.cdc.gov/grants/additional-requirements/ar-28.html>).

Vertebrate Animals

The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following four points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 4) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (<https://grants.nih.gov/grants/olaw/VASchecklist.pdf>).

Biohazards

Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate

protection is proposed.

Dual Use Research of Concern

Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.

For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at:

<http://www.phe.gov/s3/dualuse>. Tools and guidance for assessing DURC potential may be found at: <http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx>.

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but will not give scores for these items, and should not consider them in providing an overall impact/priority score.

N/A

Applications from Foreign Organizations

N/A

Resource Sharing Plan(s)

Reviewers will comment on whether the Resource Sharing Plan(s) (e.g. [Sharing Model Organisms](#)) or the rationale for not sharing the resources, is reasonable.

Budget and Period of Support

Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain budget preparation guidance for completing a detailed justified budget on the CDC website, at the following Internet address: <https://www.cdc.gov/grants/applying/application-resources.html>. Following this guidance will also facilitate the review and approval of the budget request of applications selected for award.

The budget can include both direct costs and indirect costs as allowed.

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 modified total direct costs 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.

Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of

tuition and related fees, direct expenditures for equipment, and sub-awards in excess of \$25,000.

If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.

As part of the scientific peer review, all applications:

- Will undergo a selection process in which only those applications deemed to have the highest scientific and technical merit (generally the top half of applications under review), will be discussed and assigned an overall impact/priority score.
- Will undergo a selection process in which all responsive applications will be discussed and assigned an overall impact/priority score.
- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office. Applications will compete for available funds with all other recommended applications submitted in response to this NOFO. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding recommendations:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.
- Proposed scope of epilepsy risk factors and epilepsy types to assess (complexity, quantity, source).

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 with 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 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 review of risk may impact award eligibility.

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 45 CFR Part 75, subpart F, 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. Additionally, we may ask for additional information prior to the award based on the results of this risk review.

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.

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this NOFO will be subject to the UEI, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>).

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission. 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 formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is

the authorizing document and will be sent via email to the recipient's business official.

Recipient must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants. See [CDC General Terms and Conditions](#).

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in [SAM.gov](#). You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

[*AR-1: Human Subjects Requirements*](#)

[*AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research*](#)

[*AR-3: Animal Subjects Requirements*](#)

[*AR-7: Executive Order 12372, Intergovernmental Review of Federal Programs*](#)

[*AR-9: Paperwork Reduction Act Requirements*](#)

[*AR-10: Smoke-Free Workplace Requirements*](#)

[*AR-11: Healthy People 2030*](#)

[*AR-12: Lobbying Restrictions*](#)

[*AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities*](#)

[*AR-14: Accounting System Requirements*](#)

[*AR-16: Security Clearance Requirement*](#)

[*AR-17: Peer and Technical Reviews of Final Reports of Health Studies – ATSDR*](#)

[*AR-21: Small, Minority, And Women-owned Business*](#)

[*AR-22: Research Integrity*](#)

[*AR-24: Health Insurance Portability and Accountability Act Requirements*](#)

[*AR-25: Data Management and Access*](#)

[*AR-26: National Historic Preservation Act of 1966*](#)

[*AR-28: Inclusion of Persons Under the Age of 21 in Research*](#)

[*AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009*](#)

[*AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973*](#)

[AR-31: Research Definition](#)

[AR-32: Appropriations Act, General Provisions](#)

[AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern](#)

[AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020](#)

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications: This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy applies to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: <https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html>.

Federal Funding Accountability and Transparency Act of 2006: 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 grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website: <https://www.fsrs.gov/>.

Plain Writing Act: The Plain Writing Act of 2010, Public Law 111-274, was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: <https://www.plainlanguage.gov/>.

Employee Whistleblower Rights and Protections: Employee Whistleblower Rights and Protections: All recipients of an award under this NOFO will be subject to a term and condition that applies the requirements set out in 41 U.S.C. § 4712, "Enhancement of contractor protection from reprisal for disclosure of certain information" and 48 Code of Federal Regulations (CFR) section 3.9 to the award, which includes a requirement that recipients and subrecipients inform employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. § 4712. For more information see: <https://oig.hhs.gov/fraud/whistleblower/>.

Copyright Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Applicants may include reasonable publication costs and costs associated with submission, curation, management of data, and special handling instructions as allowable expenses in all research budgets. 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 without any embargo or delay after publication. Also at the time of submission, Recipient and/or Recipient's submitting author must also post the manuscript through PMC without any embargo or delay after publication. 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.

Language Access for Persons with Limited English Proficiency: Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency.

Dual Use Research of Concern: On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Recipients (foreign and domestic) receiving CDC funding on or after September 24, 2015, are subject to this policy. Research funded by CDC, involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution.

Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.

If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at <http://www.phe.gov/s3/dualuse>.

Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG-funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG-funds for other life sciences research at the institution, consistent

with existing regulations and policies governing USG-funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

Data Management Plan(s): CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, “public health data” means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation.

This requirement ensures that CDC is in compliance with the following; Office of Management and Budget (OMB) memorandum titled “Open Data Policy–Managing Information as an Asset” (OMB M-13-13); Executive Order 13642 titled “Making Open and Machine Readable the New Default for Government Information”; and the Office of Science and Technology Policy (OSTP) memorandum titled “Increasing Access to the Results of Federally Funded Scientific Research” (OSTP Memo).

The AR-25 <https://www.cdc.gov/grants/additional-requirements/ar-25.html> outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

Certificates of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC-supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to this award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at: <https://www.cdc.gov/grants/additional-requirements/ar-36.html>.

4. Cooperative Agreement Terms and Conditions

The following special terms of award are in addition to, and not in lieu of, otherwise applicable U.S. Office of Management and Budget administrative guidelines, U.S. Department of Health and Human Services grant administration regulations at 45 CFR Part 75, and other HHS, PHS, and CDC grant administration policies. Recipients will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the recipients is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC purpose is to support and stimulate the recipients' activities by involvement in, and otherwise working jointly with, the award recipients in a partnership role; CDC project officers are not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the

dominant role and prime responsibility resides with the recipients for the project as a whole, although specific tasks and activities may be shared among the recipients and HHS/CDC as defined below:

The PD(s)/PI(s) will have the primary responsibility for:

- Complying with the responsibilities for the extramural investigators as described in the *Policy on Public Health Research and Nonresearch Data Management and Access* <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.
- Maintaining an adequate staffing plan to support project activities.
- Ensuring data security and quality/accuracy.
- Communicating with the CDC program representatives, and providing accurate and timely reports.
- Participating in routine monitoring activities such as technical assistance calls and site visits. Attending periodic in-person or periodic meetings, as appropriate, to collaborate and provide progress updates.
- Ensuring the protection of human subjects through ethical review of all protocols involving human subjects at the local institution; obtaining the appropriate Institutional Review Board approvals for all institutions or individuals engaged in the conduct of the research project; maintaining current approvals or waivers; and providing documentation to CDC of appropriate human subjects protections. Protocols must be designed to adequately describe implementation and evaluation of the proposed research at all sites and meet CDC Office of Human Research Protections standards.
- Developing measurable objectives/outcomes and implementing a rigorous evaluation.
- Maintaining the work plan and timeline; ensuring the project is completed by the end of the period of performance.

CDC staff has substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

- Assisting the PI, as needed, in complying with the Investigator responsibilities described in the *Policy on Public Health Research and Nonresearch Data Management and Access* <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.
- Provide technical assistance in manuscript development as requested by the recipient; may be a co-author if invited by the recipient and meets CDC authorship criteria.
- Participate fully in monthly conference calls and other communication between CDC and partners.
- Consult on project activities such as study design, data collection and analysis, evaluation measures, and interpretation of results.
- Provide technical assistance for manuscript development as requested by the recipient, and may be a co-author if invited by the recipient and meets CDC authorship criteria.
- Provide guidance to ensure that the proposed study produces nationally representative or approximate nationally representative incidence rates and incidence rate disparities; and includes a broad range of risk factors.
- Assist to disseminate study findings.

- Ensure that research conducted aligns with CDC public health priorities and the goals and objectives of this NOFO.
- Provide scientific consultation, support, expertise, and technical assistance in the development, implementation, and analysis to assist the recipient achieve research objectives.
- Advise in the development of the research protocol for Institutional Review Board review, and other reviews and approvals as necessary.
- Advise recipient regarding proposals for changes in scope that deviate from the approved, peer-reviewed application.

Additionally, an agency program official or CIO program director will be responsible for the normal scientific and programmatic stewardship of the award and will be named in the award notice. The scientific program official will:

- Provide oversight and ensure overall scientific and programmatic stewardship of the award.
- Monitor performance against approved project objectives.
- Assess the public health impact of the research conducted under this NOFO.

An HHS/CDC project officer will be named in the Notice of Grant Award. The project officer will:

- Monitor performance against approved budgets, budget justifications, annual action plan objectives, and activities.
- Provide oversight of the scientific, programmatic, administrative, and fiscal management of the award.
- Facilitate the exchange of information with other CDC programs to address recipients' technical assistance needs.
- Promote translation and dissemination of promising practices, products, interventions, and other research findings to improve public health programs, practices, and policy.

Areas of joint responsibility: None

5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually (see <https://grants.nih.gov/grants/rppr/index.htm>; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, 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 Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.

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 recipients:

- 1) Information on executive compensation when not already reported through the SAM Registration; and
- 2) Similar information on all sub-awards/ subcontracts/ consortiums over \$25,000. It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over \$25,000. See the HHS Grants Policy Statement (<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>).

A. Submission of Reports

The Recipient Organization must submit:

Annual Performance Report (APR)/RPPR is due 120 days before the end of the current budget period, or the date identified in the guidance that CDC distributes. The RPPR form (<https://grants.nih.gov/grants/rppr/index.htm>; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on the eRA Commons website. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, 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.

Annual Federal Financial Report (FFR) SF-425 ([Reporting | Grants | CDC](#)) is required and must be submitted to the Payment Management System accessed through the FFR navigation link in eRA Commons or directly through PMS **within 90 days after the budget period ends**.

Closeout Reports: a final progress report, invention statement, equipment/inventory report, and the **Final FFR (SF-425)** are required **120 days after the end of the period of performance**.

B. Content of Reports

1. Annual Performance Report (APR)/RPPR: The recipient's continuation application/progress report should include:
 - Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the RPPR form in eRA Commons (<https://grants.nih.gov/grants/rppr/index.htm>). Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.

- Research Aims: list each research aim/project
 - a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
 - b) Leadership/Partnership: list project collaborations and describe the role of external partners.
- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. Questions to consider in preparing this section include:
 - How will the scientific findings be translated into public health practice or inform public health policy?
 - How will the project improve or effect the translation of research findings into public health practice or inform policy?
 - How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
 - How will the findings advance or guide future research efforts or related activities?
- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. Questions to consider in preparing this section include:
 - How will this project lead to improvements in public health?
 - How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
 - How will the findings, results, or recommendations contribute to documented or projected reductions in morbidity, mortality, injury, disability, or disease?
- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.
- New Budget Period Proposal:

- Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).
- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.
- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate "Not applicable: No publications or presentations have been made."
- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.
- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project's data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.
- Additional Reporting Requirements:

N/A

2. Annual Federal Financial Reporting The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted through the Payment Management System (PMS) within 90 days after the end of the budget period. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The Final FFR (SF-425) 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 in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.

Additional resources on the Payment Management System (PMS) can be found at

<https://pms.psc.gov>.

Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a Final FFR (SF-425), final progress report, and Final Invention Statement and Certification within 120 days after the end of the period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Organizations may verify their current registration status by running the “List of Commons Registered Organizations” query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to <https://commons.era.nih.gov/commons/> for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.

The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: https://era.nih.gov/docs/Commons_UserGuide.pdf.

3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The recipient's final report should include:

Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.

Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the Period of Performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.

Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.

Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC-funded activity. Please include any additional dissemination efforts that did or will result from the project.

Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

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.

7. 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.

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts

Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)

Contact Center Phone: 800-518-4726

<https://www.grants.gov/support>

Email: support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

<https://www.era.nih.gov/need-help>

Email: commons@od.nih.gov

Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time; closed on Federal holidays

Scientific/Research Contact

Natalie Brown, Scientific Program Official, NCCDPHP, Office of Medicine and Science

Telephone: 404-639-4601; Email: nbrown3@cdc.gov

Peer Review Contact

Catherine Barrett, Scientific Review Official, NCCDPHP, Office of Medicine and Science

Telephone: 440-718-7664; Email: ohi6@cdc.gov

Financial/Grants Management Contact

Angie N. Willard, Grants Management Officer, Team Lead

Office of the Chief of Staff, Office of Grants Services

Telephone: 770- 488-2863; Email: aen4@cdc.gov

Section VIII. Other Information

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

All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations

Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code of Federal Regulations.