

Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

National Partnerships to Promote Cancer Surveillance Standards and Support Data Quality and Operations of National Program of Cancer Registries

CDC-RFA-DP18-1802

Application Due Date: 04/20/2018

National Partnerships to Promote Cancer Surveillance Standards and Support Data Quality and Operations of National Program of Cancer Registries

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP18-1802. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

National Partnerships to Promote Cancer Surveillance Standards and Support Data Quality and Operations of National Program of Cancer Registries

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-DP18-1802

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.283

Additional CFDA Number: 93.422

F. Dates:

1. Due Date for Letter of Intent (LOI): **[Insert 30 days from date of publication]**

Is a LOI: Recommended but not Required

A LOI is recommended but not required. If an LOI is submitted, it must be emailed to Dr. Loria Pollack, CDC/Division of Cancer Prevention and Control (Email: lop5@cdc.gov) by March 14, 2018, 11:59 p.m. U.S. Eastern Standard Time.

2. Due Date for Applications: **04/20/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call: **03/07/2018**

March 7, 2017 at 1:00 p.m. Eastern Daylight Savings This conference call can be accessed by calling 1-877-953-6028. The participant passcode is 3179196.

G. Executive Summary:

1. Summary Paragraph:

Since the passage of the Cancer Registries Amendment Act in 1992, Centers for Disease Control and Prevention (CDC) supports the collection of cancer surveillance data through the National Program of Cancer Registries (NPCR). Cancer registries in 47 states, the District of Columbia, Puerto Rico, the U.S. Pacific Island Jurisdictions, and the U.S. Virgin Islands

collect, consolidate, and submit data on cancer occurrence, extent, treatment and outcomes of all newly diagnosed cancers. These data represent 97% of the U.S. population. CDC has established successful partnerships with national organizations to define standardized cancer surveillance practices in the U.S. and assure complete, timely, and high-quality data for the official federal U.S. Cancer Statistics.

The purpose of this Notice of Funding Opportunity (NOFO) is to fund national organizations with demonstrated expertise and capacity in cancer surveillance to enhance NPCR's data quality and operational efficiency. This program will support up to three organizations involved directly in cancer surveillance to focus on one of three essential components: 1) Education, Standards and Translation of cancer surveillance best practices; 2) Cancer Staging Collaboration and Implementation; and 3) Standardization and Support for Laboratory and Biomarker Electronic Reporting.

The overarching goal of this project is to collaboratively define and promote uniform standards in cancer staging, collection and reporting. Funded entities will identify and address specific enhancement needs of cancer registries to attain the following outcomes: increased timeliness, completeness, and quality of data reported to NPCR; increased competency of NPCR central cancer registry staff; enhanced interoperability of NPCR software; and increased electronic submission of laboratory data to NPCR registries.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	3
d. Total Period of Performance Funding:	$5,225,000
e. Average One Year Award Amount:	$325,000
f. Number of Years of Award:	5
g. Estimated Award Date:	09/28/2018
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

Executive Summary

Since the passage of the Cancer Registries Amendment Act in 1992, Centers for Disease Control and Prevention (CDC) supports the collection of cancer surveillance data through the National Program of Cancer Registries (NPCR). Cancer registries in 47 states, the District of Columbia, Puerto Rico, the U.S. Pacific Island Jurisdictions, and the U.S. Virgin Islands collect, consolidate, and submit data on cancer occurrence, extent, treatment and outcomes of all newly diagnosed cancers. These data represent 97% of the U.S. population. CDC has established successful partnerships with national organizations to define standardized cancer surveillance practices in the U.S. and assure complete, timely, and high-quality data for the official federal

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A. Funding Opportunity Description

1. Background

a. Overview

Cancer is the second leading cause of death in the United States. In 2014, approximately 1.6 million people were diagnosed with cancer and more than 584,000 people died of cancer. Complete, timely, and accurate cancer surveillance data is necessary to inform cancer care and interventions, plan cancer control programs, and inform health policy. Since 1992, CDC has administered National Program of Cancer Registries (NPCR), a federally mandated program which supports population-based cancer surveillance systems. Currently, NPCR supports cancer registries in 47 states, the District of Columbia, Puerto Rico, the U.S. Pacific Island Jurisdictions, and the U.S. Virgin Islands to collect data on the type and extent of cancer, demographics on the person affected, and planned treatment. Each year NPCR data are combined with the National Cancer Institute's Surveillance, Epidemiology, and End Results program (NCI's SEER program) data to produce U.S. Cancer Statistics, the official federal source of cancer statistics. This information is used to understand temporal, geographic, and demographic occurrence of cancer, measure progress in cancer control, and direct prevention efforts nationally and within states and jurisdictions.

The data collected for the NPCR cancer surveillance system aligns with the diagnosis and staging of cancer by physicians in clinical settings. To ensure cancer data are of high quality, comparable and useful to both clinical and public health practice, the NPCR cancer surveillance system is highly standardized. Multiple organizations are involved in classifying, defining, collecting, and submitting data standards. Cancer surveillance standard setter organizations in the U.S include: CDC, NCI, the American College of Surgeons Commission on Cancer, and a convening umbrella organization, North American Association of Central Cancer Registries (NAACCR). These standard-setting agencies/organizations have developed collaborative relationships over the years to develop consensus standards and best practices in cancer surveillance. As cancer care becomes increasingly complex, the cancer surveillance community must continue to work together to mutually develop new and refine existing standards that can,

in turn, be efficiently implemented to maintain the collection of high-quality data. Knowledgeable cancer registrars and central cancer registries are fundamental to this endeavor. In addition, in the near future, use of electronic data exchange to capture cancer data directly from laboratories and Electronic Health Record (EHR) systems will provide cancer registries with more efficient data collection while greatly impacting cancer registry operations.

This funding opportunity is designed to support activities to develop, disseminate, implement, and enhance data standards and best practices for improved operations of cancer registries in the United States. Awardee(s) will be charged to ensure collaboration among standard setting agencies and organizations involved in cancer surveillance across the United States; provide education and subject matter expertise to the cancer surveillance community (i.e., cancer registrars and registries) and advance the implementation of electronic reporting of laboratory data directly to central cancer registries.

b. Statutory Authorities

CDC's National Program of Cancer Registries (NPCR) authorized under the Public Health Service Act, (42 USC 280e-280e-4; Public Law 102-515). The activities of this project address a subsection of this cancer registry authorization (42 USC 280e-2, Section 399D of the Public Health Service Act) that authorizes CDC to make grants to "provide technical assistance to States in the establishment and operation of statewide registries . . . ." In addition, Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a) applies to some of the outcomes that may result from this NOFO.

c. Healthy People 2020

Healthy People 2020 Cancer Objectives

- C1 Reduce the overall cancer death rate
- C2-8: Reduce the [lung, female breast, uterine cervix, colorectal cancer, oropharyngeal, prostate, and melanoma] cancer death rate
- C-9-11: Reduce [invasive colorectal cancer, invasive uterine cervical cancer, and late-stage female breast cancer)
- C-12: Increase the number of central, population-based registries from the 50 States and the District of Columbia that capture case information on at least 95 percent of the expected number of reportable cancers

d. Other National Public Health Priorities and Strategies

HHS Priority Goals:

- Improve health care and population health through meaningful use of health information technology
- Improve laboratory, surveillance, and epidemiology capacity
- Ensure efficiency, transparency, accountability, and effectiveness of HHS Programs
- Enhance access to and use of data to improve HHS programs and to support improvements in the health and well-being of the American people

CDC Division of Cancer Prevention and Control?s Strategic Priority: Improve the integration of public health data sources to support data-driven decisions by providers and state health departments

e. Relevant Work

This work will align and enhance the following program activities that support NPCR operations:

- DP13-1308: Cancer Surveillance Data Standards & Best Practices;
- DP13-1310: Collaboration for Improving and Promoting Standardized Cancer Staging Using the Collaborative Stage Data Collection System
- DP13-1311: Standardize Electronic Laboratory and Biomarker Reporting

Relevant background references:

- North American Association of Central Cancer Registries. Standards for Cancer Registries.Volume I. Data Exchange Standards and Record Descriptions; Volume II. Data Standards and Data Dictionary and Volume V, Pathology Laboratory Electronic Reporting.
- Ryerson AB, Massetti GM. CDC's Public Health Surveillance of Cancer. Prev Chronic Dis. 2017 May;14:E39
- Amin, MB et al. (eds), AJCC Cancer Staging Manual, Eighth Edition. American Joint Committee on Cancer, 2017.
- O'Sullivan B, et al. The TNM classification of malignant tumours-towards common understanding and reasonable expectations. Lancet Oncol. 2017:18(7):849-851.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Logic Model for (1802): National Partnership for National Program of Cancer Registries (NPCR) Standards, Quality, and Operations

***Bold** indicates project period outcome.

Strategies and Activities	Short-term Outcome	Intermediate-Term Outcomes
<u>All components:</u> • Define and implement cancer surveillance standards through collaboration with multiple stakeholders. • Provide training to clarify and support surveillance standards and best practices. • Develop and reinforce relationships among national cancer surveillance and professional organizations. • Convene, support and sustain partnerships to support efficient and innovative data collection. <u>Component 1: Education, Standards and Translation</u> • Ensure current and developing cancer surveillance standards and best practices can be efficiently incorporated by NPCR. • Develop and provide education to NPCR registries that clarifies and supports cancer surveillance standards and practice. <u>Component 2: Cancer Staging Collaboration and Implementation</u> • Collaborate with cancer surveillance experts to develop, update, and implement AJCC TNM staging standards. • Respond to questions and consultations from the cancer registry community concerning AJCC TNM staging. • Ensure that content of AJCC Cancer Staging Manual can be easily incorporated into NPCR software. <u>Component 3: Standardization and Support for Laboratory and Biomarker Electronic Reporting</u> • Develop recommendations and specifications for standardized reporting of pathology and biomarker data from laboratories to central cancer registries. • Engage and assist laboratories to participate in reporting to central cancer registries. • Support NPCR registries in activities to standardize reporting of pathology and laboratory reports.	<u>All components:</u> • Increase coordination, communication, and participation among cancer surveillance standard setters and key partners on data standardization and best practices. • Increase knowledge of best practices for the collection of required NPCR data items among cancer registries and registrars. • Increase number of collaborative meetings among standard setters and stakeholder addressing alignment of data standards. <u>Component 1:</u> • Increase awareness, knowledge, and engagement in the cancer surveillance community for the development and defining of standards for surveillance data collection. • Increase access and use of data quality evaluations reports by NPCR registries. • Increase access to and uptake of registry trainings and resources for NPCR registries and training coordinators. <u>Component 2:</u> • Increase number of cancer surveillance partners collaborating on the development and updating of AJCC TNM staging. • Improved timeliness and accuracy of responses to questions and issues on AJCC TNM. • Improve and sustain interoperability between AJCC cancer staging manual and NPCR software by 2019. <u>Component 3:</u> • Increase awareness and adherence to standards and best practices for enabling direct reporting from laboratories by cancer surveillance community. • Increase joint development and testing of new technologies with healthcare vendors by cancer registries.	**Enhance standards and operations for collecting and reporting of cancer surveillance data.** **Increase timeliness, completeness, and quality of data reported to NPCR registries.** **Increase competency of NPCR registry staff, particularly Education and Training Coordinators** **Improve interoperability of NPCR software with AJCC TNM cancer staging system.** **Increase electronic submission of laboratories data into NPCR registries.** --- <u>Long-Term Outcomes</u> Reduce the cancer death rates in the U.S. Improve the integration of public health data sources to support data-driven decisions by providers and state health departments

This NOFO may fund health information systems infrastructure, including workforce, to support the specific strategies, activities, and outcomes described in this NOFO.

i. Purpose

The purpose of NOFO is to enhance the data quality and operational efficiency of CDC?s National Program of Cancer Registries (NPCR). This NOFO will ensure the development and dissemination of uniform standards in cancer staging, data collection, and data reporting to

ensure NPCR registries submit complete and timely data to CDC. High quality cancer surveillance data will measure progress in cancer prevention and control and inform activities to improve the public?s health.

ii. Outcomes

This NOFO aims to support central cancer registries that comprise CDC?s NPCR. Outcomes awardees are expected to achieve by the end of the project period include the following:

- Enhance standards and operations for collecting and reporting of cancer surveillance data.
- Increase timeliness, completeness, and quality of data reported to NPCR registries.
- Increase competency of NPCR registry staff, particularly Education and Training Coordinators
- Improve interoperability of NPCR software with AJCC TNM cancer staging system.
- Increase electronic submission of laboratories data into NPCR registries.

iii. Strategies and Activities

The program strategies described in the NOFO are intended to direct organizations to focus their strengths and experience to support improving data quality and the operations of NPCR. Multiple stakeholders contribute to population-based cancer data collection and registries therefore a major focus of this work is two-fold: (1) to enhance NPCR within the context of their organization?s mission and (2) to ensure national cancer surveillance partners coordinate their respective activities to advance cancer surveillance standards through collaboration. Collaboration entails the following, at a minimum:

- All recipients will be asked to contribute their subject matter expertise to define and implement cancer surveillance data standards in collaboration with multiple stakeholders.
- All recipients will contribute to the education and training of central cancer registries on current surveillance standards and best practices. Specifically, recipients will be expected to coordinate and incorporate educational into the training and activities of other component recipients.
- All recipients will be expected to develop and/or reinforce working relationships among other component recipients, national cancer surveillance partners and professional organizations through invitations and participation to meetings and workgroups.

In addition, to meet future NPCR needs and facilitate efficient operations, recipients are expected to develop and promote innovative ways to collect NPCR data, including electronic reporting. The strategies described in the logic model will be framed as three program components: (1) Education, Standards and Translation; (2) Cancer Staging Collaboration and Implementation; and (3) Standardization and Support for Laboratory and Biomarker Electronic Reporting. Successful recipients will each lead a (one) specific component.

For **Education, Standards and Translation (Component 1),** recipient will improve NPCR registry operations through the development, dissemination, translation and maintenance of consensus for national data standards and best practices for population-based central cancer

registration. Translation means increasing the ability of NPCR registries to implement what is updated or new in registry operations (e.g. revised cancer staging and biomarker reporting). Recipient will support activities to document best practices developed by assigned work-groups/committees that are comprised of other cancer surveillance partners. The recipient will be responsible for development and maintenance of a working relationship with other national organizations to better facilitate the collection, processing, and reporting of cancer surveillance data. The recipient will provide educational opportunities to NPCR registries, particularly focusing on increasing the competency of NPCR Education and Training Coordinators.

For **Cancer Staging Collaboration and Implementation (Component 2**), recipient will be charged with ensuring that the cancer staging system commonly used by clinicians to describe the type, size and extent of spread of cancer (i.e., AJCC TNM staging) aligns with the operations of NPCR and that NPCR has adequate time to understand, evaluate, and implement any changes. The recipient must already have established expert-level knowledge on the AJCC TNM staging system rationale and rules so that they can provide consultation for educational offerings to NPCR registries and provide timely, accurate responses to questions on AJCC TNM staging directly from cancer registrars at either central registries or reporting facilities. Expert level knowledge means they have worked directly in the development of TNM staging or have provided consultation of the interpretation of TNM staging to cancer registrars for at least two editions of the published manual. Recipient will actively inform and engage cancer surveillance standard setters in the development and updates of the AJCC TNM staging system. Recipient will ensure content of manuals can be transmitted and updated through a shared dynamic link library that can be imported into, and used by CDC?s software applications to allow seamless integration for any changes.

For **Standardization and Support of Electronic Laboratory and Biomarker Reporting (Component 3**), recipient will use strategies to improve the quality and timeliness of laboratory data reporting by implementing discrete real-time data reporting to NPCR cancer surveillance programs.

Strategies and Activities by Component

Specifically, successful recipient for **Education, Standards and Translation (Component 1)** will:

- Ensure current and developing cancer surveillance standards and best practices can be utilized efficiently by NPCR and its funded central cancer registries.
    - Facilitate, manage, and support committees and associated workgroups that through consensus develop and promote best practices for central cancer registry operations and uniform data standards for cancer surveillance in the United States.
    - Evaluate upcoming changes in cancer surveillance in order to assess need and direct committees to address gaps and current issues in cancer reporting standards.
    - Develop and disseminate documented best practices by work-groups/committees comprised of other surveillance partners.
    - Establish and maintain relationships with national organizations to promote

support of population-based central cancer registries in the United States.

- Develop and provide educational opportunities to NPCR registries that clarifies and supports cancer surveillance standards and practice.
    - Develop an education plan for NPCR grantees for the next 5 years.
    - Assess the educational needs of NPCR grantees that informs the educational plan.
    - Utilize evaluation/assessment data from national data submissions result to inform education plans.
    - Provide an infrastructure (e.g., website; webinars; print and electronic resources) for the development, delivery, and storage of education and training programs for NPCR registries.
    - Conduct educational and training sessions for NPCR registries, particualry Education and Training Coordinators.
    - Convene a periodic in-person educational meeting of NPCR registries based on content developed in collaboration with CDC staff and focused on registry operations, data standards and quality, and challenges in cancer surveillance practice that need to be addressed.
    - Evaluate the effectiveness of the education and training activities.

Specifically, successful recipients for **Cancer Staging Collaboration and Implementation (Component 2**) will:

- Collaborate with cancer surveillance experts to develop, update, and implement AJCC TNM staging standards.
    - Convene cancer surveillance experts at least annually to facilitate a collaborative approach to develop, update, and implement AJCC TNM staging standards.
- Respond to questions and consultations from the cancer registry community concerning AJCC TNM staging.
    - Assess/evaluate the effectiveness of current inquiry systems for AJCC TNM staging-related questions in terms of ease of use, authority of answers, speed of response, effectiveness of search capabilities, and suitability as a repository of documentation.
    - Ensure that the inquiry system has a user-friendly interface to facilitate access to questions and answers and robust search capabilities, including tagging of each question by AJCC Cancer Staging Manual chapter, disease, staging time period, and other relevant categories.
    - Provide timely and accurate guidance and response to questions and consultations to the cancer registry community concerning AJCC TNM staging.
- Ensure that content of AJCC Cancer Staging Manual can be incorporated into CDC's software for NPCR registries.

Specifically, successful recipient for **Standardization and Support of Electronic Laboratory and Biomarker Reporting (Component 3**) will:

- Develop recommendations and coding specifications for standardized reporting of pathology and biomarker data from laboratories to NPCR registries.

    - Convene national workgroup(s) with representatives from key partner groups and others with expert-level knowledge of anatomic pathology, molecular and genetic testing methods; clinical application of information related to the staging of cancer; and informatics/information technology.
    - Update and enhance cancer pathology and biomarker templates to be consistent with clinical care, staging, and cancer surveillance reporting requirements.
    - Participate in testing and demonstration activities to identify new innovative methods for standardized reporting of cancer pathology and biomarker data.
- Engage and assist laboratories with implementation of standardized electronic pathology and biomarker reporting to central cancer registries.
    - Identify and recruit laboratories to participate.
    - Develop a tool that will enable laboratories, with limited capabilities, to map their laboratory system data to a structured data capture form for reporting to central cancer registries.
    - Evaluate efforts and update the project as appropriate.
- Support NPCR registries in activities to standardize reporting of anatomic pathology, molecular and genetic laboratory reports for the purposes of facilitating electronic reporting of critical data to central cancer registries.
    - Provide education to staff at CDC, central cancer registries, pathologists, and laboratories on the collection and reporting of pathology and biomarker data to central cancer registries.
    - Collaborate with other standard setters to ensure coordination where appropriate.

1. Collaborations

Coordination and agreement on cancer surveillance standards among recipients is a central goal of this project. Applicants must describe proposed partnerships and collaborations, along with previous experience and activities with organizations that support NPCR cancer registries standards and operations.

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

Applicants must describe plans to collaborate with CDC to improve technical assistance, program guidance, and implementation of CDC?s NPCR, specifically partnerships that allow for meaningful input into the development or updates of cancer staging standards; NAACCR surveillance standards (Vol II, Vol 5) and education to the cancer surveillance and laboratory community.

Successful collaboration entails evidence of working with CDC, NPCR registries, and cancer surveillance stakeholders to develop 1) data items and rules for the cancer staging system used by NPCR, including associated edits to ensure data quality; 2) data architecture to collect and transmit cancer surveillance data; and 3) training programs and materials focused on accurate and timely submission of NPCR cancer data. Applicants are encouraged to engage NPCR registries and CDC-funded organizations:

- North American Association of Central Cancer Registries;
- National Cancer Registrars Association;
- American Joint Committee of Cancer;

- College of American Pathologists.

Applicants must also describe their willingness and capacity to lead and/or participate in stakeholder meetings and training (virtual and in-person). Additionally, applicants are encouraged to work with other programs within CDC?s Division of Cancer Prevention and Control, CDC's Center for Surveillance, Epidemiology, and Laboratory Services and other collaborative efforts with CDC-funded public health partners.

b. With organizations not funded by CDC:

Applicants are encouraged to foster collaborative relationships with organizations that can improve the completeness, timeliness and quality of NPCR. External collaborative partners can include entities from many sectors (governmental, non-profit, professional societies, business, education, and others) that have a common interest in maintaining an efficient and effective sharing electronic medical data and in exploring new, innovative, or efficient means to improve upon capture of data and efficiency of NPCR.

To achieve the goals of this NOFO, applicants should, at a minimum, have pre-existing relationships and be able to demonstrate outcomes resulting from successful collaborations with individuals and organizations integral to reporting, abstracting, or collecting cancer surveillance data submitted to CDC.

- Applicants under Component 1 (Education, Standards and Translation) are asked to demonstrate relationships/collaborations with population-based central cancer registries; national cancer organizations; and cancer registrars.
- Applicants under Component 2 (Cancer Staging Collaboration and Implementation) are asked to demonstrate relationships/collaborations with clinicians who provide direct cancer care, including cancer staging and treatment; hospital cancer programs; and cancer registrars.
- Applicants under Component 3 (Standardization and Support of Electronic Laboratory and Biomarker Reporting) are asked to demonstrate relationships/collaborations with broad network of pathologists and laboratories throughout the U.S.; organizations responsible for defining pathology and biomarkers standards; and health care vendors with extensive experience in computer medical vocabularies and/or natural language processing.

Applicants are encouraged to submit MOUs or MOAs, as appropriate; name the file MOUs/MOAs, and upload it as a PDF file at www.grants.gov

2. Target Populations

The target population that will benefit from this NOFO is all residents who live in a geographic area covered by NPCR, this includes members of tribes or tribal organizations. The aim of this NOFO is to ensure support for all federally-funded statewide and established territorial NPCR cancer registries in the United States (including DC) as well as cancer registrars and clinicians who collect and submit cancer surveillance data from healthcare facilities and laboratories across the U.S.

a. Health Disparities

Populations at risk for health inequity will benefit from the availability of standardized, population-based cancer surveillance data which can be used to focus public health action and measure progress in addressing known inequity. Moreover, improved quality and timeliness of cancer surveillance data is critical to identifying differences in cancer outcomes.

iv. Funding Strategy (for multi-component NOFOs only)

Up to three awards are available for this program; one applicant will be selected for each component. Eligible applicants should request funding for only one component; decisions should be made based on organizational capacity; pre-existing partnerships; prior experience; and previous similar activities related to the support of cancer surveillance. If applicants apply for more than one component, the first application received will be reviewed, and any subsequent applications will be considered non-responsive.

- For Component 1 (Education, Standards and Translation), funding may range up to **$495,000**; the funding range for Component 1 reflects proper resource allocation for education of NPCR registries, leading collaborative standard development, and translation of standards into best practices.
- For Component 2 (Cancer Staging Collaboration and Implementation), funding may range up to **$250,000**; the funding range reflects proper resource allocation for expertise, involvement and consultation on cancer staging and integration of AJCC TNM staging standards into CDC software/informatics.
- For Component 3 (Standardization and Support of Electronic Laboratory and Biomarker Reporting), funding may range up to **$300,000**; the funding range reflects proper resource allocation for code specification, testing, demonstration and support of direct reporting from laboratories to NPCR registries.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will evaluate the extent to which activities were successfully implemented and led to expected outcomes using an evaluation strategy and performance measurements that are based on the logic model. The evaluation activities conducted by CDC will: 1) assess the extent to which the activities and strategies were successfully implemented; 2) demonstrate whether activities led to expected outcomes; 3) inform program planning for technical assistance, changes or activities by CDC to better support its NPCR registries. Data sources available to CDC to monitor the progress and impact of this NOFO include NPCR program standards, annual reports from NPCR registries, and results from the NPCR Program Evaluation Instrument survey.

Core Measure: **Increased timeless, completeness, and quality of data**

CDC will use the NPCR National Data Quality Standards to assess progress towards the intermediate outcome of **increased timeliness, completeness, and quality of data** submitted to CDC by end of the project:

- Increased timeliness (Increase by 10% from baseline, the number of NPCR registries that meet the NPCR data standards at 12-month)
- Increased completeness of the data (<5% missing/unknown data items in 12- and 24-month submissions)
- Increased quality (95% of key data items passing a CDC-prescribed set of standard edits)

The performance measures for this project are primarily associated with short- or intermediate-term outcomes which lay the foundation for a robust, efficient national cancer surveillance system. Over 1.6 million cancer cases are submitted annually from 47 NPCR registries. The long term outcomes of reducing cancer mortality and availability of high-quality cancer data to inform public health, policy, research and clinical decisions can only be accomplished with clearly defined and synchronized data collected by knowledgeable cancer registrars using a surveillance system that employs advanced informatics processing. The core measures below are integral to these achieving long-term outcomes.

Core Performance Measures: All awardees are expected to report on the following performance measures below:

Enhanced standards and operations for collecting and reporting cancer surveillance data

- Number of new, revised or improved standards, guidelines, and resources available for NPCR Registries to achieve complete, timely, and high quality collection of cancer surveillance data.
- Number and extent of participation of cancer surveillance standard setters and stakeholders in development of the above standards, guidelines, and resources.
- Number of meetings held with cancer surveillance standard setters to discuss new requirements and guidelines.

Increased competency of NPCR staff, particularly Education and Training Coordinators

- Number of NPCR registries reporting increased capacity to deliver educational programs and provide assistance on questions related to cancer data collection as a result of education and training provided by awardees.
- Number of trainings and outreach offered by NPCR registries to registrars and facilities that incorporate focused area on NOFO component (i.e., standards, best practices, AJCC TNM staging, and electronic reporting).
- Number of NPCR registries with improved overall score on correctly coded cancer surveillance coding and staging scenarios completed by NPCR central cancer registry staff.

Component-specific measures: Recipients are also asked to implement the component-specific performance measures below that align with their project focus of their application. Recipients are encouraged to review their proposed activities and suggest additional performance measures as appropriate. CDC will provide assistance with determining baseline and finalizing for the proposed measure after the NOFO is awarded.

Increased access and uptake of registry training and resources for NPCR registries

(Component 1)

- Number of educational sessions (hours) provided to NPCR registries.
- Number and percent of NPCR registry that participate in training.

Improved interoperability between NPCR software with AJCC TNM cancer staging system (Component 2)

- Number of AJCC Staging Manual chapters that machine-readable and processable AJCC TNM staging tables (clinical, pathological, and post-neoadjuvant) with a row for each combination of input values.
- Increased availability of dynamic link library (DLL) and application program interface (API) that include coding tables, descriptions, and content of the AJCC cancer staging manual.
- Increased reported ease {Excellent, Very good, Good, Fair, or Poor} in extent to which specifications for use of the content management system optimum for use reported by cancer registry software developers.

Increased electronic submission of laboratories data into NPCR registries (Component 3)

- Number of laboratories the have successfully transmitted records to NPCR registries.
- Number of NPCR registries that receive direct electronic submission of laboratories data direct to NPCR registry.
- Number of cancer cases that have received information via direct electronic reporting from laboratories.

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 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), if applicable, for accuracy throughout the lifecycle of the project. 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, 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 a DMP, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Moreover, the applicant is encouraged to specify in the plan clear monitoring and evaluation procedures which address the following:

- Level and impact of key stakeholder engagement in planning and implementation of cancer surveillance standards;
- Content of and extent to which educational activities meet needs of NPCR registries and registrars and yield the intended outcomes; and
- Improvement in electronic capture of cases.

The applicants evaluation plan should describe specific, measurable, and realistic short-term and long-term program objectives consistent with the intent of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

Successful applicants should have program infrastructure, organizational capacity and existing experience to develop and implement the strategies as outlined in NOFO

Program infrastructure will be evidenced by:

- An established national infrastructure with local, state, or regional reach (e.g., constituencies, facilities) including active relationships with clinical and cancer surveillance professionals across the entire U.S.;
- A management plan that ensures core staffing with clearly defined roles, adequate management structure/staffing and fiscal management (i.e., financial reporting, budget management) to achieve proposed activities;
- Ability to conduct a partnership evaluation that will serve as the foundation for engaging and sustaining new and existing partnerships for the achievement of project outcomes;
- A communication and coordination plan that will be used to engage key stakeholders in development and dissemination of cancer staging and surveillance standards;
- Staffing and technology that will be used to develop, deliver and archive educational offerings to central cancer registries and cancer registrars; and
- Ability to collect relevant data elements needed to support program evaluation and performance measurements.

Organizational capacity and experience to develop and implement strategies as specified in the NOFO will be evidenced by:

All components:

- Documented history of establishing and maintaining productive and effective partnerships NPCR-funded cancer registries; cancer registrars; cancer surveillance standard setters and with members of the stakeholder community;
- Documented history of the development and dissemination of cancer staging and surveillance standards, such as publication of manuals, definitions, implementation guidance and/or templates to collect data items required for submission to CDC;
- Formalized partnership via MOA, MOUs, or letters of agreement from cancer surveillance standard setters that document a formal commitment to complete the proposed work.
- Previous experience leading national meeting and committees that develop and disseminate standards, evaluations, guidance relevant to central cancer registry operations; and
- Documentation of successful development and delivery of training on data collection for cancer staging and/or surveillance and central cancer registries operations.

Component 1: Education, Standards, and Translation

- At least 10 years prior experience in development, maintenance, and updating of cancer surveillance definitions, abstraction from primary source, and/or collection of cancer data reported to CDC;
- Documentation of 10 years or more of prior experience of assessing educational needs and developing and implementing effective cancer surveillance education/training.;
- Communication infrastructure and experience to ensure dissemination of cancer surveillance education to all NPCR registries and the broader cancer registry community;
- A national certification program related to the collection of information used directly in standardized cancer staging and surveillance; and
- Established relationship of 10 years or more with NPCR registries and with National Standard Setters.

Ten years of experience is suggested due to the extensive clinical and historical knowledge in cancer surveillance needed to effectively perform the strategies and activities outlined in the logic model. Applicants would need to know changes and impact on registries of at least two major transitions in the cancer staging (occurred in 2009 and 2016). Without this level, the CDC project officer and subject matter experts would need to invest in inordinate amount of time to educate a less experienced applicant.

Component 2: Cancer Staging Collaboration and Implementation

- Documented history of development and updating AJCC TNM Cancer Staging Standards;
- Subject matter expertise and prior experience training on AJCC TNM Cancer Staging

Standards;
- Established relationship with a national network of hospitals and physicians which use cancer staging for care of patients, research, and health care quality improvement efforts;
- Ability to lead projects that complex projects that involve achieving consensus among clinical, public health, and other relevant professional organizations; and
- Prior experience in the development, updating, and dissemination of Application Programming Interface (API) and/or dynamic-link library (or DLL) enabling interoperability in standardized data capture and transmission.

Component 3: Standardization and Support for Laboratory and Biomarker Electronic Reporting

- Established relationships with pathologists and laboratories from across the country;
- Prior experience with development of Structured Data Capture (SDC) XML-standardized reporting templates;
- Knowledge of ePath reporting specification;
- Prior experience with mapping standardized pathology and biomarker templates to the NAACCR Volume V Pathology Electronic Reporting Standard specification;
- Existing infrastructure to develop, enhance, evaluate, and distribute cancer templates for pathologists to use in reporting to central cancer registries;
- Knowledge of what educational information is required for laboratories, laboratory information systems vendors and pathologists to implement the standardized cancer reporting templates;
- Previous participation in integrating the Healthcare Enterprise (IHE) and Healthcare Information and Management Systems Society (HIMSS) activities.

Applicants are encouraged to submit CVs/Resumes and Organizational Charts by naming the files as "CVs/Resumes" or "Organizational Charts" and uploading them at www.grants.gov .

d. Work Plan

Applicants are encouraged to provide a detailed work plan describing the strategies and activities that will be accomplished during the first year along with a high-level work plan of activities to be conducted in subsequent years that are essential to the achievement of long-term outcomes at the end of the funding period. Applicants are encouraged to identify process measures corresponding to the work plan, such as:

- Description of specific strategies and activities to be conducted during the first year of the project period.
    - Proposed activities to achieve collaboration on cancer surveillance data standards and partnerships with stakeholders and NPCR registries;
    - Specific, measurable, achievable, realistic time-phased (SMART) objectives that are consistent with the short-term outcomes in logic model outlined in the ?Approach? section of this NOFO;
- Description of the development, delivery, and support of education to central cancer registries, registrars, and reporting facilities that aligns with the short- and long-term outcomes.

- Description of the strategies along with how the applicant will monitor and report progress on long-term outcomes related to the advancement of cancer surveillance standards and operations.

Activities must be in alignment with the proposed outcomes and the program strategies and activities list. Applicants are encouraged to present an organized work plan with the following components:

- Project Outcomes
- Strategies/Activities
- Process Measures
- Staff responsible for completion of activities
- Timeline and Completion Date
- Collaborators and Partners

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.

Other activities deemed necessary to monitor the award include the following:

- Monthly conference calls and email communication with assigned CDC project officer
- Review of progress reports and other data reports to support NOFO activities

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. CDC involvement in this NOFO will include:

- Subject matter expertise and technical assistance in the areas of NPCR surveillance program standards, operations, including software programs for collecting, receiving, validating, processing, and analyzing cancer registry data;
- Identification of collaboration and coordination opportunities to facilitate the exchange of information between awardees, NPCR registries, and partners, as needed;
- Ongoing guidance and consultation to support the development, implementation, monitoring, and evaluation of the work plan;
- Technical assistance and support to pathologists and laboratories to structure and transmit electronic pathology/biomarker reports directly to NPCR registries, and support central cancer registries to receive reports;
- NPCR Cancer Surveillance System quality control analytic datasets, as available and allowable, to assess the quality of central cancer registry data for Data Quality Evaluations of NPCR data items.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U58 Chronic Dis
3. Fiscal Year:	2018
Estimated Total Funding:	$5,225,000
4. Approximate Total Fiscal Year Funding:	$1,045,000
This amount is subject to the availability of funds.	
5. Approximate Period of Performance Funding:	$5,225,000
6. Total Period of Performance Length:	5
7. Expected Number of Awards:	3
8. Approximate Average Award:	$325,000 Per Budget Period
This amount is subject to the availability of funds.	
9. Award Ceiling:	$1,045,000 Per Budget Period

Award ceiling for Component 1 (Education, Standards and Translation) may range up to **$495,000**; For Component 2 (Cancer Staging Collaboration and Implementation) may range up to **$250,000**; and for Component 3 (Standardization and Support of Electronic Laboratory and Biomarker Reporting) may range up to **$300,000**;

10. Award Floor: $0 Per Budget Period

11. Estimated Award Date: 09/28/2018

Throughout the period of performance, 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 (period of performance) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

The award ceiling for each component under Section B. Award Information is $1,045,000. CDC will not consider any application requesting an award higher than the specified amount. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/gpd2-04.pdf)

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

Additional materials that may be helpful to applicants: http://www.cdc.gov/ od/ pgo/ funding/ docs/ Financial ReferenceGuide.pdf.

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 ***www.SAM.gov***.

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 "Get Registered" 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 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 issues 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 www.sam.gov 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 4. This authorizes the AOR to submit the applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying to grants.gov)	Register early! Log into Grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

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: **[Insert 30 days from date of publication]**

A LOI is recommended but not required. If an LOI is submitted, it must be emailed to Dr. Loria Pollack, CDC/Division of Cancer Prevention and Control (Email: lop5@cdc.gov) by March 14, 2018, 11:59 p.m. U.S. Eastern Standard Time.

b. Application Deadline

Due Date for Applications: **04/20/2018** , 11:59 p.m. 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.

Date for Informational Conference Call: 03/07/2018

March 7, 2017 at 1:00 p.m. Eastern Daylight Savings This conference call can be accessed by calling 1-877-953-6028. The participant passcode is 3179196.

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.

Duplication of Efforts

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI: Recommended but not Required

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

8. Table of Contents

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

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

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any

proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

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

Text should be single spaced, 12 point font, 1-inch margins, and number all pages.

Page limits include work plan; content beyond specified limits may not be reviewed. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

described in the CDC Project Description.

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

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see 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.
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.

Provide a detailed budget and line item justification consistent with the purpose, outcomes, and program strategy outlined in the narrative for all proposed operating expenses in Year 1.

- If indirect costs are requested, a copy of the organization's current negotiated Federal Indirect Cost Rate Agreement or a Cost Allocation Plan must be included.
- Applicants should budget for travel to include one project kick-off meeting within 3 months of award start date.

In addition, applicants should consider additional travel to working or annual meetings of cancer surveillance standard setters or stakeholders.

13. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

14a. 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 2 CFR 200 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.

14b. 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.

14c. 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.

14d. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit 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

15. 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.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

No additional restrictions.

16. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

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

b. Phase II Review
A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach ii. Evaluation and Performance Measurement iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

Organizational Capacity to Implement the Approach	Maximum Points: 50

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

All Components (25 points):

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes,
- Documents history of establishing and maintaining productive and effective partnerships NPCR registries; cancer registrars; cancer surveillance standard setters and with members of the stakeholder community,
- Demonstrates 5-10 years of the development and dissemination of cancer staging and surveillance standards, such as publication of manuals, definitions, implementation guidance and/or templates to collect data items required for submission to NPCR:

    - Cancer staging system(s) used by clinical and surveillance organizations.
    - Defining cancer surveillance data items and implementation to CDC.
    - Direct electronic data collection and transmission of cancer surveillance data.
    - Improving data collection (completeness, quality, timeliness) and increasing operational efficiency of NPCR registries,
- Describes previous experience leading national meeting and committees that develop and disseminate standards, evaluations, guidance relevant to central cancer registry operations,
- Documents successful development and delivery of training on data collection for cancer staging and/or surveillance and central cancer registries operations,
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Provides an organizational chart,
- Demonstrates experience and capacity to implement the evaluation plan.

Component 1: Education, Standards, and Translation (25 points)

- At least 10 years prior experience in development, maintenance, and updating of cancer surveillance definitions, abstraction from primary source, and/or collection of cancer data reported to NPCR,
- Documented 10 years or more of prior experience of assessing educational needs and developing and implementing effective cancer surveillance education/training,
- Demonstrated ability to ensure dissemination of cancer surveillance education to all NPCR registries and the broader cancer registry community,
- Established a national certification program related to the collection of information used directly in standardized cancer staging and surveillance,
- Demonstrated 10 years or more of established relationship with NPCR registries and with national cancer surveillance standard setters,

Component 2: Cancer Staging Collaboration and Implementation (25 points)

- Documented 10 years prior experience with developing and updating AJCC TNM Cancer Staging Standards,
- Subject matter expertise with prior experience training on AJCC TNM Cancer Staging Standards,
- Established relationship with a national network of hospitals and physicians which use cancer staging for care of patients, research, and health care quality improvement efforts,
- At least 10 year of relevant experience and capacity (management, administrative, and technical) to coordinate complex projects that involve achieving consensus among clinical, public health, and other relevant professional organizations,
- Prior experience in the development, updating, and dissemination of Application Programming Interface (API) and/or dynamic-link library (or DLL) enabling interoperability in standardized data capture and transmission.

Component 3: Standardization and Support for Laboratory and Biomarker Electronic Reporting

(25 points)

- Established relationships with pathologists and laboratories from across the country;
- Documented experience of at least 5 years in standardization and implementation of electronic reporting of laboratory and biomarker data through Structured Data Capture (SDC) XML- standardized reporting templates.

Approach Maximum Points: 25

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

All Components (10 points):

- Describes strategies and activities that are consistent with the CDC project description and logic model,
- Presents a work plan that is achievable and appropriate to achieve the outcomes of the project,
- Describes a staffing plan that aligns with the strategies in the work plan, including defined leadership and percentage of time each staff member will contribute to the project and activities for which they are responsible,
- Provides an organizational chart that describes how the personnel and consultants operate within the organization and the person(s) responsible for implementation of activities describes in the logic model,
- Details current and future partnerships and collaborations that will assist with effective implementation of the project,
- Describes a communication and coordination plan that supports engagement of external cancer surveillance stakeholders to inform and assist in defining and implementing cancer surveillance data items.

Component 1: Education, Standards, and Translation (15 points)

- Describes how cancer surveillance standards and best practices will be developed and disseminated to NPCR registries,
- Presents an approach to evaluate upcoming changes in cancer surveillance in order to assess need and direct work-groups/committees comprised of other surveillance partners to address gaps and current issues in cancer reporting standards,
- Presents a detailed strategy and activities for education that addresses preparation, potential topics, format(s), and dissemination to NPCR-supported central cancer registries and registrars,
- Describes proposals for periodic in-person educational meeting for NPCR registries to focus on registry operations, data standards and quality and addressing challenges in cancer surveillance practice.
- Describes method(s) to evaluate of the education and training activities effectiveness.

Component 2: Cancer Staging Collaboration and Implementation (15 points)

- Describes a formal approach and methods to ensure involvement of cancer surveillance

standard setters in the review and update of AJCC TNM Staging System,
- Presents clears strategy to provide subject matter expertise in AJCC TNM, including providing timely answers and summaries to questions/consultations from cancer registries, registrars, and other component recipients,
- Describes means to ensure the integration and interoperability of AJCC TNM Cancer Staging Manual content updates into NPCR software and informatics products.

Component 3: Standardization and Support for Laboratory and Biomarker Electronic Reporting (15 points)

- Demonstrates the ability to convene national workgroups with staff that have expert-level knowledge of anatomic pathology, molecular and genetic testing methods; clinical application of information related to the staging of cancer; and informatics/information technology,
- Demonstrates how pathology and biomarker reports can be standardized to meet the NAACCR Volume V Pathology Electronic Reporting Standard specifications,
- Presents detailed strategies, activities and suggested specifications to develop, enhance, evaluate, and distribute cancer templates for pathologists and laboratories to report electronically to central cancer registries,
- Presents a detailed strategy and activities to develop a tool that will enable laboratories, with limited capabilities, to submit data to central cancer registries using structured data capture,
- Describes strategies and proposed activities to educate laboratories, laboratory information systems vendors and pathologists, as well as provide consultation to cancer registries, registrars, and other component recipients on electronic reporting from laboratories.

Evaluation and Performance Measurement Maximum Points: 25

All components (25 points)

- Describes clear monitoring and evaluation procedures for:
    - Level of participation and impact of collaboration(s) with cancer surveillance standard setters and other component awardees;
    - Educational offerings and/or support to NPCR-funded central cancer registries and registrars,
- Describes how performance measurement and evaluation findings will be reported incorporated into planning, implementation, and reporting of project activities,
- 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 of:
    - Enhanced standards and operations of collecting/submitting NPCR cancer surveillance data
    - Increased timeliness and quality of data reporting to CDC
    - Readiness and success of laboratories to report pathology electronically to cancer registries,
- Shows/affirms the ability to collect data on the process and outcome performance

measures specified by CDC in the project description and presented by the applicant in their approach.

Budget	Maximum Points: 0

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

- Does the submitted budget align with staffing and proposed project and work plan?
- Is an itemized budget narrative provided?

c. Phase III Review

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

Review of risk posed by applicants.

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

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

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

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

(1) Financial stability;

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

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

future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Anticipated announcement date: 2/1/2018

Anticipated Award Date: 9/28/2018

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 NOFO 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.

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table-search.html.

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the period of performance. 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 NOFO outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports starting 90 days after end of period of performance.	Yes

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

established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

No additional information.

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 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 weblinks are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.

    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

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

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

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. 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, awardees are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

No additional information.

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

report must include the following:

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

No additional information.

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.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Loria Pollack, MD, MPH, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: 770.488.5045
Email: lop5@cdc.gov

Grants Management Office Information

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

Ebony Holt, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Email: eholt@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.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@cdc.gov

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
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

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.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the period of performance. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): 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.
CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
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 2020: 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: http://www.whitehouse.gov/omb/ grants_spoc/.

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.

AJCC: American Joint Committee on Cancer

Cancer surveillance standard setters: Refers to organizations which administer national

cancer registries and includes CDC's NPCR, NCI SEER program, and American College of Surgeon's Commission on Cancer.

NAACCR: North American Association of Central Cancer Registries, Inc.

NCI: National Cancer Institute

NPCR registries: Refers to central cancer registries supported by NPCR to collect and consolidate cancer data from multiple reporting sources. Central cancer registries are distinct from hospital-based registries.

TNM: System that describes the stage of a cancer based on tumor (T) size and whether it has invaded nearby tissue, lymph nodes (N) that are involved and the distant metastasis (M) spread of cancer from one parts of the body.

SEER: Surveillance, Epidemiology, and End Results

SDC: Structured Data Capture

XML: eXtensible Markup Language