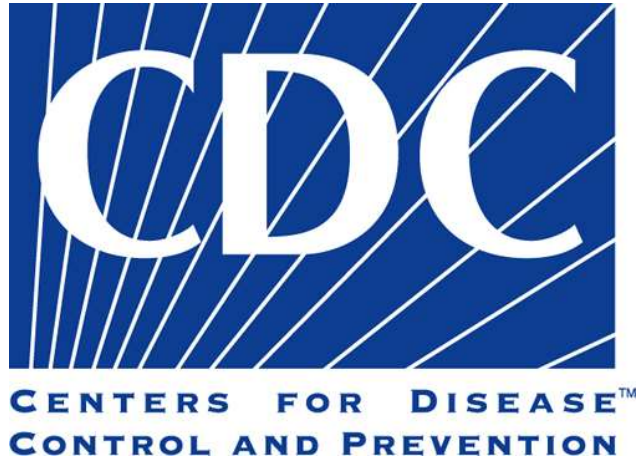




Centers for Disease Control and Prevention

NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

STRENGTHENING COLLABORATION BETWEEN TB CONTROL PROGRAMS AND
AFFILIATED PARTNERS IN THE UNITED STATES

CDC-RFA-PS22-2205

06/06/2022

Table of Contents

A. Funding Opportunity Description	4
B. Award Information	15
C. Eligibility Information	16
D. Application and Submission Information	17
E. Review and Selection Process	30
F. Award Administration Information	33
G. Agency Contacts	39
H. Other Information	41
I. Glossary	41

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-PS22-2205. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

STRENGTHENING COLLABORATION BETWEEN TB CONTROL PROGRAMS AND AFFILIATED PARTNERS IN THE UNITED STATES

C. Announcement Type: New - Type 1:

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

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS22-2205

E. Assistance Listings Number:

93.116

F. Dates:

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

N/A

2. Due Date for Applications:

06/06/2022

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

3. Due Date for Informational Conference Call:

An informational conference call (see below) for prospective applicants relative to PS22-2205 has been scheduled for: April 19, 2022 from 2:30-3:00 p.m. Eastern Standard Time.

[Join Zoom Meeting](#)

One tap US: [+16692545252](tel:+16692545252) or
mobile: [+16468287666](tel:+16468287666)

Meeting URL: <https://cdc.zoomgov.com/j/1602879018?pwd=U2pHLzJ2dmx0V1E3YzVWUFU5U3pCUT09&from=addon>

Meeting ID: 160 287 9018

ID:

Passcode: z#1TL&#M

Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

US: +1 669 254 5252 or +1 646 828 7666 or +1 551 285 1373 or +1 669 216 1590

Meeting ID: 160 287 9018

ID:

Passcode: 25414415

[International numbers](#)

Join from an H.323/SIP room system

H.323: 161.199.138.10 (US West)
161.199.136.10 (US East)

Meeting ID: 160 287 9018

ID:

Passcode: 25414415

SIP: 1602879018@sip.zoomgov.com

Passcode: 25414415

Skype for Business (Lync)

<https://cdc.zoomgov.com/skype/1602879018>

G. Executive Summary:

1. Summary Paragraph

The Centers for Disease Control and Prevention (CDC) announces the availability of funding to support one recipient to build on work under a previous notice of funding opportunity (PS17-1705) to strengthen collaboration and relationships with TB control programs, TB controllers and affiliated partners in the United States. These partners include, but are not limited to national TB control programs, other federal agencies, minority health organizations, academia, business, community-based organizations, faith-based organizations, advisory boards, committees, and other entities with an interest in better understanding the social determinants of health (SDOH) and working with key partners in the field to develop interventions for closing the equity gap. This work should be conducted in alignment with the CDC Division of Tuberculosis Elimination (DTBE) Strategic Plan, 2016-2020

<https://www.cdc.gov/tb/about/strategicplan.htm> and the National TB Program Objectives and Performance Targets for 2025 <http://www.cdc.gov/tb/programs/evaluation/indicators/default.htm>

The recipient should work in collaboration with TB partners to implement four (4) major strategies:

- Communication
- Coordination
- Consultation
- Education and training

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

1

*subject to availability of funds

d. Total Period of Performance Funding:

\$1,600,210

e. Average One Year Award Amount:

\$320,042

This amount, subject to availability of funds, is for the first 12-month budget period and includes both direct and indirect costs

f. Total Period of Performance Length:

5

g. Estimated Award Date:

September 29, 2022

h. Cost Sharing and / or Matching Requirements:

No

Cost sharing or matching funds are not required for this program.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

To accelerate the decline of TB in the United States, there should be a focus on building, sustaining, and strengthening partnerships among a diverse array of constituents who can benefit from CDC's technical expertise to move toward the elimination of TB in the United States. These partners may be representative of, but not limited to, state and local health departments, national medical associations, business, community-based organizations, faith-based organizations, advisory boards and committees, academia, media, and other entities with a vested interest in TB. This is particularly important as CDC cannot advance TB elimination by working alone.

This project aims to strengthen collaboration among TB control programs and affiliated partners by building on work from an ongoing project under PS17-1705, which focuses on strengthening collaboration among a diverse array of partners in alignment with the CDC Division of Tuberculosis (DTBE) Strategic Plan, 2016-2020

<https://www.cdc.gov/tb/about/strategicplan.htm> and the National TB Program Objectives and Performance Targets for 2025

<http://www.cdc.gov/tb/programs/evaluation/indicators/default.htm> to accelerate the decline of TB and ultimately eliminate TB in the U.S.

In 2020, the United States reported 7,174 TB cases (2.2 cases per 100,000), 20% fewer compared to the number of cases reported in 2019. Before 2020, TB in the United States had been declining steadily since the early 1990s, but the annual rate of decline was inadequate to achieve TB elimination in this century. The mechanisms for the 20% decline in TB cases in 2020 remain under investigation; the COVID-19 pandemic has likely affected TB incidence in the United States in several ways, including a combination of TB underdiagnosis and a true reduction in incidence.

The decline in TB was widespread across race/ethnicity, origin of birth, age, and geographic region. TB incidence rates remained steady or decreased compared with 2019 for all racial and ethnic groups, but incidence rates are 1.7–46.8 times higher among persons from racial and ethnic minority groups compared with non-Hispanic White persons. Racial and ethnic minorities continue to be disproportionately represented in genotype clusters and estimates of recent transmission. Most TB cases continue to occur among non-U.S.-born persons, and 9.7% of cases among non-U.S.-born persons occurred within one year of arrival in the United States. The percentage of cases diagnosed within 1 year of arrival decreased from 13.5% in 2019 to 9.7% in

2020, while the percentage of cases diagnosed 20 years or more after arrival in the United States increased from 30.1% in 2019 to 32.2% in 2020.

Health inequities continue to challenge TB control efforts in the United States; therefore, it will be critical for entities-- working collaboratively with CDC-- to help close the disparity gap by addressing SDOH that impact populations.

Source: <https://www.cdc.gov/tb/statistics/reports/2020/default.htm/>
Reported TB in the US 2020 | Data & Statistics | TB | CDC

b. Statutory Authorities

Section 317E of the Public Health Service Act; 42 U.S.C. Section 247b-6.

c. Healthy People 2030

This NOFO addresses Healthy People 2030 objectives to reduce tuberculosis cases--IID-17 (topic area: infectious diseases)

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/infectious-disease/reduce-tuberculosis-cases-iid-17>

d. Other National Public Health Priorities and Strategies

This NOFO supports the following:

- National TB Program Objectives and Performance Targets for 2025

<https://www.cdc.gov/tb/programs/evaluation/indicators/default.htm>

- Division of Tuberculosis Elimination Strategic Plan 2016–2020

<https://www.cdc.gov/tb/about/strategicplan.htm>

- NCHHSTP Strategic Plan Through 2020

<https://www.cdc.gov/nchhstp/strategicpriorities/docs/nchhstp-strategic-plan-through-2020-508.pdf>

- TB Centers of Excellence

https://www.cdc.gov/tb_coe/default.htm

- Health Disparities in TB

<https://www.cdc.gov/tb/topic/populations/HealthDisparities/default.htm>

e. Relevant Work

This NOFO builds on a previous CDC project that highlighted the need to work with CDC and key TB partners for building capacity among TB control programs and for strengthening partnerships to accelerate the decline and ultimately eliminate TB in the United States. This NOFO should expand on work referenced in PS17-1705, but in addition, raise awareness relative to SDOH while working collaboratively with TB controllers in the

development of interventions to address health disparities and to promote equity.

Additionally, the recipient's work should align with CDC/DTBE Project PS20-2001, with consideration for the National TB Program Objectives and Performance Targets <http://www.cdc.gov/tb/programs/evaluation/indicators/default.htm> and the Division of Tuberculosis Elimination Strategic Plan 2016-2020; <https://www.cdc.gov/tb/about/strategicplan.htm>.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<u>Communication</u> Maintain partner network for effective TB principles and practices Review and inform social determinants of health (SDOH) disproportionately affecting U.S. populations for TB/LTBI <u>Coordination</u> Identify TB program manager (PM) needs and cross-cutting issues Catalog/disseminate best practices for TB control PM Assist TB PM in addressing TB/LTBI disparities and promoting equity <u>Consultation</u> Maintain a network of expert resources for technical assistance (TA)	Increased effective communication capacity among TB partners Improved evidence-based knowledge of TB control efforts Improved information on SDOH and relevance to TB control efforts Increased expert consultation capacity for diverse TB services and needs Improved representation for TB controllers informing DTBE funding formula Enhanced access to standardized information, knowledge, tools, training, and resources	Improved strategies to communicate program value Improved communication among TB program managers and partners about SDOH data affecting populations for TB/LTBI Increased collaboration among U.S. TB control programs and community organizations to develop and implement equity promotion activities for TB/LTBI Increased usage of TB news, alerts, and announcements Increased TB information exchange processes to meet program challenges	Increased communication by industry colleagues for TB drug production, shortage, and pricing issues to TB partners Improved collaborations between TB programs and partners to support TB elimination in the United States Ensured sustainability of TB control efforts towards TB elimination in the United States Established resource sharing mechanisms for TB information, education, and advocacy for TB program jurisdictions

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Advise on DTBE health equity initiatives and framework to develop strategies for reducing TB disparities and promoting equity <u>Education and training</u> Identify training needs and resources Provide input in the development of TB training curriculum Support execution of education/training for TB controllers and staff Develop TB program capacity and commitment to SDOH affecting populations for TB/LTBI	Increased partnerships among diverse community groups to help eliminate TB/LTBI disparities and promote equity Increased TB program capacity to collect/use data for TB program improvement Increased TB program capacity to use SDOH data to better understand populations affected by TB/LTBI Increased TB program commitment to equity, diversity, inclusion	and advance equitable outcomes Increased program capacity to implement TB control and prevention activities Increased TB program capacity to lead community informed activities and solutions for advancing health equity in TB	

i. Purpose

The purpose of this project is to build on work from an ongoing project, which builds synergy from an array of diverse TB partners to address four (4) major strategies to accelerate the decline and ultimately eliminate TB in the U.S. with consideration for the National TB Program Objectives and Performance Targets

<https://www.cdc.gov/tb/programs/evaluation/indicators/default.htm> and with the Division of Tuberculosis Elimination Strategic Plan 2016-2020;
<https://www.cdc.gov/tb/about/strategicplan.htm>

ii. Outcomes

- Increased effective communication capacity among TB partners
- Improved representation for TB controllers informing DTBE funding formula
- Enhanced access to standardized information, knowledge, tools, training, and resources
- Increased partnerships among diverse community groups to help eliminate TB/LTBI disparities and promote equity
- Increased TB program capacity to use SDOH data to better understand populations affected by TB/LTBI
- Increased TB program commitment to equity, diversity, inclusion
- Improved communication among TB program managers and partners about SDOH data affecting populations for TB/LTBI
- Increased collaboration among U.S. TB control programs and community organizations to develop and implement equity promotion activities for TB/LTBI
- Increased usage of TB news, alerts, and announcements
- Increased TB program capacity to lead community informed activities and solutions for advancing health equity in TB

iii. Strategies and Activities

Strategies and Activities
<u>Communication</u> • Maintain partner network for effective TB principles and practices • Review and inform social determinants of health (SDOH) disproportionately affecting U.S. populations for TB/LTBI <u>Coordination</u> • Identify TB program manager (PM) needs and cross-cutting issues • Catalog/disseminate best practices for TB control PM • Assist TB PM in addressing TB/LTBI disparities and promoting equity <u>Consultation</u> • Maintain a network of expert resources for technical assistance (TA) • Advise on DTBE health equity initiatives and framework to develop strategies for reducing TB disparities and promoting equity <u>Education and training</u> • Identify training needs and resources • Provide input in the development of TB training curriculum • Support execution of education/training for TB controllers and staff • Develop TB program capacity and commitment to SDOH affecting populations for TB/LTBI

1. Collaborations

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

This NOFO does not require the submission of a Memorandum of Understanding or letters of support; however, it is expected that the recipient has the capacity to work toward strengthening collaboration between US TB control programs and affiliated partners. Additionally, a plan describing how the recipient plans to collaborate in conjunction with the TB Centers of Excellence to assist in training assessments and on working in collaboration with partners to close the education and training gap among partners should be included. In addition, plans on working with other CDC-funded programs to include, but not be limited to: the Division of HIV Prevention <https://www.cdc.gov/hiv/default.html>; the Division of Viral Hepatitis [Division of Viral Hepatitis | CDC](#); the Division of Sexually Transmitted Disease Prevention [Division of STD Prevention \(cdc.gov\)](#); the Division of Diabetes Translation [Division of Diabetes Translation At](#)

[A Glance | CDC](https://www.cdc.gov/ncezid/dgmq/); the Division of Global Migration and Quarantine <https://www.cdc.gov/ncezid/dgmq/>; and the Immunization Services Division [Vaccines and Immunizations | CDC](#) should be described. The aforementioned CDC-funded programs can often overlap in their strategies and activities, so by working to leverage, when feasible, subject matter expertise and other resources and opportunities to collaborate, can result in more desired project outcomes.

b. With organizations not funded by CDC:

This Funding Opportunity does not require the submission of a Memorandum of Understanding, however, the recipient is encouraged to collaborate, as per the outline of this NOFO, with a diverse array of partners to achieve the projects' outcomes. Partners not funded by CDC may include universities, faith-based organizations, community-based organization, national medical associations, advisory committees, and other federal, state, and other local agencies. In addition, to address some of the social determinants of health and to help close the disparity gap, some engagement with the Substance Abuse and Mental Health Services Administration (SAMHSA), National Alliance of State and Territorial AIDS Directors (NASTAD), the National Coalition of STD Directors (NCSD), and the National Institute on Minority Health and Health Disparities (NIMHD) among other agencies and/or organization, may result in desired project outcomes.

2. Target Populations

The target population of focus for this NOFO is national TB control programs/TB Controllers and partners; these affiliated and diverse partners representing other federal agencies, business, academia, faith-and community-based organizations, should have a vested interest in accelerating the decline and ultimately eliminating TB in the United States.

a. Health Disparities

This NOFO supports efforts to improve the health of populations who are disproportionately impacted by tuberculosis disease. These populations include new immigrants and refugees, persons impacted by HIV, viral hepatitis, diabetes, COVID-19, sexually transmitted diseases, homelessness and substance abuse. The NOFO also supports efforts to address populations that are often disenfranchised due to incarceration, sexual orientation, disability status, and those with poor access to health care due to their geographical proximity.

The 2020 National TB Surveillance Report indicates that 89% of TB cases reported in the United States occurred among persons in racial and ethnic minority groups who historically experienced disparities--some rooted in racism. The awardee should work in collaboration with partners to raise awareness about health disparities and to develop intervention(s) that can be used to reduce health inequities and promote equity among persons with TB disease and infection.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Increased effective communication capacity among TB partners

Measure: Identify and meet with TB partners with an interest in eliminating TB in the United States (partners may include TB Controllers, TB Program Managers, academia, managed care organizations, federally qualified health centers, faith-based organizations, CDC, and other federal agencies)

Measure: Within 6 months of the award, establish a communication plan which identifies key partners and guides communication between these TB partners

Measure: Number of meetings or interactions between all types of TB partners per year
Measure: Number of meetings with TB program managers and TB Controllers per year

Improved communication among TB program managers and partners about social determinants of health (SDOH) data affecting populations with TB and/or LTBI

Measure: Frequency of reviews and sharing of SDOH data among TB program managers which show that TB infection and/or disease disproportionately affects U.S. populations

Measure: Number of meetings or interactions among TB program managers and TB partners to identify potential gaps, needs and interventions related to SDOH

Improved representation for TB Controllers informing DTBE funding formula

Measure: Identify one TB controller to represent the recipient whenever a DTBE formula funding workgroup is active

Increased collaboration among U.S. TB control programs and community organizations to develop and implement equity promotion activities for TB and/or LTBI

Measure: Annual number of conference calls and meetings where TB elimination and health equity promotion strategies are discussed between TB partners

Measure: Annual number of meetings among TB partners where best practices and TB program data are shared relative to eliminating TB disease and promotion of health equity among persons with TB disease

Enhanced access to standardized TB-related information, knowledge, tools, training, and resources

Measure: By the end of year one, conduct an assessment among TB partners to determine TB knowledge and skill needs as well as appropriateness of available tools, trainings, and resources to meet these needs

Measure: By the end of year one, conduct an assessment among TB partners to determine their ability to and needs related to development of funding applications, annual progress reports, and TB elimination plans

Increased partnership among diverse community groups to help eliminate TB and/or LTBI disparities and promote equity

Measure: Annually, number of meetings or interactions between TB program managers, and

internal and external partners to develop evaluation plans to identify data gaps, programmatic needs, and interventions to address health disparities and promote health equity

Measure: By the end of year one, based on program evaluation findings, develop, and promote implementation of at least one intervention for TB programs to address disparities among persons with TB and LTBI disease and/or treatment

Increased usage of TB news, alerts, and announcement

Measure: Annual number of communications between TB drug manufacturers and TB partners and TB drug manufacturers regarding TB drug shortages and pricing

Measure: Annual number of communications distributed to TB partners regarding TB news, alerts, and announcements

Increased TB program capacity to use SDOH data to better understand populations affected by TB/LTBI

Measure: Annual number of meetings or interactions between TB partners, and possibly the DTBE health equity workgroup or equity change team, to develop and enhance tools for addressing TB health disparities and promoting equity

Measure: By the end of year one, conduct a needs assessment among TB partners to determine educational needs to increase understanding of SDOH data that affect population groups within their jurisdictions

Increased TB program commitment to equity, diversity, inclusion

Measure: Annually provide at least one training on TB-related diversity and equity to all TB partners

Increased TB program capacity to lead community informed activities for solutions for advancing health equity in TB

Measure: Annual number of meetings or interactions between TB partners discussing strategies for community engagement and collaboration to advance health equity in TB

ii. Applicant Evaluation and Performance Measurement Plan

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

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.

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

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

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

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

Applicant must provide an initial evaluation and performance measurement plan to demonstrate ability to collect data and report the outputs and outcomes indicators described in the CDC Evaluation and Performance Measures Section (maximum 5 pages)

For each measure specify:

- Data source
- Who is responsible for collecting and analyzing data
- Available data sources, feasibility of collecting evaluation and performance data
- How will TB partners participate in the evaluation and performance processes

c. Organizational Capacity of Recipients to Implement the Approach

- Describe the organization's mission, structure and overall funding sources, staff size and expertise in TB
- Experience planning a national biennial meeting/conference (for in -person/and or virtual participation)
- Experience with partners who serve and work to close equity gaps relative to disparate populations

- Experience in working with outside entities (i.e., TB drug manufacturers) and disseminating findings to TB partners (as appropriate)
- Experience serving on local and national TB advisory committee

d. Work Plan

No specific work plan format is required, as long as it is clear how the components in the work plan crosswalk to the strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO. Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years.

<u>Period of Performance Outcome:</u> <i>[from Outcomes section and/or logic model]</i>		<u>Outcome Measure:</u> <i>[from Evaluation and Performance Measurement section]</i>	
<u>Strategies and Activities</u>	<u>Process Measure</u> <i>[from Evaluation and Performance Measurement section]</i>	<u>Responsible Position / Party</u>	<u>Completion Date</u>
1.			
2.			
3.			
4.			
5.			
6			

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.

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

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

f. CDC Program Support to Recipients

- CDC/DTBE will assign a project officer (PO), an evaluation specialist and other staff to assist the recipient in the planning, implementation, and evaluation of this project; additionally, CDC will participate in virtual and in-person meetings with the recipient. Additionally, CDC/DTBE will work in collaboration with the recipient to share data for publication, to provide overall technical assistance and guidance, and to disseminate lessons learned through various forums (regional and national meetings, webinars, brown bag presentations at CDC HQ, other) over the 5-year period of performance for this NOFO--all to support the recipient.

B. Award Information

1. Funding Instrument Type:

CA (Cooperative Agreement)

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

2. Award Mechanism:

U52

3. Fiscal Year:

2022

4. Approximate Total Fiscal Year Funding:

\$320,042

5. Total Period of Performance Funding:

\$1,600,210

This amount is subject to the availability of funds.

Estimated Total Funding:

\$1,600,210

6. Total Period of Performance Length:

5

year(s)

7. Expected Number of Awards:

1

*subject to availability of funds

8. Approximate Average Award:

\$320,042

Per Budget Period

This amount, subject to availability of funds, is for the first 12-month budget period and includes both direct and indirect costs

9. Award Ceiling:

\$0

Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:

\$0

Per Budget Period

11. Estimated Award Date:

September 29, 2022

12. Budget Period Length:

12 month(s)

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

13. Direct Assistance

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

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

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

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

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Section 317E (a) of the Public Health Service Act; 42 U.S.C. Section 247b-6(b).

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

Cost sharing or matching funds are not required for this program.

5. Maintenance of Effort

Maintenance of effort is not required for this program

D. Application and Submission Information

1. Required Registrations

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

PLEASE NOTE: For applications due on or after April 4, 2022, applicants must have a unique entity identifier (UEI) at the time of application submission (SF-424, field 8c). In preparation for the federal government's April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), applicants must obtain a UEI. 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. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available on the GSA website, SAM.gov, and Grants.gov.

Finding the UEI.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number to register in SAM.gov prior to April 4, 2022. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at [http:// fedgov.dnb. com/ webform/ displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number and a Unique Entity Identifier (UEI). All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov:

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

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS) (Required)	1. Click on http:// fedgov.dnb. com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://

	until April 4, 2022)	obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM)	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

b. Application Deadline

Due Date for Applications 06/06/2022

06/06/2022

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

11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first (1st) business day on which grants.gov operations resume.

Due Date for Information Conference Call

An informational conference call (see below) for prospective applicants relative to PS22-2205 has been scheduled for: April 19, 2022 from 2:30-3:00 p.m. Eastern Standard Time.

[Join Zoom Meeting](#)

One tap US: [+16692545252](tel:+16692545252).,1602879018#,,, *25414415# or

mobile: [+16468287666](tel:+16468287666).,1602879018#,,, *25414415#

Meeting <https://cdc.zoomgov.com/j/1602879018?pwd=U2pHLzJ2dmx0VlE3YzVWUFU5U3pCUT09&from=addon>

Meeting ID: 160 287 9018

ID:

Passcode: z#1TL&#M

Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

US: +1 669 254 5252 or +1 646 828 7666 or +1 551 285 1373 or +1 669 216 1590

Meeting ID: 160 287 9018

ID:

Passcode: 25414415

[International numbers](#)

Join from an H.323/SIP room system

H.323: 161.199.138.10 (US West)
161.199.136.10 (US East)

Meeting ID: 160 287 9018

Passcode: 25414415

SIP: 1602879018@sip.zoomgov.com

Passcode: 25414415

Skype for Business (Lync)

<https://cdc.zoomgov.com/skype/1602879018>

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement

Policy.

Duplication of Efforts

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

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

LOI is not requested or required as part of the application for this NOFO

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the

Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

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

Click link below for budget preparation guidance

<https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf>

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.

- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

15. Copyright Interests Provisions

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

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

16. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.

- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Recipient should consult with the CDC Office of Grants Services point of contact provided in this NOFO if there is a need for clarification

17. Data Management Plan

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

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

[https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=Get_Started%2FGet_Started. html](https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get_Started%2FGet_Started.htm)

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

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase I Review

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

b. Phase II Review

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

- i. Approach
- ii. Evaluation and Performance Measurement
- iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach

Maximum Points: 50

Purpose: (3 points)

- Evaluate the extent to which the applicant has addressed how they will accomplish the purpose of the project as outlined under Section 2-CDC Project Description

Outcomes: (5 points)

Evaluate the extent to which the applicant adequately presents outcomes that are consistent with those described in the work plan

Strategies and Activities: (25 points)

Evaluate the extent to which the applicant describes the following:

- Convene TB partners to identify common threads impacting TB in the United States
- Catalog and disseminate TB program findings among partners
- Assess training gaps among TB controllers, TB program managers, other partners
- Utilize TB experts to close identified training gaps
- Develop TB program capacity and intervention(s) for addressing SDOH affecting populations with TB and LTBI

Collaboration: (10 points)

Evaluate the extent to which the applicant describes the following:

- How the applicant will work in collaboration with CDC's Division of Tuberculosis Elimination (DTBE) and other partners to implement the project activities to achieve outcomes within the period of performance
- Partnerships with TB control programs, controllers, and other partners that will help the applicant to achieve project outcomes
- Plans to expand partnerships for building capacity for achieving project outcomes

Target Population: (4 points)

Evaluate the extent to which the applicant describes the following:

- Experience in identifying a myriad of TB partners, including TB Controllers, TB Program Managers, the private sector, and other non-traditional service organizations at the national, state, and local levels

Work plan: (3 points)

Evaluate the extent to which the applicant describes the following:

- How the applicant's work plan aligns with the strategies/activities, outcomes, and performance measures in the approach section of the NOFO

ii. Evaluation and Performance Measurement

Maximum Points: 25

Evaluate the extent to which the applicant will adequately describe:

- What type of data/findings will be collected **(5 points)**
- Type of evaluation to be used (i.e., process, outcome, both) **(8 points)**
- How strategies/activities demonstrate progress toward achieving project outcomes **(6 points)**
- How data, performance and evaluation processes will be shared **(6 points)**

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 25

- Describe the organization's mission, structure and overall funding sources, staff size and expertise in TB **(10 points)**
- Experience planning a national biennial meeting/conference (for in -person/and or virtual participation) **(8 points)**
- Experience with partners who serve and work to close equity gaps relative to disparate populations **(3 points)**
- Experience in working with outside entities (i.e., TB drug manufacturers) and disseminating finding to TB partners (as appropriate) **(2 points)**
- Experience serving on local and national TB advisory committee **(2 points)**

Budget**Maximum Points: 0**

The applicant will submit a budget that is consistent with the need described in the application for funding; additionally, the budget should be feasible in achieving project outcomes.

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel

Review of risk posed by applicants.

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

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

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

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

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

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

2. Announcement and Anticipated Award Dates

09/29/2022

F. Award Administration Information

1. Award Notices

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

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

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

Award will be announced via electronic copy of the Notice of Award (NOA) from CDC's Office of Grants Services (OGS) on or around 09/29/2022.

2. Administrative and National Policy Requirements

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

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

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

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

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

3. Reporting

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

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

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

Report	When?	Required?
<i>Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)</i>	<i>6 months into award</i>	<i>Yes</i>
<i>Annual Performance Report (APR)</i>	<i>No later than 120 days before end of budget period. Serves as yearly continuation application.</i>	<i>Yes</i>

<i>Federal Financial Reporting Forms</i>	<i>90 days after the end of the budget period.</i>	<i>Yes</i>
<i>Final Performance and Financial Report</i>	<i>90 days after end of project period.</i>	<i>Yes</i>
<i>Payment Management System (PMS) Reporting</i>	<i>Quarterly reports due January 30; April 30; July 30; and October 30.</i>	<i>Yes</i>

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publically available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
 - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
 - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
 - Recipients must describe success stories.
- **Challenges**
 - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
 - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
 - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
 - Indirect Cost Rate Agreement.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;

- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances);
- and include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

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

Should the recipient need clarification or guidance, please contact the point of contact in the Office of Grant Services provided in this NOFO

e. Final Performance and Financial Report (required)

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

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

Should the recipient need clarification or guidance, please contact the point of contact in the Office of Grant Services provided in this NOFO

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

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

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

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

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

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

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

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

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

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October

15 and January 15.

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

a. recipient name;

b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);

d. reporting period;

e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government;

g. amount of foreign taxes unreimbursed by each foreign government.

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

6. Termination

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

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

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

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

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

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

Gail

Last Name:

Burns-Grant

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

National Center for HIV/Viral Hepatitis/STD/TB Prevention

Division of Tuberculosis Elimination

Mail Stop 12-4

Atlanta, Georgia 30333

Telephone:

404.639.5344

Email:

gab2@cdc.gov

Grants Staff Contact

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

First Name:

Terrian

Last Name:

Dixon

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

2939 Flowers Road

Mail Stop-TV2

Atlanta, Georgia 30341

Telephone:

770.488.2774

Email:

tdixon@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

Position descriptions

Resumes / CVs

Organization Charts

Bona Fide Agent status documentation, if applicable

Indirect Cost Rate, if applicable

Non-profit organization IRS status forms, if applicable

Note: Optional attachments: Submit CVs/resumes and organizational charts; these must be named "CVs/Resumes " and "Organizational Charts" and uploaded to: www.grants.gov.

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements

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

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

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

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

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

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

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

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).

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

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

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

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

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

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

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

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

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

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

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

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

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

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These

activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

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

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

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

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

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

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement

(MOA): Document that describes a bilateral or multilateral agreement between parties

expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

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

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

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

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

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

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

NOFO-specific Glossary and Acronyms