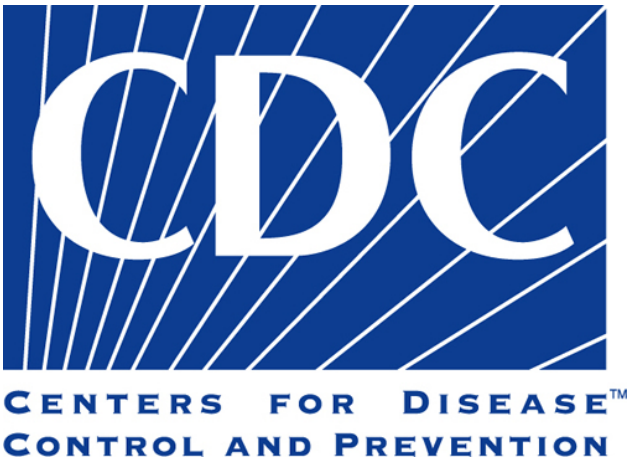

Centers for Disease Control and Prevention

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

National Viral Hepatitis Education, Awareness, and Capacity Building for Communities and Providers

CDC-RFA-PS21-2105

05/14/2021

Table of Contents

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-PS21-2105. 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:

National Viral Hepatitis Education, Awareness, and Capacity Building for Communities and Providers

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS21-2105

E. Assistance Listings Number:

93.270

F. Dates:

1. Due Date for Letter of Intent (LOI):
04/07/2021

2. Due Date for Applications:
05/14/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
Topic: Informational Webinar on CDC-RFA-PS21-2103
Time: Mar 23, 2021 01:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/1600513640?pwd=RmFHUzgxZ0VOdWM5ZlFNa3RWYUFkZz09

Meeting ID: 160 051 3640
Passcode: 9$2&t@qj
One tap mobile
+16692545252,,1600513640#,,,,,,0#,,90611469# US (San Jose)
+16468287666,,1600513640#,,,,,,0#,,90611469# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 551 285 1373 US
+1 669 216 1590 US (San Jose)
Meeting ID: 160 051 3640
Passcode: 90611469
Find your local number: https://cdc.zoomgov.com/u/abdemnjI1Y

Join by SIP
1600513640@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 160 051 3640
Passcode: 90611469

G. Executive Summary:

1. Summary Paragraph
In alignment with CDC's viral hepatitis goals and current epidemiology, this Notice of Funding Opportunity (NOFO) will address the need for increasing awareness of viral hepatitis prevention, testing, and treatment options among populations disproportionately impacted by hepatitis B and/or hepatitis C virus infections, specifically people who inject drugs (PWID), Asian/Pacific Islanders, American Indians/Alaska Natives, and non-Hispanic Blacks. The priority populations' needs will also be addressed by increasing healthcare professionals' competence in the evaluation and treatment of hepatitis B and/or C virus infection. The outcomes of this NOFO will be achieved through two separate components:

- Part A: Community Education, Awareness, and Capacity Building, and
- Part B: Professional Education and Training.

Strategies and activities conducted under each component can contribute to the reduction of hepatitis B and/or C virus infection associated morbidity and mortality.

Part A strategies and activities focus on leading, maintaining, and growing a coalition of diverse US-based public and private organizations that serve one or more of the priority populations (i.e. PWID, Asian/Pacific Islanders, American Indians/Alaska Natives, and non-Hispanic Blacks). Part B strategies and activities aim to maintain a free, online training platform on hepatitis B and hepatitis C epidemiology, testing algorithms, and treatment protocols for healthcare providers. Short-term outcomes include expanding the number of people tested for hepatitis B and hepatitis C and the number of healthcare providers that can confidently manage patients with hepatitis B and hepatitis C.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
2
The expected number of awards is two; one organization could receive two awards if they successfully competed for Part A and Part B, which each require separate applications.

d. Total Period of Performance Funding:
$ 2,750,000
Part A: $1,375,000

Part B: $1,375,000

e. Average One Year Award Amount:
$ 275,000

f. Total Period of Performance Length:
5

g. Estimated Award Date:
September 30, 2021

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
An estimated 2.4 million people were living with hepatitis C virus infection in the United States in 2016. Hepatitis C is curable, yet only 61% of people living with hepatitis C virus were aware of their infection in 2018. New hepatitis C virus infections continue to rise, with an estimated 50,300 people newly infected in 2018. An estimated 862,000 people were living with

hepatitis B virus in the United States in 2016. Hepatitis B is treatable, yet only 34% of people living with hepatitis B virus were aware of their infection in 2016. Despite being vaccine preventable, an estimated 21,600 people were newly infected with hepatitis B virus in 2018. Injection drug use is the most common risk factor for acute hepatitis B virus infection and hepatitis C virus infection.

To achieve global goals to eliminate viral hepatitis as a public health threat by 2030, we must reach persons who are disproportionately impacted with culturally relevant prevention, testing, and treatment services. Outcomes of this NOFO will be achieved through two separate components. An organization may apply for both components by submitting two separate applications, one for Part A and one for Part B.

Part A: Community Education, Awareness, and Capacity Building

Following the Division of Viral Hepatitis 2025 Strategic Plan, this NOFO will focus on populations disproportionately impacted by hepatitis B and/or hepatitis C (e.g. people who inject drugs (PWID), Asian/Pacific Islanders, American Indians/Alaska Natives, and non-Hispanic Blacks) and seeks to decrease viral hepatitis-related morbidity and mortality within priority population(s) by employing strategies to increase the priority population(s)'s knowledge and awareness of hepatitis B and/or hepatitis C, increasing hepatitis B and/or hepatitis C testing, and linking people who are chronically infected with hepatitis B and/or hepatitis C virus into care. Specifically, this NOFO will support efforts to lead, maintain, and grow an existing coalition of diverse US-based public and private organizations, including but not limited to, community-based organizations, community-based health centers, and other organizations. Coalition organizations should have established relationships with one or more of the priority populations and are actively involved in viral hepatitis educational outreach and/or testing services and build coalition members' capacity to provide culturally responsive viral hepatitis education and services to the populations that need it most. As evidenced in the Guide to Community Preventive Services, educational strategies, including mass and small media, have been found to be effective in promoting health behaviors; the coalition members will use CDC's existing national viral hepatitis education campaign materials to increase awareness of viral hepatitis among the priority populations.

Part B: Professional Education and Training

Healthcare professionals must also have the knowledge and skills to promote prevention, testing, and treatment in order to achieve CDC's viral hepatitis goals. Part B will focus on providing healthcare professionals with access to free, up-to-date, on-demand, web-based training and supportive resources on viral hepatitis. At minimum, trainings must address hepatitis B and hepatitis C. It is critical that trainings and supportive resource materials remain updated with CDC recommendations and changes in the epidemic over time, including any future recommendations or guidance that may be issued during the award period. Increasing the number of healthcare professionals knowledgeable about viral hepatitis and promoting training to this group is central to maximizing the benefits afforded by new treatment options and increasing testing of those with chronic hepatitis.

This NOFO builds on lesson learned from the previous PS16-1608 Viral Hepatitis Networking, Capacity Building and Training, which demonstrated the need for conducting evaluation of implemented activities to improve services.

b. Statutory Authorities
Section 301 and 317N of the Public Health Service Act (42 U.S.C. Section 241 and 247b-15) as amended.

c. Healthy People 2030
The Division of Viral Hepatitis will be funding these programs to support the "Healthy People 2030" topic area of Infectious Diseases, and to help meet the following objectives:

Objective IID-11, Reduce the rate of acute hepatitis B

Objective IID-12, Reduce the rate of acute hepatitis C

Objective IID-13, Increase the proportion of people who know they have chronic hepatitis B

Objective IID-14, Increase the proportion of people who know they have chronic hepatitis C

https://health.gov/healthypeople/objectives-and-data/browse-objectives/infectious-disease

d. Other National Public Health Priorities and Strategies
This NOFO supports the goals of the US Department of Health and Human Services' Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021-2025, CDC's Division of Viral Hepatitis 2025 Strategic Plan, and CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Strategic Plan through 2020.

e. Relevant Work
This NOFO builds upon previous or current hepatitis B and hepatitis C prevention or surveillance projects, including:

- CDC-RFA-PS16-1608-Viral Hepatitis Networking, Capacity Building and Training
- CDC-RFA-PS17-1702 - Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis
- CDC-RFA-PS21-2103 – Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

2. CDC Project Description

a. Approach
Bold indicates period of performance outcome.

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes

Part A: Community Education, Awareness & Capacity Building A1. Lead, maintain, and grow an existing coalition of diverse public and private organizations serving priority populations (PWID, Asian/Pacific Islanders, American Indians/Alaska Natives, and non-Hispanic Blacks) with high rates of hepatitis B and/or hepatitis C virus infection A2. Provide technical assistance and training to coalition members to deliver culturally competent hepatitis B and/or hepatitis C virus infection educational outreach to selected priority population(s) A3. Build capacity of coalition members to conduct hepatitis B and/or C virus infection testing among members of the selected priority population(s) and, as appropriate and feasible, link to care and treatment. A4. Amplify CDC's national viral hepatitis education campaign(s) at the community level ***Part B: Professional Education/Training*** B1. Provide free comprehensive web-based, accurate, on-	***Part A: Community Education, Awareness & Capacity Building*** 1. **Increased capacity of coalition members to deliver culturally competent and appropriate hepatitis B and/or hepatitis C virus infection educational outreach to priority populations** 2. **Increased testing for hepatitis B and/or hepatitis C virus infection among priority populations** 3. **Increased reach of and exposure to CDC's national viral hepatitis education campaign materials** ***Part B: Professional Education/Training*** 1. **Increased healthcare professionals' knowledge of populations affected by viral hepatitis focusing on U.S. hepatitis B virus & hepatitis C virus epidemics** 2. **Increased healthcare professionals' knowledge of CDC's hepatitis B and hepatitis C screening**	1. **Increased awareness among priority populations of hepatitis B and/or hepatitis C virus infection prevention, testing, care and treatment** 2. **Increased awareness among people living with chronic hepatitis B and/or chronic hepatitis C virus of their infection** 3. Increased number of healthcare professionals' evaluating and providing viral hepatitis treatment, treatment of chronic hepatitis, and treatment of priority populations and management of complications	More people with chronic hepatitis B & chronic hepatitis C able to make informed health decisions and obtain proper care and treatment, if appropriate Decreased morbidity and mortality from chronic hepatitis B & chronic hepatitis C

demand supportive resources, and trainings for healthcare professionals about hepatitis B & C virus infection B2. Offer free continuing education credits for hepatitis B and hepatitis C training virus infection B3. Actively market and promote hepatitis B and hepatitis C virus infection training and supportive resources to ensure maximum reach	**and vaccination recommendations** 3. **Increased healthcare professionals' skills to conduct risk assessments for viral hepatitis; screen for and diagnose viral hepatitis; and stage and monitor chronic viral hepatitis** 4. **Increased healthcare professionals' skills to evaluate and prepare for treatment of chronic viral hepatitis, including care for priority populations and management of complication**		

i. Purpose

Part A's purpose is to lead, maintain, and grow existing coalitions of diverse US-based public and private organizations that provide culturally responsive hepatitis B and/or C virus infection education and services to priority populations, thereby increasing hepatitis B and/or C virus infection awareness, testing, and treatment. Recipients and their coalition members will increase hepatitis B and/or C virus infection awareness through amplifying CDC's national viral hepatitis campaign(s).

Part B's purpose is to maintain an existing web-based, free hepatitis B and C training platform for healthcare professionals to improve their clinical care management.

ii. Outcomes

Part A

The outcomes, or intended effects, for Part A are focused on increasing identification of people living with viral hepatitis. By the end of the period of performance, recipients will have:

- Increased capacity of coalition members to deliver culturally responsive hepatitis B and/or hepatitis C virus infection educational outreach to priority populations

- Increased testing for hepatitis B and/or hepatitis C virus infection among priority populations
- Increased reach of and exposure to CDC's national viral hepatitis education campaign materials
- Increased awareness among priority populations of hepatitis B and/or hepatitis C virus infection prevention, testing, care and treatment
- Increased awareness among people living with chronic hepatitis B and/or chronic hepatitis C virus of their infection

Part B

The outcomes, or intended effects, for Part B are focused on increasing the knowledge and skills of healthcare professionals prevent, diagnose and treat viral hepatitis. By the end of the period of performance, recipients will have:

- Increased healthcare professionals' knowledge of populations affected by viral hepatitis, focusing the U.S. hepatitis B virus & hepatitis C virus epidemics
- Increased healthcare professionals' knowledge of CDC's hepatitis B and hepatitis C screening and vaccination recommendations
- Increased healthcare professionals' skills to conduct risk assessments for viral hepatitis; screen for and diagnose viral hepatitis; and stage and monitor chronic viral hepatitis
- Increased healthcare professionals' skills to evaluate and prepare for treatment of chronic viral hepatitis, including care for priority populations and management of complications

iii. Strategies and Activities

Part A

Part A consists of four required strategies. Required activities include those related to (1) leading, maintaining, and growing a coalition of diverse US-based public and private organizations, (2) building the capacity of coalition members to deliver culturally responsive hepatitis B and/or C virus infection educational outreach to priority populations, (3) building the capacity of coalition members to conduct hepatitis B and/or C virus infection testing, and (4) amplifying CDC's national viral hepatitis educational campaign(s).

A1. Lead, maintain, and grow an existing coalition of diverse public and private organizations serving priority populations (PWID, Asian/Pacific Islanders, American Indians/Alaska Natives, and non-Hispanic Blacks) with high rates of hepatitis B and/or hepatitis C virus infection.

A1.1. Lead an existing coalition of diverse public and private organizations with established relationships with the priority population(s) that will focus on conducting hepatitis B and/or C virus infection educational outreach and testing.

a. Identify the priority population(s) and geographic areas to be served by the coalition (must address one or more of the prioritized populations—PWID, Asian/Pacific Islander, American Indian/Alaska Native, and/or non-Hispanic Black) and provide justification of selections based on epidemiological data.

b. Identify public and private organizations including community-based health centers and other local level organizations that have access to the priority populations to become members of the coalition.

c. Develop processes for ensuring that the coalition members will provide educational outreach and hepatitis B and/or C virus infection testing to one or more of the priority populations by the end of the first year.

d. Grow an existing viral hepatitis coalition to engage and bring additional organizations together to reach priority population(s), as needed.

e. Develop and disseminate marketing materials to recruit additional public and private organizations to the coalition.

A2. Provide technical assistance and training to coalition members to deliver culturally responsive hepatitis B and/or hepatitis C virus infection educational outreach to selected priority population(s). Nota bene (NB): If PWID are the identified priority population, procurement of sterile injection equipment for distribution to program participants is not an allowable expense under this NOFO.

A2.1. Improve coalition members' capacity to provide culturally responsive hepatitis B and/or C virus infection educational outreach.

a. Conduct trainings, in-person and/or virtual technical assistance, peer-to-peer or expert consultation, coaching, and mentoring to individual coalition members and to the collective coalition.

b. Assist with the development and refinement of educational outreach strategies and materials to ensure they are culturally responsive for the prioritized population(s).

c. Review existing strategies and materials with the coalition members.

d. Update strategies and materials based on feedback from coalition members and members of the prioritized populations.

A2.2. Improve capacity of coalition members to conduct hepatitis B and/or C virus infection educational outreach activities.

a. Assist the coalition members with developing processes for conducting educational outreach to prioritized populations.

b. Provide on-demand technical assistance to the coalition members as they implement processes.

c. Assist coalition members to continuously update and refine educational outreach strategies and materials as needed.

A2.3. Promote the sharing and development of educational outreach strategies, materials, tools and lessons learned within the coalition to maximize impact and minimize duplication.

a. Host coalition trainings, webinars, networking opportunities.

b. Collaboratively prepare educational outreach, testing, and linkage to care strategies and materials to reach priority populations.

A3. Build capacity of coalition members to conduct hepatitis B and/or C virus infection testing among members of the selected priority population(s) and, as appropriate and feasible, link to care and treatment. NB: Clinical services are not an allowable expense under this NOFO.

A3.1. Improve coalition members' capacity to provide culturally responsive hepatitis B and/or C virus infection testing and linkage to care services.

a. Conduct trainings, in-person and/or virtual technical assistance, peer-to-peer or expert consultation, coaching, and mentoring to coalition members organization individually and to the coalition.

b. Assist with the development and refinement of testing and linkage to care strategies to ensure they are culturally responsive for the prioritized population(s).

c. Review existing strategies and materials with the coalition members.

d. Update strategies and materials based on feedback from coalition members and members of the prioritized populations.

A3.2. Improve capacity to conduct hepatitis B and/or C virus infection testing and linkage to care services, and, as appropriate and feasible, link to care and treatment.

a. Assist the coalition members with developing processes for conducting hepatitis B and/or C virus infection testing to prioritized populations.

b. Provide technical assistance to the coalition as they implement processes.

c Collaborate with coalition members to continuously update and refine testing and linkage to care strategies and materials as needed.

A3.3. Provide technical assistance on building organizational infrastructure of coalition members, when possible, to increase testing and linkage to care/treatment

a. Review existing strategies and organizational information with the coalition.

b. Update strategies and materials based on feedback from coalition organizations and member of the prioritized populations.

c. Ensure that the coalition has the ability to conduct hepatitis B and/or C virus infection testing in all geographic areas served (coalition must include organizations, within each geographic service area, that can provide hepatitis B and/or C virus infection testing and/or have the capacity to initiate testing within the first year of this NOFO).

A3.4. Promote the sharing and development of hepatitis B and/or C virus infection testing and linkage to care strategies, materials, tools and lessons learned within the coalition to maximize impact and minimize duplication.

a. Host coalition trainings, webinars, networking opportunities.

b. Collaboratively prepare educational outreach, testing, and linkage to care strategies and materials to reach priority populations.

A4. Amplify CDC's national viral hepatitis education campaign(s) at the community level

A4.1. Maximize reach of CDC's national viral hepatitis education campaign(s) by engaging the coalition members to disseminate campaign materials to prioritized populations.

a. Select the primary audiences to reach for the campaign.

b. Promote campaign messages and materials to coalition members to expand the reach of national viral hepatitis campaigns.

c. Provide training and technical assistance to coalition members on methods for placing and promoting messages, in areas such as media relations, social media, media buying and partnership development.

A4.2. Provide feedback to CDC to improve future efforts directed at the prioritized populations.

Part B

Part B consists of three required strategies. Required activities include those related to (1) maintaining a free web-based platform to provide training and supportive resources about viral hepatitis (focusing on hepatitis B and hepatitis C) for healthcare professionals; (2) offering free continuing education credits for the training; and, (3) marketing and promoting the training and resources. All training materials developed under Part B must adhere to CDC training standards.

B1. Provide free comprehensive web-based, accurate, on-demand supportive resources, and trainings for healthcare professionals about hepatitis B and hepatitis C.

B1.1. Continue implementation of existing web-based training for healthcare professionals.

a. Ensure trainings and supportive materials are comprehensive and fill any gaps in viral hepatitis training needs of professionals.

b. Continuously update and refine the training and supportive resources to ensure they align with current CDC recommendations.

c. Prepare a timeline for regular review of course content, making updates to content, and publication of new content.

B2. Offer free continuing education credits for hepatitis B and hepatitis C training.

B2.1. Award Continuing Medical Education (CME) and Certified Nurse Educator (CNE) credits to healthcare professionals that complete the training.

B3. Actively market and promote hepatitis B and hepatitis C virus infection training and supportive resources to ensure maximum reach.

B3.1 Identify healthcare professionals that serve the selected prioritized populations that would benefit from web-based viral hepatitis training.

a. Identify segments of healthcare professionals including, but not limited to, physicians, nurse practitioners, physician's assistants, nurses, community health workers, public health practitioners and others who provide services to populations affected by viral hepatitis.

B3.2 Market to healthcare professionals that serve the selected prioritized populations (e.g. marketing strategy and materials).

a. Develop marketing materials (brochures, email marketing, social media posts, digital ads, matte articles, etc.).

b. Disseminate marketing materials.

c. Continuously refine marketing materials and strategies based on response rates and participation.

For both Parts A & B, recipients will need to develop and implement a plan to track and evaluate each strategy and activity. Recipients will be required to provide data on program progress for each 3-month time period (e.g., Months 1-3, 4-6, 7-9, 10-12). See Work plan section and Evaluation and Performance Measurement Strategy section for more details on evaluation and activity tracking requirements.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:
Collaborations and strategic partnerships are crucial to implement program strategies and achieve desired outcomes, including more efficient use of resources and exchange of information between stakeholders.

When appropriate, recipients will work with other CDC funded programs that have similar goals and objectives that include testing activities, networking, capacity building and/or professional education and training or work with the same target populations including, but not limited to, the Viral Hepatitis Prevention Coordinators and surveillance leads funded under CDC-RFA-PS21-2103, harm reduction organizations funded under CDC-RFA-PS19-1909 and CDC-RFA-OS18-1802, and CDC-funded training centers.

Part A applicants must file letters of support from existing coalition members, as appropriate, documenting the organization's participation in the coalition, their involvement with viral hepatitis prevention and control and their experience working with the target population. Name the file "Part A Letters of Support Coalitions", and upload it as a PDF file at www.grants.gov.

Part B applicants must file letters of support, as appropriate, name the file "Part B Letters of Support from CDC Funded Partners", and upload it as a PDF file at www.grants.gov.

b. With organizations not funded by CDC:
Part A recipient(s) are expected to lead, grow, and maintain an existing coalition of diverse US-based public and private organizations working in viral hepatitis (not necessarily funded by CDC). This will require a collaborative relationship. The coalition members should actively serve the prioritized population(s) selected by the recipient. Recipients(s) are expected to lead the coalition and identify new public and private organizations to join the coalition with the goal of maximizing the reach of hepatitis B and/or hepatitis C virus infection services to the priority populations. It is preferable that recipients use this funding opportunity to expand the reach of an already established coalition. Letters of support are required from organizations describing their coalition membership (e.g., their length of time as a participating organization and their organization's role in the coalition), as well as demonstrating their experience working with the identified target population and viral hepatitis.

If the applicant for Part A proposes to partner with any additional outside collaborating organizations (outside of those that make up the coalition), and/or other experts/leaders in the field in any major role (such as, providing technical assistance), letters of support are also required from these organizations and/or individuals. Name the file "Letters of Support Experts", and upload it as a PDF file at www.grants.gov.

Part B applicants may work with organizations not funded by CDC, as appropriate, to achieve the NOFO outcomes. If collaborations are planned, applicants must explain how each collaboration would assist with implementing activities and achieving the NOFO outcomes. Letters of support are required from any proposed participating institutions, and as appropriate, submit those letters using the file name "Part B Letters of Support" and upload it as a PDF file at www.grants.gov.

2. Target Populations

Part A recipient(s) are expected to prioritize at least one population disproportionately impacted by viral hepatitis B and/or hepatitis C, in alignment with CDC's Division of Viral Hepatitis 2025 Strategic Plan. These include the following groups:
PWID, Asian/Pacific Islanders, American Indians/Alaska Natives, and non-Hispanic Blacks. Applicants are required to focus on at least one of these priority populations. Applicants are NOT required to address all populations.

The target audience for Part B, Professional Education and Training, is healthcare professionals defined as individuals working in public health or private settings that provide clinical and/or medical care, including, but not limited to: physicians, nurse practitioners, physician's assistants, nurses, community health workers, public health practitioners and others who provide services to populations affected by viral hepatitis. The priority populations identified for Part A will also benefit from achievement of Part B outcomes since the trained healthcare professionals will be able to better address specific priority populations that are impacted by viral hepatitis.

Part B recipients should aim to provide training to a variety of healthcare professionals, however, they must clearly define their target audience and the rationale for the selection.

a. Health Disparities
In alignment with CDC's viral hepatitis goals and current epidemiology, this NOFO will address the disproportionate rates of viral hepatitis B and/or hepatitis C among people who inject drugs (PWID), Asian/Pacific Islanders, American Indians/Alaska Natives, and non-Hispanic Blacks, by increasing their awareness of hepatitis B and/or hepatitis C virus infection prevention, testing, and treatment options. The needs of these priority populations will also be addressed by increasing healthcare professionals' competence in hepatitis B virus and hepatitis C virus prevention, screening, evaluation, and treatment.

iv. Funding Strategy
Total period of performance funding: $2,750,000

Part A: $1,375,000 over 5 years

Part B: $1,375,000 over 5 years

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, CDC can process applications and award funds in a timely manner. In the event that future fiscal year appropriation or other statute fails to authorize this activity, no awards will be made. Final award amounts may be less than requested. Funding availability in subsequent fiscal years is subject to the availability of appropriated funds.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

ii. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance

Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Organizational capacity demonstrates the ability to execute program strategies and meet the period of performance outcomes.

The organizational mission, goals, and activities of Part A recipients must be consistent with national viral hepatitis priorities and recommendations. Part A recipients must have demonstrated experience in leading, maintaining, and growing a coalition that is comprised of diverse US-based public and private organizations, including community-based organizations, community-based health centers, and other organizations that have access to one or more of the priority populations and are actively involved in viral hepatitis educational outreach and/or testing services. Recipients must have demonstrated experience within the last five years with networking and partnership building, including previous success with communicating and maintaining relationships with coalition members and with recruiting and selecting new organizations. Part A recipients must also have experience developing and executing culturally responsive viral hepatitis training, capacity building, and technical assistance activities for the proposed priority populations and geographic areas. This must include experience providing

these types of services directly to the proposed priority population(s) and experience providing these types of services to other organizations that serve the priority population(s). Recipients must have a minimum of 3 years of experience working with the proposed priority population(s). They must have a program director, program coordinator, and staff with demonstrated viral hepatitis experience. This organizational capacity should be included in the Project Narrative.

The recipient must ensure that the organizations within the coalition can meet the needs of one of the four priority target populations as evidenced by their experience and effectiveness working with the selected populations. They must ensure that there is at least one organization within each selected geographic service area that has the capacity to conduct hepatitis B and/or hepatitis C virus infection testing and/or will have the capacity to initiate hepatitis B and/or hepatitis C virus infection testing within the performance period of this NOFO. Letters of support (up to five) that describe how the recipient will collaborate, as appropriate, with CDC-funded state or local health department viral hepatitis program(s) and/or organizations external to CDC should be provided. Please note that clinical services are not an allowable expense under this NOFO.

Part B recipients should have capabilities to update and manage an existing free web-based viral hepatitis training and supportive resources targeted to healthcare professionals that can be adapted to meet the requirements of this announcement. They must be able to deploy web-based training and resources for hepatitis B and hepatitis C. Part B recipients must be able to adhere to CDC training standards. Their organizational mission, goals, and activities must be consistent with national viral hepatitis priorities and recommendations. They must have relevant experience in providing accredited continuing education (both CMEs and CNEs) and developing and promoting web-based training and supportive resources about viral hepatitis, including the development of web-based viral hepatitis courses/trainings and curricula. This organizational capacity should be included in the Project Narrative.

Recipients must have effective management and leadership required to maintain a viral hepatitis web-based platform targeted to healthcare providers nationwide. They must have a Medical/Clinical director, program coordinator, and staff with demonstrated viral hepatitis experience. Recipients must have strong program management experience. They must be able to demonstrate partnerships with organizations that will contribute to achieving the project's outcomes and have the ability to establish contracts in a timely manner. Letters of support that describe collaborations, as appropriate, with CDC-funded programs and/or organizations external to CDC should be provided.

For both Parts A and B, recipients must also have a clear plan for monitoring the project's on-going progress, preparing reports, evaluating program activities, and communicating with partners, including CDC. Any organizational capacity support from CDC-funded programs and/or partners and/or organizations external to CDC must also be described in the plan.

Applicants should name file "CVs/Resumes" or "Organizational Charts" and upload to www.grants.gov.

d. Work Plan

Recipients are required to provide a detailed workplan that provides both a high-level overview of the entire five-year period of performance and a detailed description of the first year of the award. The work plan should incorporate all NOFO-related program strategies and activities and clearly align with the logic model, outcomes and measures from Evaluation and Performance Measurement section of this NOFO.

The recipient should address the following outline in their work plan:

Five-Year Overview of Project Work Plan

- Intended outcomes for the entire five-year period of performance Year 1 Detailed Work Plan (separate workplans for Part A and Part B)
- Program strategies and activities aligned with program outcomes
- Identified partners and/or affiliates
- Outcomes aligned with program strategies and activities
- How each strategy and activity will be monitored

A separate workplan is required for each Part A and Part B; each required strategy and activity should be clearly labeled. Failure to clearly label workplans may affect funding award. For Part A and Part B recipients, CDC will provide feedback and technical assistance to finalize the work plan post-award to better address the overarching goals of the project. Recipient activities may be modified during the period of performance, if necessary, to respond to changes in hepatitis B and/or hepatitis C virus infection incidence and prevalence; screening recommendations, and treatment; changes in the training needs of healthcare professionals; and/or changes in CDC performance goals or initiatives.

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. An example of a workplan template follows:

Proposed Project Outcome (from Outcomes section and/or Logic Model)		Outcome Measure (from Evaluation and Performance Measurement Section)	
Strategies and Activities	Process Measure (from Evaluation and Performance Measurement Section)	Responsible Position Party	Completion Date

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.

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:

U01

3. Fiscal Year:

2021

4. Approximate Total Fiscal Year Funding:

$ 550,000

5. Total Period of Performance Funding:

$ 2,750,000

This amount is subject to the availability of funds.

Part A: $1,375,000

Part B: $1,375,000

Estimated Total Funding:
$ 2,750,000

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

7. Expected Number of Awards:
2
The expected number of awards is two; one organization could receive two awards if they successfully competed for Part A and Part B, which each require separate applications.

8. Approximate Average Award:

$ 275,000
Per Budget Period

9. Award Ceiling:
$ 0
Per Project Period

This amount is subject to the availability of funds.

10. Award Floor:
$ 0
Per Budget Period

11. Estimated Award Date:
September 30, 2021

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")

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. 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.

a. Data Universal Numbering System:
All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.
The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

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

may be found at https://www.sam.gov/SAM/.

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

		4. This authorizes the AOR to submit applications on behalf of the organization		

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this 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 or postmarked by)

Due Date for Letter Of Intent 04/07/2021

04/07/2021

b. Application Deadline

Due Date for Applications 05/14/2021

05/14/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
Topic: Informational Webinar on CDC-RFA-PS21-2103
Time: Mar 23, 2021 01:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/1600513640?pwd=RmFHUzgxZ0VOdWM5ZlFNa3RWYUFkZz09

Meeting ID: 160 051 3640
Passcode: 9$2&t@qj
One tap mobile
+16692545252,,1600513640#,,,,,,0#,,90611469# US (San Jose)
+16468287666,,1600513640#,,,,,,0#,,90611469# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)

+1 551 285 1373 US
+1 669 216 1590 US (San Jose)
Meeting ID: 160 051 3640
Passcode: 90611469
Find your local number: https://cdc.zoomgov.com/u/abdemnjI1Y

Join by SIP
1600513640@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 160 051 3640
Passcode: 90611469

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

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

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. An LOI is not required for this NOFO.

The LOI must be sent to arrive no later than April 7, 2021 via U.S. express mail, delivery service, fax, or email to:

Karina Rapposelli, MPH

CDC, National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

Address: 1600 Clifton Road, NE, MS US12-3

Telephone number: 404-639-8000

Fax: 404-639-8600

Email address: dvhpolicy@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

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

13. 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. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. 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.

16. 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.

17. 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.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the

public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. 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. 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 (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by 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:** 35

Part A

Evaluate the extent to which the applicant:

- Presents a work plan that follows the format specified and that aligns with the strategies/activities, outcomes, and performance measures in the approach (5 points)

- Identifies priority populations to be served--clearly selects one of the four priority populations—PWID, Asian/Pacific Islanders, American Indian/Alaska Natives, and/or non-Hispanic Blacks (5 points)
- Provides justification for selected populations and geographic areas they plan to focus on; justifications should be based on the latest epidemiological data (5 points)
- Describes overall strategies and activities that are consistent with the CDC project description and logic model and are realistic and appropriate to achieve the outcome which include the following:
    - Description of an approach to maintaining and growing a coalition made up of diverse public and private organizations and building their to provide hepatitis B and/or C virus infection educational outreach, testing, and linkage to care/treatment to priority populations through technical assistance, trainings, workshops, etc.; approach should be feasible, strategic and designed to maximize success (5 points)
    - Description of technical assistance and capacity building activities that are based upon needs of priority populations to be served and are extensive, well designed, employ diverse methods and formats, draw upon significant expertise, are focused on ensuring coalition members provide culturally responsive services and meet CDC training standards (5 points)
    - Description of how they will promote the sharing and development of hepatitis B and/or hepatitis C virus infection educational outreach, testing and linkage to care strategies, materials, tools and lessons learned within the coalition to maximize impact and minimize duplication (5 points)
    - Description of how they plan to work with coalition members to increase reach and exposure to CDC's existing national education campaign to target populations (5 points)

Part B

Evaluate the extent to which the applicant:

- Presents a work plan that follows the format specified and that aligns with the strategies/activities, outcomes, and performance measures in the approach (5 points)
- Describes overall strategies and activities that are consistent with the CDC project description and logic model and are realistic and appropriate to achieve the outcome which include the following:
    - Description of how they are currently fulfilling a demonstrated gap in professional education for viral hepatitis using web-based trainings and resources and how they plan to expand or build upon their existing web-based viral hepatitis training platform (5 points)
    - Description of how their approach for web-based training and resources will address hepatitis B and C and rationale for target audience (5 points)

- Description of a quality control process to ensure that training content is appropriate for adult learners, is evidence and science based, and is congruent with CDC training standards (5 points)
- Description of a system and timeline for maintaining and updating course content to ensure it is current and accurate; and a system for publishing new content, as necessary (5 points)
- Describes a realistic and detailed plan for disseminating and promoting training activities and resources to healthcare professionals to ensure maximum reach (5 points)
- Describes of a system for acquiring and awarding continuing education credits (CME, CNE, CEUs, etc.); application should include the estimated and target number of credits to be awarded (5 points)

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

Part A

Evaluate the extent to which the applicant:

- Describes their processes and procedures for collecting data on the process and outcome performance measures based on the measures included in the CDC Evaluation and Performance Measurement Strategy section of this NOFO (10 points)
- Describes clearly how evaluation results will be incorporated into planning, implementation, and improvement of project activities (5 points)
- Describes how performance measurement findings will be reported, and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement (5 points)
- Describes a plan to provide data on program progress for each 3-month time period (e.g., Months 1-3, 4-6, 7-9, 10-12). (5 points)

Part B

Evaluate the extent to which the applicant:

- Describes how process and outcome measures will be collected based on the measures included in the CDC Evaluation and Performance Measurement Strategy section of this NOFO (10 points)
- Describes clearly how evaluation results will be incorporated into planning, implementation, and reporting of project activities to CDC (5 points)
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement (5 points)

- Describes a plan to provide data on program progress for each 3-month time period (e.g., Months 1-3, 4-6, 7-9, 10-12). (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 40

Part A

Evaluate the extent to which the applicant:

- Describes how the applicant agency (or the particular division of a larger agency with responsibility for this project) is organized, the nature and scope of its work and the capabilities it possesses (management, administrative, and technical), including a mission, goals, and activities that are consistent with national viral hepatitis priorities and recommendations, experience and commitment to viral hepatitis as a major focus, and capacity to implement the activities and achieve the project outcomes (5 points)
- Describes experience leading, maintaining, and growing a coalition that is comprised of diverse US-based public and private organizations, community-based health centers, and other organizations that have access to one or more of the priority populations and are actively involved in viral hepatitis educational outreach and/or testing services.
  The existing coalition led by the applicant should demonstrate leadership in the field of viral hepatitis and represents significant number of public and private organizations and expertise and experience reaching the priority populations specified by CDC (minimum three years of experience working with the proposed priority population(s)) (10 points)
- Demonstrates recent (within past five years) and relevant experience in communicating and maintaining relationships with coalition members and recruiting and selecting new organizations that provide services aligning with the goals and one or more of the priority populations described in this announcement (5 points)
- Describes that at least one organization within each selected geographic service area that has the capacity to conduct hepatitis B and/or hepatitis C virus infection testing and/or will have the capacity to initiate hepatitis B and/or hepatitis C virus infection testing within the performance period of the project (3 points)
- Provides a project management plan which will be sufficient to achieve the project outcomes, including a clear delineation of the roles and responsibilities of project staff, particularly for the program director and the program coordinator, as outlined in organizational charts and indicating who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; program evaluation; and communication with other partners and CDC (4 points)
- Describes recent (within past five years) and relevant experience in developing and executing culturally responsive viral hepatitis training, technical assistance, and capacity building activities directly to the proposed priority population(s), as evidenced by the type, extent and magnitude of activities provided to multiple entities with varying degrees of capacity as well as by the staff (faculty, trainers, and preceptors) involved in the development or execution of training or training resources, as apparent from their CVs/resumes (10 points)

- Includes letters of support (up to five) that describe how the funded partner will collaborate, as appropriate, with CDC-funded state or local health department viral hepatitis program(s) and/or organizations external to CDC (3 points)

Part B

Evaluate the extent to which the applicant:

- Describes how the applicant agency (or the particular division of a larger agency with responsibility for this project) is organized, the nature and scope of its work and the capabilities it possesses and the capabilities (management, administrative, and technical) it possesses, including a mission, goals, and activities that are consistent with national viral hepatitis priorities and recommendations, experience and commitment to viral hepatitis as a major focus, capacity to implement the activities and to achieve the project outcomes (10 points)
- Describes expertise in developing, deploying, promoting, and maintaining web-based training programs, including web-based training on hepatitis B virus and hepatitis C virus as evidenced by weblinks to existing trainings and resources; also as evidenced by including a detailed description of an existing viral hepatitis web-based training platform and other existing programs that can be updated and/or adapted to meet the requirements of this announcement, as well as evidenced by including a detailed description of experience providing accredited continuing education (both CMEs and CNEs) (10 points)
- Describes how their experience and expertise enables readiness to perform proposed training activities including the types and numbers of web-based viral hepatitis courses/trainings developed and taught; and the curricula developed, piloted, and disseminated; as well as staff expertise (faculty, trainers, and preceptors) involved in the development or execution of training or training resources, as apparent from their CVs/resumes (10 points)
- Provides a project management plan which will be sufficient to achieve the project outcomes and includes a clear delineation of the roles and responsibilities of project staff, particularly for the medical/clinical director and program coordinator, as outlined in organizational charts and indicates who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; program evaluation; and communication with other partners and CDC (5 points)
- Describes collaborations, as appropriate, with CDC funded programs and/or organizations external to CDC as demonstrated by letters of support; also describes their ability to establish contracts in a timely manner, if necessary (5 points)

Budget **Maximum Points:** 0

The budget aligns with proposed work plan.

i. Approach **Maximum Points:** 0

ii. Evaluation and Performance Measurement	**Maximum Points:** 0
iii. Applicant's Organizational Capacity to Implement the Approach	**Maximum Points:** 0
Budget	**Maximum Points:** 0

c. Phase III Review

Phase III Review will be conducted after CDC's objective review process. For Part A, CDC may fund out of rank order to fund applicants that prioritize and address hepatitis B. For Part B, applicants will be funded in order by score and rank as 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

A Notice of Award is expected to be provided on September 30, 2021.

F. Award Administration Information

1. Award Notices

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

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

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

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

3. Reporting

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

- Helps target support to recipients;

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	The recipient must submit the APR via www.grants.gov no later than 120 days before the end of the budget period.	Yes
Activity Report, including data on Performance Measures	Quarterly reports due January 30, 2022; April 30, 2022; July 30, 2022; October 30, 2022; January 30, 2023...	Yes
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30, 2022; April 30, 2022; July 30, 2022; October 30, 2022; January 30, 2023...	

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 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.

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).

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:
Karina

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

Address:

Telephone:
(404) 639-4789

Email:
kek4@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:
Grants Management Specialist Infectious Disease Services Branch (IDSB)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)

Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)

Telephone:
404-488-2774
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
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Letters of Support

Organization Charts

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed

in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

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

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

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

Budget Period or Budget Year: The duration of each individual funding period within the 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.

CDC Assurances and Certifications: Standard government-wide grant application forms.

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. http:// www.cdc.gov /grants /additionalrequirements /index.html.

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

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

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

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

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

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

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

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

administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

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

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

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

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

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

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

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

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing

or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOFO-specific Glossary and Acronyms