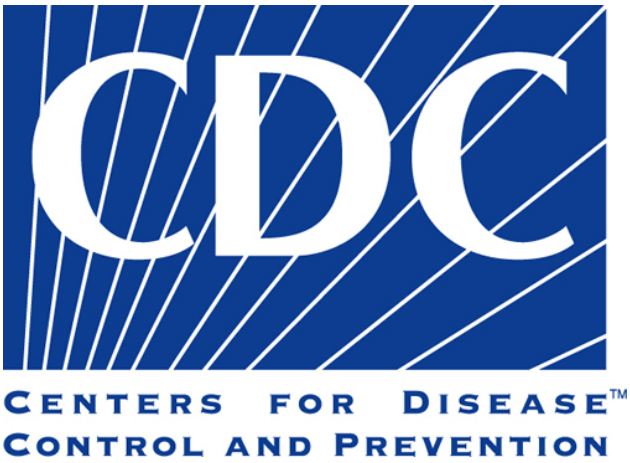


Centers for Disease Control and Prevention

Center for Global Health

Strengthening the healthcare system of Vietnam through capacity building, policy development and quality improvement of disease surveillance, laboratory and clinical services.

CDC-RFA-GH21-2166

07/24/2021

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-GH21-2166. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Strengthening the healthcare system of Vietnam through capacity building, policy development and quality improvement of disease surveillance, laboratory and clinical services.

C. Announcement Type: New - Type 1:

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

New Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-GH21-2166

E. Assistance Listings Number:

93.318

F. Dates:

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

N/A

2. Due Date for Applications:
07/24/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
N/A

G. Executive Summary:

1. Summary Paragraph
As external support for Vietnam's public health programs is declining, there is a need to expand and sustain the country's capacity to ensure accuracy of diagnostic testing, consistency in the standards of care for patients, and Vietnam's capacity to quickly and effectively respond to public health threats and emerging outbreaks. This NOFO aims to contribute to improving the quality of hospital and laboratory services within the curative system, health care services for people living with HIV (PLHIV) and workforce development support. In addition, this NOFO aims to build capacities to prevent, detect, respond, and control infectious and non-communicable diseases, injuries, and public health emergencies through strengthening laboratory and clinical quality management within the curative system to ensure high quality of HIV testing towards 95-95-95 goal for sustained epidemic control and strengthening health security in healthcare settings through enhanced detection of health threats, more robust responses to those threats, and establishment of evidence-based policies aimed at preventing threats in the first place.

a. Eligible Applicants:
Single

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
1

d. Total Period of Performance Funding:
$ 275,000,000

e. Average One Year Award Amount:
$ 5,000,000

f. Total Period of Performance Length:
5

g. Estimated Award Date:
September 30, 2021

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Vietnam has made impressive progress toward improving the health status of the population; however, many challenges remain. Health sector reviews have identified an emerging burden of non-communicable diseases and infectious diseases, an aging population, inadequate capacity of the health system, and problems of inequities in access to health and health care. As external support for Vietnam's public health programs is declining, there is an obvious need to expand and sustain the country's capacity to ensure accuracy of diagnostic testing, consistency in the standards of care for patients, and Vietnam's capacity to quickly and effectively respond to public health threats and emerging outbreaks.

To address these needs, this NOFO focuses on (i) strengthening laboratory and clinical quality management within the curative system to ensure high quality of HIV testing towards 95-95-95 goal for sustained epidemic control and (ii) strengthening health security in healthcare settings through enhanced detection of health threats, more robust responses to those threats, and establishment of evidence-based policies aimed at preventing threats in the first place.

Key expected long-term outcomes from this five-year cooperative agreement (CoAg) include increased access to and wide use of routine Viral Load and recency testing as an essential part of the public health response; new HIV testing platforms transferred to Government of Vietnam and that are reimbursed by social health insurance; and increased use of surveillance (e.g., community and healthcare-associated infections) and laboratory (e.g., Antimicrobial Resistance, pathogen characterization for vaccine development) data as the evidence base for national and sub-national formulation of public health and clinical policy to prevent healthcare-associated infections and AMR in healthcare settings.

In addition to Core Global Health Security Priorities and PEPFAR Country Operation Plan (COP) Target for Quarter 1 (Component 1) and COP21 Q2, 3, 4 Targets (Component 2), and COP21 Additional Targets (Component 3), this NOFO will support additional activities when a disease outbreak or other public health emergency reaches a scale that requires a moderate (Component 4, Rapid Response to Small Scale Infectious Disease Outbreaks or Other Public Health Emergencies) or substantial response (Component 5, Rapid Response to Large-Scale Infectious Disease Outbreaks or other Public Health Emergencies). This NOFO also supports activities to combat COVID-19 and other emerging infectious disease threats (Component 6, Emerging Infectious Disease Threats [EIDT]). Applicants must apply to all components.

b. Statutory Authorities
This work is authorized under the Public Health Service Act 301, 307 (42 USC 241 and 242*l*), and Section 317(k)(1) of the Public Health Service Act [42 USC 247b(k)(1)].

c. Healthy People 2030
This project supports the following Healthy People 2030 topic areas:

- Global Health
- Public Health Infrastructure
- Health Care Access and Quality
- Infectious Disease

Emergency Preparedness

d. Other National Public Health Priorities and Strategies

Activities funded through this cooperative agreement must align with the following United States Government (USG) and HHS/CDC strategies and policies:

CDC's strategy for improving global health security (GHS), based on three concepts embedded in the agency's mission to protect public health worldwide: 1) Prevent 2) Detect 3) Respond https://www.cdc.gov/globalhealth/security/index.htm

The Department of Health and Human Services' (HHS) Global Health Strategy https://www.hhs.gov/about/agencies/oga/about-oga/why-hhs-works-globally/hhs-global-strategy/index.html

International Health Regulations (IHR) and supporting policies and frameworks https://www.who.int/topics/international_health_regulations/en/

e. Relevant Work

This NOFO is a follow-on to and will build on the achievements of CDC-RFA-GH15-1596, which included:

- Formulation of National Strategy on HIV/AIDS Prevention and Control to 2020, with a vision to 2030; National Laboratory Strategic Plan to 2020 and the 1st Circular no. 01/2013/TT-BYT on Laboratory Quality Management for Health Facilities.
- Establishment of Laboratory Quality Management Bureau under Vietnam Administration of Medical Services (VAMS) in 2010, as well as the three Regional Medical Laboratory Quality Control Centers in 2011.
- Creation of the laboratory networks to support laboratories throughout the countries in quality management and quality assurance to reach national/international accreditation.
- Finalization of the National Strategy on Protection, Care, and Improvement of the People's Health (2011–2020), developing National Action Plan for Viral Hepatitis Prevention Control (2014-2019) and technical guidelines of viral hepatitis diagnosis and treatment of hepatitis B (HBV) and hepatitis C (HCV) and issuing a set of criteria to assess hospitals towards improving the quality of services provided.
- Standardization of hospital ranking criteria and service quality evaluation, contributing to improving quality of health care services, including HIV diagnosis, examination and treatment services.
- Implementation of Vietnam's National Action Plan to Combat Antimicrobial Resistance: CDC-RFA-GH15-1596 provided direct support to strengthen the sentinel surveillance system through expanding the system from 16 to 34 AMR surveillance sites to monitor the use of antibiotics while encouraging antibiotic stewardship, as well as developing regulations that will protect human and animal health; conducted the quality and capacity of the AMR surveillance laboratories and training and mentoring for selected labs; promoted proper infection prevention and control (IPC) practices to stopping spread of resistant germs in healthcare settings; and implement standardized HAI surveillance in six hospitals.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-21-2166 Logic Model
Component 1: Core Global Health Security Priorities and PEPFAR Country Operation Plan (COP) Target for Quarter 1

Strategies	**Short-Term Outcomes (1-3yrs)**	**Intermediate Outcomes (3-5 years)**	**Long-Term Outcomes (5 years or more)**
Strategy 1: Strengthen health security in healthcare settings through enhanced DETECTION of public health threats and outbreaks, more robust RESPONSES to those threats, establishment of evidence-based policies aimed at PREVENTING threats, and creating a platform for immunization. **Strategy 2:** Strengthen laboratory and clinical quality management within the curative system to ensure high quality of HIV testing towards 95-95-95 goal for sustained epidemic control.	**Improved surveillance and laboratory reporting of infectious diseases and AMR** **Decreased data errors through implementation of electronic systems** **Enhanced ability of clinical and public health workforce to identify unusual events and report them rapidly and comprehensively to the next higher level (e.g., district to province to national)** **A new platform for immunization for children, adult, and health care workers become available** **Increased implementation of continuous quality improvement program (CQI) methods by all HIV**	**Increased use of surveillance and laboratory data as the evidence base for national and sub-national formulation of public health and clinical policy** **Improved ability of healthcare workers to respond to outbreaks of infectious diseases in healthcare settings and in communities** **Reduced inappropriate use of antimicrobials in healthcare settings.** **Increased assess to vaccines, include COVID-19 vaccine by all.** **Increased access to and wide use of routine VL and recency testing as an essential part of**	Enhanced capacity for early detection and real-time reporting of public health threats Reduced healthcare-associated infections and AMR **Increased vaccine coverage, reduced outbreaks and illness** **Increased national use of HIV VL and recency testing to inform routine public health response in Vietnam** **Expanded coverage of new HIV**

Strategies	Short-Term Outcomes (1-3yrs)	Intermediate Outcomes (3-5 years)	Long-Term Outcomes (5 years or more)
	VL labs **Improved national LQMS scores in labs in PEPFAR supported provinces** **Improved VL turnaround time (TAT)** **Reduced reporting errors for VL and HIV recency results** **Increased support for innovative HIV testing platforms such as HIV self-test, multi-diseases diagnostic integration, including STI**	**the public health response.** **Improved access and awareness of policies and guidance available for implementation of new verified HIV testing platforms**	**testing platforms reimbursed by GVN under social health insurance**

Components 2 and 3: COP21 Q2, 3, 4 and Additional Targets

Strategies and Activities	**Short-Term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**
Strategy 1: Strengthen laboratory and clinical quality management within the curative system to ensure high quality of HIV testing towards 95-95-95 goal for sustained epidemic	**Increased implementation of continuous quality improvement program (CQI) methods by all HIV VL labs** **Improved national LQMS scores in labs in PEPFAR supported provinces**	**Increased access to and wide use of routine VL and recency testing as an essential part of the public health response.** **Improved access and awareness of policies and guidance available for**	**Increased national use of HIV VL and recency testing to inform routine public health response in Vietnam** **Expanded coverage of new HIV testing**

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
control.	**Improved VL turnaround time (TAT)** **Reduced reporting errors for VL and HIV recency results** **Increased support for innovative HIV testing platforms such as HIV self-test, multi-diseases diagnostic integration, including STI**	**implementation of new verified HIV testing platforms**	**platforms reimbursed by GVN under social health insurance**

Components 4, 5 and 6: Rapid Response to Small-Scale and Large-Scale Infectious Disease Outbreaks or other Public Health Emergencies and Emerging Infectious Disease Threats (EIDT)

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long Term Outcomes
Strategy 1: Intensify active surveillance, case finding, contact tracing, monitoring and other outbreak response measures at local levels **Strategy 2:** Strengthen capabilities for epidemiologic and laboratory analysis and program	**Improved time to deploy healthcare workers to respond and control the spread of infectious diseases** **Strengthened coordination and robust emergency preparedness and response capacities**	**Reduced time to reinvigorated public health activities that have been interrupted or slowed due to outbreak response** **Improved access health services by individuals in outbreak affected areas** **Increased**	**Sustained improvements in timeliness of achieving outbreak/epidemic/pandemic control** **Reduced morbidity and mortality attributed to disease outbreaks or other public health threats** **Reduced spread of infectious outbreaks into other countries** **Improved preparedness for potential future outbreaks and other highly infectious diseases**

Strategies and Activities	**Short-Term Outcomes**	**Intermediate Outcomes**	**Long Term Outcomes**
evaluation **Strategy 3:** Intensify social mobilization, community and professional education and engagement. **Strategy 4:** Improve outbreak case management and infection control **Strategy 5:** Strengthen non-outbreak related public health activities that are impacted by the outbreak **Strategy 6:** Increase security and logistics for local responders **Strategy 7:** Strengthen capabilities for preparedness and response to highly infectious diseases	**Improved disease outbreak case management and infection control** **Shortened time to detect highly infectious disease outbreaks through active surveillance and case finding** **Reduced transmission of highly infectious diseases in clinical and community settings** **Increased awareness, knowledge, and support for local disease outbreak response and prevention efforts at the community level.** **Achieved rapid identification of and containment of highly infectious disease outbreaks**	**capacity of countries for early warning, risk reduction and management of national and global health risks**	

i. Purpose

The purpose of this NOFO is to contribute to improving the quality of hospital and laboratory services within the curative system, including health care services for people living with HIV; support workforce development; and build capacities to prevent, detect, respond, and control infectious and non-communicable diseases, injuries, and public health emergencies. Please note the PEPFAR COP21 components follow the same logic model and the same strategies and activities should be accomplished over different periods of time (Q1, Q2, etc.). The emergency components (Components 4 – 6) also follow the same approach with the same overarching strategies and activities.

ii. Outcomes

Component 1: Core Global Health Security Priorities and PEPFAR Country Operation Plan (COP) Target for Quarter 1

- Short-term Outcomes:
    - Improved surveillance and laboratory reporting of infectious diseases and AMR.
        - Surveillance includes both indicator and even-based surveillance systems available in healthcare facilities as well as the national surveillance system for AMR and HAI.
    - Decreased data errors through implementation of electronic systems
        - Fewer records with missing data, greater accuracy among records that are submitted
    - Enhanced ability of clinical and public health workforce to identify unusual events (i.e.: potential indicators of new diseases or outbreak) and report them rapidly and comprehensively to the next higher level (e.g., district to province to national) through FETP integrated training package for IPC surveillance and mentoring workshops.
    - Creating a platform for immunization for children, adult, and health care workers
    - Increased implementation of CQI methods by all HIV VL labs
        - Implementation of CQI methods in VL labs should help build capacity for the labs supported to achieve national or ISO15189 accreditation
    - Improved national LQMS scoring in PEPFAR supported provinces
    - Improved VL turnaround time (TAT)
    - Reduced reporting errors for VL and HIV recency results
    - Increased support for innovative HIV testing platforms such as HIV self-test, multi-diseases diagnostic integration, including STIs
- Intermediate Outcomes:
    - Increased use of surveillance and laboratory data as the evidence base for national and sub-national formulation of public health and clinical policy.
    - Improved ability of healthcare workers to respond to outbreaks of infectious diseases in healthcare settings and in communities through a strengthened IPC program.

- Reduced inappropriate use of antimicrobials in healthcare settings through efforts to improve capacity for AMR surveillance including improved identification of prioritized pathogens and susceptibility testing, data analysis and data use.
- Increased access to vaccines, include COVID-19 vaccine by all.
- Increased access to and wide use of routine VL and recency testing as an essential part of the public health response.
- Improved access and awareness of policies and guidance available for implementation of new verified HIV testing platforms.

- Long-Term Outcomes:
  - Increased vaccine coverage, reduce outbreaks and illness
  - Increased national use of HIV VL and recency testing to inform routine public health response in Vietnam
  - Expanded coverage of new HIV testing platforms reimbursed by GVN under social health insurance

Components 2 and 3: COP21 Q2, 3, 4 and Additional Targets

- Short-term Outcomes:
  - Outcome 1: Increased implementation of CQI methods by all HIV VL labs
    - Implementation of CQI methods in VL labs should help build capacity for the labs supported to achieve national or ISO15189 accreditation
  - Outcome 2: Improved national LQMS scoring in PEPFAR supported provinces
  - Outcome 3: Improved VL turnaround time (TAT)
  - Outcome 4: Reduced reporting errors for VL and HIV recency results
  - Outcome 5: Increased support for innovative HIV testing platforms such as HIV self-test, multi-diseases diagnostic integration, including STIs

- Intermediate Outcomes:
  - Outcome 1: Increased access to and wide use of routine VL and recency testing as an essential part of the public health response.
    - Increased access involves an expansion of accredited HIV testing labs that have the ability to confirm test result and provide quality control (QC), and external quality assessments (EQA) for lower level (e.g.: provincial or district) labs.
  - Outcome 2: Improved access and awareness of policies and guidance available for implementation of new verified HIV testing platforms.

- Long-Term Outcomes:
  - Outcome 1: Increased national use of HIV VL and recency testing to inform routine public health response in Vietnam
  - Outcome 2: Expanded coverage of new HIV testing platforms reimbursed by GVN under social health insurance

Components 4, 5 and 6: Rapid Response to Small-Scale and Large-Scale Infectious Disease

Outbreaks or other Public Health Emergencies and Emerging Infectious Disease Threats (EIDT)

- Short-term Outcomes
    - Improved time to deploy healthcare workers to respond and control the spread of infectious diseases
    - Strengthened coordination and robust emergency preparedness and response capacities
    - Improved disease outbreak case management and infection control
    - Shortened time to detect highly infectious disease outbreaks through active surveillance and case finding
    - Reduced transmission of highly infectious diseases in clinical and community settings
    - Increased awareness, knowledge, and support for local disease outbreak response and prevention efforts at the community level.
    - Rapid identification of and containment of highly infectious disease outbreaks

- Intermediate Outcomes
    - Reduced time to reinvigorated public health activities that have been interrupted or slowed due to outbreak response
    - Improved access health services by individuals in outbreak affected areas
    - Increased capacity of countries for early warning, risk reduction and management of national and global health risks

- Long-term Outcomes
    - Sustained improvements in timeliness of achieving outbreak/epidemic/pandemic control
    - Reduced morbidity and mortality attributed to disease outbreaks or other public health threats
    - Reduced spread of infectious outbreaks into other countries

Improved preparedness for potential future outbreaks and other highly infectious diseases

iii. Strategies and Activities
Component 1: Core Global Health Security Priorities and PEPFAR Country Operation Plan (COP) Target for Quarter 1

- **Strategy 1: Strengthen health security in healthcare settings through enhanced DETECTION of public health threats, more robust RESPONSES to those threats, establishment of evidence-based policies aimed at PREVENTING threats** and creating a platform for immunization.

Surveillance:

- Train clinical healthcare staff in case management, surveillance, electronic reporting, and basic data management/analysis of surveillance data for communicable diseases
- Develop procedures for data and information sharing between clinical and preventive medicine systems

- Develop and disseminate guidelines and procedures on surveillance data reporting from healthcare facilities
- Implement an electronic surveillance system for both indicator-based and event-based surveillance system in all healthcare facilities
- Develop case management procedures for priority diseases/syndromes
- Create an automatic linkage to transfer case information from hospital information system to the MOH Circular 54 reporting (electronic communicable disease surveillance - eCDS) system
- Standardize electronic health records to ensure interoperability and integration of patient information with other reporting platforms/tools for infectious diseases
- Enhance laboratory capacity to detect respiratory viral pathogens including influenza and coronavirus in selected hospitals

AMR:

- Develop a clear terms of reference (TORs), collaboration mechanism and coordinate activities of the relevant ministries on AMR
- Conduct the AMR coordination meetings quarterly with plan and progress review
- Development of National Action Plan (NAP for period of 5 years (2021-2025) to address AMR and reflected the Global Action Plan (GAP) objectives with operational plan and monitoring arrangements
- Review and analysis AMR and HAI surveillance data regularly with national annual report
- Upgrade AMR/HAI electronic reporting systems with data visualization and automatic function to support analysis and produce AMR report
- Develop and disseminate training/mentoring materials and assessment tools on AMR lab testing capacity
- Develop training packages and protocols on IPC/HAI
- Conducted training/mentoring to identify selected/prioritized pathogens, susceptibility testing and QMS
- Standardized quality improvement program for IPC
- Expand AMR surveillance sites based on NAP
- Expand HAI surveillance and include private sector
- Develop protocol for HAI infection target ventilation associated pneumonia (VAP)
- Update AMR and HAI surveillance reporting system for expand sites and new infections
- Develop training curriculum/package on IPC for medical students and IPC staff
- Implement training on IPC as professional program by medical universities or medical training centers with recognized certification (via class/distance training).
- Implement IPC integrated FETP training and mentoring for hospital system, target IPC staff/respond to outbreak and unusual events.
- Conduct survey/assessment of stewardship policies and activities, including regulatory framework and supply chain management of antimicrobials
- Develop and disseminate national stewardship and clinical/treatment guidelines for antibiotics use.

- Implement stewardship program, including monitoring of antimicrobial use, education/communication and other interventions to improve antibiotic use at designated healthcare facilities.

Immunization:

- Create facility-based immunization policy
- Develop model and system
- Develop guidelines and other material
- Implementation
- Monitoring and supervision

- **Strategy 2: Strengthen laboratory and clinical quality management within the curative system to ensure high quality of HIV testing towards 95-95-95 goal for sustained epidemic control**
- On-going monitoring of hospital VL labs to ensure high-quality VL testing
- Link laboratory information management system (LIMS), including VL, to the existing hospital HIS platforms to improve TAT and reduce reporting error of results
- Update HEALTHQUAL indicators and assess the viability of increasing reporting frequency to twice a year
- Provide technical assistance and training to ensure continuous quality improvement methods applied in all HIV VL labs.
- Improve turnaround time (TAT) and reduce reporting error of results in HIV diagnosis, VL and recency testing.
- Develop and support policy and guidance for implementation of new platforms of HIV testing which are verified and performed
- Introduce new HIV testing (HIV serology and VL) platform to contribute to 95-95-95 goals
- Support GVN to operate and register for social health insurance for new HIV testing platforms
- Provide training to strengthen capacity of health care staff, including but not limited to CQI methods, reporting results of HIV diagnosis, VL and recency testing and new HIV testing platforms.
- Increase use of routine VL and recency testing and testing results in data analysis to identify new outbreaks/hotspots and provide evidence base for appropriate public health responses.

Components 2 and 3: COP21 Q2, 3, 4 and Additional Targets

- **Strategy 1: Strengthen laboratory and clinical quality management within the curative system to ensure high quality of HIV testing towards 95-95-95 goal for sustained epidemic control**
- On-going monitoring of hospital VL labs to ensure high-quality VL testing

- Link laboratory information management system (LIMS), including VL, to the existing hospital HIS platforms to improve TAT and reduce reporting error of results
- Update HEALTHQUAL indicators and assess the viability of increasing reporting frequency to twice a year
- Provide technical assistance and training to ensure continuous quality improvement methods applied in all HIV VL labs.
- Improve turnaround time (TAT) and reduce reporting error of results in HIV diagnosis, VL and recency testing.
- Develop and support policy and guidance for implementation of new platforms of HIV testing which are verified and performed
- Introduce new HIV testing (HIV serology and VL) platform to contribute to 95-95-95 goals
- Support GVN to operate and register for social health insurance for new HIV testing platforms
- Provide training to strengthen capacity of health care staff, including but not limited to CQI methods, reporting results of HIV diagnosis, VL and recency testing and new HIV testing platforms.
- Increase use of routine VL and recency testing and testing results in data analysis to identify new outbreaks/hotspots and provide evidence base for appropriate public health responses.

Components 4, 5 and 6: Rapid Response to Small-Scale and Large-Scale Infectious Disease Outbreaks or other Public Health Emergencies and Emerging Infectious Disease Threats (EIDT)

- **Strategy 1: Intensify active surveillance, case finding, contact tracing, monitoring, and other critical response efforts at local levels**
- Conduct and improve ongoing active surveillance, with laboratory confirmation to ensure rapid identification of missed, new or newly imported outbreak cases
- Strengthen capacity for general surveillance including support for personnel required for surveillance and epidemiology activities.
- Strengthen surveillance at entry points (border posts, airports and maritime ports) from countries with ongoing transmission

- **Strategy 2: Strengthen capabilities for epidemiologic and laboratory analysis and program evaluation**
- Improve operational and technical analysis, coordination and monitoring of interventions
- Assess the impact of the epidemic on health care seeking and health care provision

- **Strategy 3: Intensify social mobilization, community and professional education and engagement, and psychosocial care for infected persons and their families where applicable**
- Conduct intensified social mobilization and community engagement to enhance awareness and gather community support, acceptance and participation in implementation of containment measures
- Provide psychosocial first aid training for community agents and their supervisors so they can provide direct psychosocial support to contact cases and their families.
- Develop and conduct communications to contain the outbreaks and enforce the theme of "Staying at Zero Cases."
- Develop and disseminate key health risk communication messages.

- **Strategy 4: Improve outbreak case management and infection control**
- Develop plans for patient management as community and clinical settings.
- Improve infection control practices, particularly in facilities that might receive outbreak cases for example, on a border with a country with ongoing transmission

- **Strategy 5: Strengthen non-outbreak related public health activities that are impacted by the outbreak**
- Restore priority aspects of the health/public health system such as surveillance and assessment of vaccination coverage for epidemic-prone disease (e.g., measles), that are negatively impacted or stalled due to the outbreak.

- **Strategy 6: Increase security and logistics for local responders**
- Strengthen field security to ensure operational security, and protect national and international staff involved in the response

- **Strategy 7: Strengthen capabilities for preparedness and response to highly infectious diseases**
- Develop/implement partnership mechanisms for a more robust and responsive global health emergency workforce.
- Train frontline responders on emerging infectious diseases.
- Strengthen critical International Health Regulations (IHR) and health systems capacities in affected region and elsewhere.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:
Recipient(s) are required to work with other CDC implementing partners, including non-governmental organizations, universities, Ministries of Health and other host governmental bodies and multi-lateral organizations that receive CDC funds. Recipient(s) should ensure their

proposed activities are not duplicating activities already implemented by other CDC-funded organizations.

b. With organizations not funded by CDC:
The recipient(s) will work primarily and directly with partner governments specifically with the Ministries of Health and other government entities who are working towards the objectives of this NOFO. In addition, the recipient(s) will be expected to work with other in-country and global stakeholders, including but not limited to government entities, non-governmental organizations, universities, civil society, the private sector, and other USG agencies.

2. Target Populations
The target population for this NOFO include those populations that fall under the following jurisdiction(s): Vietnam

The target populations for this NOFO include, but are not limited to, those individuals infected and affected by infectious diseases, or at risk for becoming infected by an infectious disease. The target population for this NOFO may also include at-risk population for non-communicable diseases and/or other public health emergencies.

The work under this NOFO may also target increased capacity at the national and sub-national level to implement activities in alignment with the objectives of this NOFO.

a. Health Disparities
Recipients are expected to use epidemiologic, social determinants, and linked laboratory, epidemiological, and surveillance data to identify communities disproportionately affected by infectious diseases or non-communicable diseases in the target areas to ensure that program activities appropriately cover these populations. Recipients should ensure that supported services are accessible and available to all patients regardless of age, sex, race/ethnicity, sexual orientation, gender identity, or socio-economic status in order to achieve the outcomes of this NOFO.

iv. Funding Strategy
This NOFO is divided into six components. Applicants are required to apply for all components and include a separate budget and work plan for each component. The applicant's application package should be inclusive of all component work plans and budgets; multiple applications will not be reviewed. Applicants are encouraged to submit component budgets toward the year one award ceiling for each component. However, budget proposals for year one may not exceed the year one award ceiling. Please note these amounts are subject to approval and the availability of funds.

Components 1, 2, and 3 are specific to PEPFAR Country Operation Plan (COP)21 targets. Component 1 is specific to the PEPFAR COP target for Quarter 1. Component 2 is specific to the PEPFAR targets for Quarters 2 through 4. Component 3 includes additional PEPFAR activities and targets. The PEPFAR COP21 components intend to fund the same activities over different periods of time. The emergency components (Components 4 – 6) also follow the same approach with identical overarching strategies and activities. Please note Component 1 covers both core Global Health Security (GHS) priorities, as well as, the PEPFAR COP21 target for Quarter 1.

Component 1: Core Global Health Security Priorities and PEPFAR Country Operation Plan (COP) Target for Quarter 1
These GHS activities are intended to be funded on an annual basis. The estimated year one ceiling is $5,000,000. Future years funding level will be dependent on funding availability.

Component 2: PEPFAR COP21 Q2, Q3, Q4 Targets
This is intended to be approved but unfunded (ABU) as a baseline practice. It would be funded to support additional activities in quarter 2, quarter 3 and quarter 4 of the fiscal year. Expected amount to be funded is $10,000,000.

Component 3: PEPFAR COP21 Additional Targets
This is intended to be approved but unfunded (ABU) as a baseline practice. It would be funded to support additional activities and targets needed within the budget period. Expected funding amount is $10,000,000.

Component 4: Rapid Response to small scale infectious disease outbreaks or other Public Health Emergencies
This is intended to be approved but unfunded (ABU) as a baseline practice. It would be funded to support additional activities needed within a budget period when a disease outbreak or other public health emergency reaches a scale that requires a moderate response. Estimated year one ceiling is $5,000,000.

Component 5: Rapid Response to Large Scale Infectious Disease Outbreaks or other Public Health Emergencies
This is intended to be approved but unfunded (ABU) as a baseline practice. It would be funded to support additional activities needed within a budget period when a disease outbreak or other public health emergency reaches a scale that requires a substantial response. Estimated year one ceiling is $10,000,000.

Component 6: Emerging Infectious Disease Threats (EIDT)
This is intended to be an approved but unfunded (ABU) component that will support activities to combat COVID-19 and other emerging infectious disease threats globally, including efforts related to global health security, global disease detection and response, global health protection, global immunization, and global coordination on public health. It would be funded to support additional activities needed within a budget period for COVID-19 and other emerging disease threats. Estimated year one funding amount is $15,000,000.

Emergency Management and Response
The ability to respond rapidly and effectively to public health emergencies is a key component of global health security. International public health emergencies including humanitarian crises are by nature unpredictable, requiring fulfilment of changing and often unpredictable needs that vary widely according to context. Consequently, funding for public health emergencies is also unpredictable and based on external factors. In recent years, there has been a sharp rise in the number of people living in regions of the world affected by public health emergencies, including humanitarian emergencies, which has often led to additional funding resources from the USG to respond to these threats. Given this unpredictability and the resulting need for rapid, flexible, and

efficient process to award funding under an emergency situation, recipients that are selected for funding under this NOFO will be eligible to receive additional expedited supplemental funding when a public health emergency occurs to scale up activities included within the scope of work of this NOFO.

Definition of public health emergency:
In order to qualify for supplemental emergency funding, one of the following situations must apply:

1. When UN or WHO classifies the emergency as a Level 3 (L3)
2. When the US Congress appropriates funding for an international response related to humanitarian or public health crisis with the words containing "emergency" in the program title. The appropriated funding could be for CDC directly or is transferred to CDC through an Interagency Agreement (IAA) by HHS or another USG department or agency
3. When the U.S. government (Congress, White House, National Security Council, etc.) declares a public health emergency as national security priority
4. When the CDC Director activates the Emergency Operation Center (EOC) in response to an international public health threat
5. When U.S. Department of State or U.S. Agency for International Development (USAID) transfer funds to CDC to respond to an international disaster or humanitarian assistance under 2 FAM 060 (International Disaster and Humanitarian Assistance)

If a public health emergency situation meets any one criteria listed above, then selected recipients under this NOFO will be eligible to receive supplemental emergency funding to scale up public health activities included in the scope of work of this NOFO on a single-source basis, (i.e., without additional competition), within a 12-month budget period and throughout the 60-month period of performance. There is no limit on the number of emergency supplemental funding that a recipient may receive within a 12-month budget period or the 60-month period of performance under a public health emergency situation. Recipients receiving funds under a public health emergency will be eligible to receive emergency funding without constraint to the period of performance funding ceiling, annual budget period ceiling, or lack of component funding. In addition, applications for funding under a public health emergency will not need a merit review and will only require approval from the CDC Project Officer and Grants Management Officer (GMO) in order to be funded.

All reporting requirements listed under this NOFO still applies to any emergency supplemental funding.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy
The applicant should describe how they plan to measure and collect data on the funded activities and bolded outcomes identified in the logic model. The purpose of collecting and reporting these data is to determine the progress toward achieving the NOFO activities and outcomes. The results will also be used for program planning, development and improvement, accountability and reporting, and for sharing with partners and other stakeholders. CDC will work with the recipient throughout the life of this award to ensure that all activities and expected outcomes are

in alignment with current USG and the recipient's strategies and goals. The recipient should dedicate funds made available under this NOFO for evaluation and performance monitoring within each project. The final funding amount will be agreed upon by both CDC and the recipient; however, it should be expected that approximately 3% (of a given project's funding) will be dedicated to monitoring, reporting, and evaluation activities. CDC and the recipient will agree upon the specific funding amounts within review of each project's work plan and budget.

Monitoring

CDC expects that the work conducted under this NOFO will be structured as a series of discrete projects oriented at achieving elements of the NOFO's strategic objectives. CDC and the recipient will jointly develop formal performance measures shortly after award based on activities within each project. For each project, these performance measures must include CDC's Division of Global Health Protection's Division-wide Indicators (DWIs), as well as other CDC or recipient's standard indicators relevant to the intended outcomes of the project. The DWIs include indicators that are required reporting for CDC, such as for OMB, HHS, USG Global Health Security Agenda (GHSA) interagency, and Healthy People. At a minimum, applicants should describe proposed process measures for the strategies and activities in the logic model, and proposed outcome measures for the period of performance outcomes in the logic model.

While recipients will be responsible for reporting on DWIs relevant to proposed strategies and activities, they are not limited to only DWIs listed below. Applicants can, and are encouraged to, propose additional relevant indicators that, combined with relevant DWIs, will be monitored over the life of the NOFO. Recipients will also be encouraged to identify relevant USG GHSA Interagency Metrics, WHO Joint External Evaluation (JEE), and/or Healthy People 2030 standardized metrics and WHO benchmarks.

Technical Area	**Division of Global Health Protection (DGHP) Division-wide Indicators (DWIs) as of April 2019***
Workforce Development (WD)	**WD#1:** Number of individuals trained by CDC to prevent, detect and respond to public health threats
	WD#2: Number of Field Epidemiology Training Program (FETP) residents trained by CDC that have participated in outbreak investigations and responses
	WD#3: Number and proportion of subnational jurisdictions per country that have had at least one staff member trained by FETP-Frontline
	WD#4: Number of CDC staff ready to provide emergency management and response assistance
Emergency Management and Response (EMR)	**EMR#1:** Number of public health events of international importance monitored and reported
	EMR#2: Number of public health events and other global health emergency responses supported by CDC
	EMR#3: Number of outbreaks investigated and responded to by the country

	EMR#4: Number and proportion of countries with an established Public Health Emergency Operations Center (PHEOC) that have used their PHEOC for a real-world response or simulation
Surveillance Systems (SS) and Laboratory Systems (LS)	**SS/LS#1:** Number and proportion of country-prioritized diseases and pathogens with laboratory testing capacity, surveillance system, and routine reporting to public health authorities
	SS#2: Number and proportion of countries with a centralized national database that includes linked suspect case reports and laboratory data from subnational jurisdictions for the country's priority notifiable diseases/syndromes
	LS#2: Number and proportion of designated laboratories that have bio-risk management policies, physical security controls and inventories for potential high consequence pathogens and toxins
	LS#3: Number of new diagnostic tests established in national or regional laboratories with CDC support
	LS#4: Number of new strains or pathogens detected or discovered with CDC support
	LS#5: Number and proportion of countries that have developed a national laboratory specimen referral system and transport networks
	LS#6: Number and proportion of laboratory facilities, designated in the national action plan for antimicrobial resistance (AMR) or as part of a national surveillance system, that conduct antimicrobial susceptibility testing (AST) and have reported susceptibility data to a designated national body
	LS #7: Number and proportion of countries that have adopted and implemented a national program of quality management systems (QMS)
Institutional Development (ID)	**ID#1:** Number of countries with a National Public Health Institute (NPHI) that was strengthened with CDC support
	ID#2: Number of countries whose core public health functions (laboratory, surveillance, workforce development and emergency management and response) are coordinated by the NPHI

***** These indicators are subject to change; the latest iteration of the DGHP DWIs should be incorporated into the recipient's EPMP.

Performance reports will be based on which NOFO activities and outcomes are identified in the logic model. Performance reports will be submitted to CDC in accordance with the requirements listed under this NOFO and overall performance will be reviewed on regular technical calls as well as through joint strategic review meetings.

Evaluation

The potential evaluation questions and/or topics below are examples of what the applicant may be expected to answer through evaluation(s). Applicants should include at least 1, but no more than 3 potential evaluation questions, or evaluation topics if specific questions are unknown. It is acceptable to provide only evaluation questions, only evaluation topics, or a combination of both evaluation questions and topic, as needed. Applicants should consider but are not limited to the following areas when developing evaluation questions and/or topics.

Sample Evaluation Topics:

- Program evaluations to measure the differences in outbreak responses, or other public health responses, in a country, before and after public health investments (in terms of days of outbreak start, days to outbreak detection, laboratory confirmation of outbreak, days to control outbreak, etc.).
- Extent to which enhancements in public health surveillance in a country improved outbreak response (in terms of outbreak(s) controlled, cases averted, and time lags from specimen detection to collection).
- Extent to which enhancements of the public laboratory systems, such as addition of a specific laboratory capacity in a country, improved outbreak response (in terms of outbreaks detected controlled, cases averted, and time lags from specimen collection to detection).
- Program evaluations to measure if the coverage and capacity of the specimen referral network increased

Final evaluation questions and data sources will be determined together with CDC within six months after the award and will be included in the submission of the evaluation and performance measurement plan (EPMP). Evaluations are expected to align with national, USG, and agency priorities and programmatic gaps, and maybe be reviewed by global action committees. As such, the evaluation topics listed in this announcement may be amended.

Dissemination of Evaluation and Performance Measures: By the end of the period of performance, evaluation and performance measures will yield findings to demonstrate the value of the NOFO. The findings should be disseminated through the Annual Performance Report (APR) and the recipient is expected to pursue additional dissemination in public domains, including in public health journals, including global health journals, conferences and through informal channels (e.g., website, newsletters) where applicable

ii. Applicant Evaluation and Performance Measurement Plan

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

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

The applicant should succinctly describe their capacity (skills, expertise, experience) to implement the activities proposed under this NOFO. For components 4 – 6, the applicant should detail their ability to carry out emergency operations/coordination. Applicants are encouraged to describe their experience working with the target population, ability to implement project strategies/activities, and their physical infrastructure as it applies to the NOFO.

The applicant should provide as part of their appendix the following documents:

1. Curricula vitae (CVs)/Resumes for positions related to Principal Investigator, Project Director, Business Official, and other key staff related to program planning and implementation, finance, and monitoring and evaluation.
2. Job descriptions (maximum 1 page per job description) for key positions including: Principal Investigator, Project Director, Business Official, and other key staff related to program planning and implementation, finance, and monitoring and evaluation.
3. Organizational chart (maximum 1 page)
4. Financial management statement that demonstrates experience in managing USG or CDC funds that are similar in size and scope of this NOFO (maximum 1 page).

The above referenced documents to be submitted in the appendix should demonstrate the organization's capacity to address the requirements of the NOFO.

Applicants must title these documents in their appendix as follows: "CVs/Resumes," "Job

Descriptions," "Organizational Chart," and "Financial Statement" and upload as a pdf at www.grants.gov.

d. Work Plan

The applicant's application package should be inclusive of all component work plans and budgets; multiple applications will not be reviewed. Each component must have a separate work plan and budget.

Applicant must include a work plan that demonstrates how the outcomes, strategies, activities, timelines, and staffing will take place over the course of the award. Applicants must submit a detailed work plan for the first year of the project, and a high-level work plan for subsequent years. An example work plan is shown below. Applicants are not required to use this format, as long as the information above is demonstrated.

This NOFO has a required component funding structure. Applicants are required to apply for all components and include a separate budget and work plan for each component.

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

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

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

The recipient(s) will be required to collaborate with CDC in-country offices for technical oversight of project activities to be implemented under this NOFO. In addition to the CDC Project Officer, the recipient will collaborate with in-country or HQ contacts, Subject Matter Experts (SMEs), and technical leads. The Project Officer for this award will provide relevant contacts of CDC staff and coordinate discussions with the award recipients.

f. CDC Program Support to Recipients

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program include, but are not limited to, the following:

1. Organize an orientation meeting with the recipient for a briefing on applicable U.S. Government and HHS/CDC expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and/or other parts of the USG.
2. Review and make recommendations as necessary to the process used by the recipient to select key personnel and/or post-award subcontractors and/or sub recipients to be involved in the activities performed under this agreement.
3. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as surveillance, use of data for program planning purposes, lab programs etc.
4. Provide technical assistance, where applicable, to help the recipient meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB).
5. Collaborate with the recipient on designing and implementing the activities listed above, including, but not limited to: the provision of technical assistance to develop program activities, data management and analysis, quality assurance, surveillance program, the presentation and possibly publication of program results and findings, and the management and tracking of finances.
6. CDC offices in-country, where applicable, may assist the recipient in identifying and connecting with other partners working towards the objective of this NOFO and the recipient shall ensure work is not duplicative but complementary and supportive to existing efforts funded by CDC and the rest of the USG.

7. CDC, via project officer, will provide contact for in-country staff, Subject Matter Experts (SMEs) and technical leads from CDC where applicable for the recipient to coordinate activities at the country level.
8. Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the recipient. All such data collections-- where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB PRA clearance prior to the start of the project.
9. Provide consultation and scientific and technical assistance based on appropriate HHS/CDC documents to promote the use of best practices known at the time.
10. Assist the recipient in developing and implementing quality-assurance criteria and procedures.
11. Serve as co-authors on manuscripts and dissemination products developed as part of this project.
12. Facilitate in-country planning and review meetings for technical assistance activities.
13. Provide technical oversight for all activities under this award.
14. Ensure the recipient's Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by HHS/CDC and USG.
15. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters. Evaluations can be process, outcome or impact
    a. Process Evaluation: measures how the intervention was delivered, what worked/did not, differences between the intended population and the population served, and access to the intervention
    b. Outcome Evaluation: determines effects of intervention in target population(s) (e.g., change in knowledge, attitudes, behavior, capacity, etc.)
    c. Impact Evaluation: measures net effects of program and prove of causality
16. Supply the recipient with protocols for related evaluations and/or assessment.

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U2G

3. Fiscal Year:
2021

4. Approximate Total Fiscal Year Funding:
$ 55,000,000

5. Total Period of Performance Funding:

$ 275,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$ 275,000,000

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

7. Expected Number of Awards:
1

8. Approximate Average Award:

$ 5,000,000
Per Budget Period

9. Award Ceiling:
$ 0
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$ 0
Per Budget Period

11. Estimated Award Date:
September 30, 2021

12. Budget Period Length:
12 month(s)

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

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

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

C. Eligibility Information

1. Eligible Applicants

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

2. Additional Information on Eligibility

Vietnam Administration of Medical Services

3. Justification for Less than Maximum Competition

Applicant Name: Vietnam Administration of Medical Services
Principle Investigator/Project Director Name: Luong Ngoc Khue
Street Address: Vietnam Administration of Medical Services, No 138 A Giang Vo street, Ba Dinh District, Ha Noi, Vietnam
Email: khuebyt@gmail.com

The Vietnam Administration of Medical Services (VAMS) is the highest administration within the Ministry of Health (MOH) of Vietnam in charge of coordinating, monitoring and overseeing medical examination and treatment in the country. The Vietnam MOH/VAMS is uniquely qualified for this funding opportunity because of their political mandate, leadership and vital coordinating role in improving the system, capacity and quality of hospital and laboratory services within the curative system. According to Decision No. 458/MOH dated February 8, 2014, VAMS is responsible for:

1. Leading and coordinating the formulation and modification of legal documents, policies, strategies, national standards, technical guidelines in medical examination and treatment;
2. Directing and guiding the implementation of the above legal documents in health facilities at all levels.
3. Inspecting and overseeing the health facilities to ensure the accountability of the healthcare services.

Organizing training to improve capacity in hospital quality management.

Given this NOFO's focus on the policy, guideline and system strengthening related to clinical and laboratory services for disease prevention and control, VAMS is the unique national institution to implement activities and deliver the expected outcomes of this NOFO.

The organization has performed several activities in cooperation with CDC under Cooperative Agreements and Contracts:
PS09-9108, PS001928: Strengthening Laboratory Systems and Building Sustainable Human Capacity in the Socialist Republic of Vietnam under the President's Emergency Plan for AIDS Relief (PEPFAR) (2009-2014)
GH12-1253, GH001609: Partnering with the Ministry of Health of Vietnam to Build a Sustainable System for HIV/AIDS Prevention, Care, and Treatment in the Socialist Republic of Vietnam under the President's Emergency Plan for AIDS Relief (PEPFAR)

(2015-2020)

This new project will be built on and expand the previous and on-going activities of CDC in Vietnam.
The previous CoAgs with VAMS focused on developing overall policy and institutional framework for HIV testing and treatment quality improvement and AMR work. Some major achievements contributed by these CoAgs include: (1) National Laboratory Strategic Plan to 2020 and the 1st Circular no. 01/2013/TT-BYT on Laboratory Quality Management for Health Facilities; (2) Establishment of Laboratory Quality Management
Bureau under VAMS in 2010, as well as the 3 Regional Medical Laboratory Quality Control Centers in 2011.; (3) Creation of the laboratory networks to support laboratories throughout the countries in quality management and quality assurance to reach national/international accreditation: (4) Development of National Action Plan for Viral Hepatitis Prevention Control (2014-2019) and technical guidelines of viral hepatitis diagnosis and treatment of hepatitis B (HBV) and hepatitis C (HCV); (5) Standardization of hospital ranking criteria and service quality evaluation, contributing to improving quality of health care services, including HIV diagnosis, examination and treatment services and (6) implementation of Vietnam's National Action Plan to Combat Antimicrobial Resistance

This new CoAg will continue the collaborative activities on strengthening laboratory quality management, focusing on new HIV testing platforms and innovations. These activities and their expected outcomes will greatly compliment the HIV service delivery and technical collaboration programs implemented by other PEPFAR/CDC partners in Vietnam. The new CoAg will also further the work in AMR and expand to supporting the development of policies and guidelines for outbreak and public health threat detection, response and prevention, laying the policy foundation for CDC-supported programs in global health security in the country

VAMS is the Government organization under the Ministry of Health of Vietnam. Given VAMS's unique political mandate, leadership and vital coordinating role in improving the system, capacity and quality of hospital and laboratory services within the curative system, previous SSJs were approved.

This NOFO is necessary for the national adoption of the aforementioned policies and guidelines. As MOH's unique administration overseeing curative activities across the country, VAMS is the key and final agency to approve new testing platforms and policies related to outbreak response by health care facilities. Delays in the approval of new testing platforms and innovation will impede the access of over 200,000 PLHIV to new testing methods and services, adversely impacting their treatment outcomes and nationally, and slowing down the achievement of 90:90:95 goals. Similar negative impacts are anticipated if evidence-based policies for detecting, responding and preventing emerging diseases are not put in place and adopted in a timely manner. One example is the on-going Covid response. Without VAMS's leading and coordinating role, treatment and infection control guidelines cannot be updated rapidly as urgently required.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

5. Maintenance of Effort

Maintenance of Effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

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

		and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		(http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed or postmarked by)

b. Application Deadline

07/24/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
N/A

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

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

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding

consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

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

6. Content and Form of Application Submission

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

7. Letter of Intent

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

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities

to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

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

This NOFO has a required component funding structure. Applicants are required to apply for all components and include a separate budget and work plan for each component.

13. Funds Tracking

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

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's

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

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

16. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Indirect Cost for Foreign Organization
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. Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). All requests for funds contained in the budget shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

Public Financial Management Clause
The Parties acknowledge that HHS/CDC has the authority to assess the recipient's systems required to manage the activities supported with US Government funds under this Agreement and that this NOFO is expressly conditioned upon that assessment, as well as any measures, mitigation or means by which the recipient has or will address the vulnerabilities or weaknesses, if any, found in that assessment. The recipient agrees to take the necessary action(s) to address the recommendations or requirements of the assessment as agreed separately in writing with HHS/CDC in accordance with an action plan to be jointly developed to address such recommendations or as otherwise contained in this agreement.

Conference Costs and Fees
U.S. Government funds under this award must not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a multilateral organization, as defined below, unless approved by CDC in writing.

- Definitions:
    - A foreign government delegation is appointed by the national government (including ministries and agencies but excluding local, state and provincial entities) to act on behalf of the appointing authority at the international conference. A conference participant is a delegate for the purposes of this provision, only when there is an appointment or designation that the individual is authorized to officially represent the government or agency. A delegate may be a private citizen.
    - An international conference is a meeting where there is an agenda, an organizational structure, and delegations from countries other than the conference location, in which country delegations participate through discussion, votes, etc

- A multilateral organization is an organization established by international agreement and whose governing body is composed principally of foreign governments or other multilateral organizations

Trafficking in Persons Provision

- No contractor or sub-recipient under this Agreement that is a private entity may, during the period of time that the award is in effect:
  - engage in trafficking in persons, as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime;
  - procure any sex act on account of which anything of value is given to or received by any person; or
  - use forced labor in the performance of this award.
- If HHS/CDC determines that there is a reasonable basis to believe that any private party contractor or subrecipient has violated paragraph 1 of this section or that an employee of the contractor or subrecipient has violated such a prohibition where that the employee's conduct is associated with the performance of this award or may be imputed to the contractor or subrecipient, HHS/CDC may, without penalty, (i) require the Recipient to terminate immediately the contract or subaward in question or (ii) unilaterally terminate this Agreement in accordance with the termination provision.
- For purposes of this provision, "employee" means an individual who is engaged in the performance in any part of the Project as a direct employee, consultant, or volunteer of any private party contractor or subrecipient.
- The Applicant must include in all subagreements, including subawards and contracts, a provision prohibiting the conduct described in subsection a by private party subrecipients, contractors, or any of their employees.

Prohibition on Assistance to Drug Traffickers

- HHS/CDC reserves the right to terminate assistance to, or take other appropriate measures with respect to, any participant approved by HHS/CDC who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.
- The Applicant agrees not to disburse, or sign documents committing the Applicant to disburse funds to a sub-recipient designated by HHS/CDC ("Designated Sub-recipient") until advised by HHS/CDC that: (1) any USG review of the Designated Sub-recipient and its key individuals has been completed; (2) any related certifications have been obtained; and (3) the assistance to the Designated Sub-recipient has been approved.
- The Applicant shall insert the following clause, or its substance, in its agreement with the Designated Sub-recipient: The Applicant reserves the right to terminate this Agreement or take other appropriate measures if the [Sub-recipient] or a key individual of the [Sub-recipient] is found to have been convicted of a narcotic offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

Financing of Terrorism

Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999) (http://www.undemocracy.com/S-RES-1269(1999).pdf), UNSCR 1368 (2001) (http://www.undemocracy.com/S-RES-1368(2001).pdf), UNSCR 1373 (2001) (http://www.undemocracy.com/S-RES-1373(2001).pdf), and UNSCR 1989 (2011), both HHS/CDC and the applicant are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. It is the policy of HHS/CDC to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities associated with terrorism. In accordance with this policy, the Applicant agrees to use reasonable efforts to ensure that none of the HHS/CDC funds provided under this Agreement are used to provide support to individuals or entities associated with terrorism, including those identified on the U.S. Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List. This provision must be included in all subagreements, including contracts and subawards, issued under this award.

Restriction on Assistance for Military or Paramilitary Purposes or for Police and Prisons
No funds or other support provided under the award may be used for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HHS/CDC.

UN Security Council Sanctions List
It is the policy of HHS/CDC to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities designated for United Nations Security Council sanctions. In accordance with this policy, the applicant agrees to use reasonable efforts to ensure that none of the funds provided under this grant are used to provide support of individuals or entities designated for UN Security Council sanctions (compendium of Security Council Targeted Sanctions Lists at: http://www.un.org/sc/committees/list_compend.shtml). This provision must be included in all sub-agreements, including contracts and sub-awards, issued under this award.

Worker's Rights
No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized workers' rights of workers in the recipient country.

In the event the Applicant is requested or wishes to provide assistance in areas that involve workers' rights or the Applicant requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/CDC and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/CDC that it may do so.

The Applicant must ensure that all employees and subcontractors and sub-recipients providing employment-related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder. The term "internationally recognized worker rights" includes-- the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages,

hours of work, and occupational safety and health.

The term “worst forms of child labor” means-- all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by the laws, regulations, or competent authority of the country.

Investment Promotion
No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise outside the United States.

In the event the Applicant requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/CDC and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/CDC that it may do so.

The Applicant must ensure that its employees and subcontractors and sub-recipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.

Contract Insurance Requirement
To the extent that a host government partner enters into contracts expressly approved by the U.S. government, the host country government partner shall ensure that its contractors or subcontractors (a) provide, before commencing performance under any contracts or subcontracts funded under this agreement, such workers' compensation insurance or security as required by HHS/CDC and (b) continue to maintain such insurance until performance is completed. The host country government partner shall insert, in all contracts and subcontracts under this agreement, a clause similar to this clause (including this sentence) imposing upon those contractors and subcontractors the obligation to obtain workers’ compensation insurance or security as required by HHS/CDC.

Source and Nationality and Other Procurement Restrictions
Disbursements will be used exclusively to finance the costs of goods and services required for this Agreement [in accordance with 22 CFR 228, and] having their source and nationality in countries [included in Geographic Code [937 or 935]] OR [identified in subsection 6 below], except as HHS/CDC may otherwise agree in writing and as follows:

- Ocean transportation costs must be financed under the Agreement only on vessels under flag registry of [countries included in Code 935]. Also see subsection 7 below on use of U.S.-flag vessels.
- Any motor vehicles financed under the Agreement will be of United States manufacture, except as HHS/CDC may otherwise agree in writing.
- The nationality of the contractor providing ocean and air shipping services will be deemed to be the ocean vessel's or aircraft's country of registry at the time of shipment.
- Provisions concerning restricted and ineligible goods and services may be provided in subsequent written communications between the parties. Special procurement rules apply to agricultural commodities, pharmaceuticals, pesticides, and fertilizer, none of which may be procured without advance written consent of HHS/CDC.
- Transportation by air of property or persons financed under this agreement will be on carriers holding United States certification to the extent service by such carriers is available under the Fly America Act. This requirement may be further described by HHS/CDC in subsequent written communications between the parties.
- Eligibility Date. No goods or services may be financed under the Agreement which are procured pursuant to orders or contracts firmly placed or entered into prior to the date of this Agreement, except as the Parties may otherwise agree in writing.
- Eligible countries for procurement: HHS/CDC to identify for specific agreement.
- Transportation
    - In addition to the requirements in subsection 1 above, costs of ocean or air transportation and related delivery services may not be financed under this Agreement, if the costs are for transportation under an ocean vessel or air charter which has not received prior HHS/CDC approval.
    - Unless HHS/CDC determines that privately owned U.S. -flag commercial ocean vessels are not available at fair and reasonable rates for such vessels, or otherwise agrees in writing:
        - At least fifty percent (50%) of the gross tonnage of all goods (computed separately for dry bulk carriers, dry cargo liners and tankers) financed by HHS/CDC which may be transported on ocean vessels will be transported on privately owned U.S.-flag commercial vessels; and
        - At least fifty percent (50%) of the gross freight revenue generated by all shipments financed by HHS/CDC and transported to the territory of the Recipient on dry cargo liners shall be paid to or for the benefit of privately owned U.S.-flag commercial vessels. Compliance with the requirements of (1) and (2) of this subsection must be achieved with respect to both any cargo transported from U.S. ports and any cargo transported from non-U.S. ports, computed separately.

Monitoring and Evaluation Section

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, must require a provision to this effect in all sub-awards or contracts financed by

funds under this Agreement.

Monitoring Reporting and Evaluation
CDC programs must ensure that recipient's Evaluation and Performance Measurement Plan is aligned with the guidance established by HHS/CDC and CDC's Data for Partner Monitoring Program (DFPM). All evaluations conducted must submit an evaluation report using a format agreed upon by HHS/CDC.

Human/Animal Subjects Restriction
All plans for data collection from persons, animals or personal records and for laboratory specimen collection and testing that are expected to result in public reports will require protocols for technical review and review of institutional human or animal subjects protection considerations by CDC. Funds for implementing these activities will be restricted until all necessary institutional protocol approvals have been obtained. Funds for preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation) may be provided prior to protocol approval. To facilitate the early availability of funding, the budget and narrative should clarify which activities are preparatory.

Data collection protocols required for release of human/animal subjects funding restrictions must be submitted to the DGHP Science Office within 6 months of notification of such restrictions, but no later than the end of the first budget year. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management Officer.

All protocol approvals should be obtained no later than the end of the subsequent budget period after the award or continuation has been made, provided that the Recipient has not been granted an exception to the deadlines specified above.

Please note that other funding restrictions may apply at time of award and may vary depending on funding appropriation. Specific guidance will be provided in the NOA, as necessary.

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

18. Other Submission Requirements

a. Electronic Submission:

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

Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

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

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

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

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

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

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

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

considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

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

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

i. Approach **Maximum Points:** 35

To what extent does the applicant's approach meet the overall strategy and activities and seem technically sound and evidence-based? (10 points)

To what extent does the applicant include an overall strategy, including measurable timelines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed outcomes? (15 points)

To what extent does the applicant present a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC? (10 points)

ii. Evaluation and Performance Measurement **Maximum Points:** 35

To what extent does the evaluation and performance measurement plan (EPMP) appropriately address performance measures (i.e., indicators), how often performance measures must be reported, how evaluation and performance measurement will track how target populations are affected by NOFO strategies, how evaluation findings and performance measures will be used and yield findings to demonstrate the value of the NOFO, and how results will be disseminated? (20 points)

To what extent does the applicant demonstrate a system able to generate financial and program reports to show timely disbursement of funds, and progress towards achieving the outcomes of the project? (10 points)

To what extent does the applicant align their work plan and activities to the component funding structure of this NOFO? (5 points)

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

To what extent does the applicant demonstrate experience and capacity to fulfill the purpose and activities of this NOFO? To what extent does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities and produce, collect, and analyze performance data? (15 points)
To what extent are the key staff involved in the project qualified to provide leadership, technical and management expertise required for effective and efficient program implementation? (Reference Key Staff Curriculum Vitae) (10 points)

To what extent does the applicant demonstrate the ability to manage financial reporting, budget management and administration of personnel, as well as, management of grants and contracts in a timely manner? (5 points)

Budget **Maximum Points:** 0

The budget will not be scored but will be reviewed. To what extent is the proposed budget adequately justified and consistent with the overall strategy and activities of the NOFO and the applicant's proposed activities? Is the itemized budget reasonable and consistent with the stated purpose of the NOFO? Did the applicant submit a separate work plan and budget for each component?

c. Phase III Review

This application will be reviewed and scored by technical review.

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

Awards will be determined and announced as soon as possible after receipt and review at CDC.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

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

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan	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
Performance Measure Reporting	Annual reports due 90 calendar days after the award year; and quarterly reports due 30 days	Yes

	after the reporting period	
Audit, Books, and Records	When applicable, within 30 days of completion of the audit and no later than nine months after the end of the period under audit	Yes, as applicable
Reporting of Foreign Taxes	Quarterly reports due April 15, July 15, October 15, and Jan 15	Yes
Expenditure Report	Quarterly financial reports due to CDC for each country and program area funded under this NOFO	Yes
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 due January 30; April 30; July 30; and October 30	Yes

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

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

Performance Measurement

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

Evaluation

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

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

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

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**

- Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

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

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

The recipient is responsible for managing and monitoring each project, program, sub award, function or activity supported through this Agreement. Recipients must monitor sub awards to ensure that sub recipients have met the programmatic impact requirements as set forth in the sub recipient's agreement.

Performance reports must contain, for each award, brief information on each of the following:

- A comparison of actual accomplishments with the goals and objectives previously established for the period, including metrics outlined in the monitoring and evaluation plan any findings of an external entity, or both.
- Reasons why established goals for the performance period were not met, if appropriate.
- Other pertinent information including, when appropriate, statutory or Congressional reporting requirements, analysis and explanation of cost overruns or high unit costs reported in financial reports.
- The recipient must immediately notify the awarding agency of developments that have a significant impact on or adverse conditions which materially impair the award-supported activities.
- The Quarterly Pipeline Analysis report must contain expenditures (by country and program) versus budget as identified in work plan, description of challenges, and explanation of unexpected pipeline (high or low). The Pipeline Analysis report must contain the period of performance, award amount to date, outlay or liquidated amount to date, and the balance of the pipeline, or the award amount to date less the outlay.
- The recipient must submit the original and two copies of annual and quarterly Performance reports and quarterly pipeline analysis. Annual reports must be due 90 calendar days after the award year and quarterly reports must be due 30 days after the reporting period. The final performance reports are due 90 calendar days after the expiration or termination of this Agreement.

Additionally, the following terms apply to all performance measure and evaluation plans and reports:

- CDC programs must ensure that recipient's Evaluation and Performance Measurement Plan is aligned with the guidance established by HHS/CDC.
- 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 of the Activities and use of HHS/CDC funding under this Agreement, must require a provision to this effect in all sub-awards or contracts financed by funds under this Agreement.
- The recipient is required to submit in a timely manner all program results for all relevant programmatic indicators in accordance with U.S. government guidance. All evaluation reports (with or without CDC authors) must adhere to HHS/CDC evaluation standard of practice and must be published on a publicly available Internet website, upon approval from CDC offices.

Audit, Books, and Records Clause (required):
A. Reports and Information. The recipient must furnish HHS/CDC accounting records and such other information and reports relating to the Agreement as HHS/CDC may reasonably request.

B. The Recipient Agreement Books and Records. The recipient must maintain accounting books, records, documents and other evidence relating to the Agreement, adequate to show, without limitation, all costs incurred by the recipient, the receipt and use of goods and services acquired by the recipient, agreed-upon cost sharing requirements, the nature and extent of solicitations of prospective suppliers of goods and services acquired by the recipient, the basis of award of recipient contracts and orders, and the overall progress of the Agreement toward completion ("Agreement books and records"). The recipient must maintain Agreement books and records in accordance with generally accepted accounting principles prevailing in the United States, or at the recipient's option, with approval by HHS/CDC, other accounting principles, such as those (1) prescribed by the International Accounting Standards Committee (an affiliate of the International Federation of Accountants), or (2) prevailing in the country of the recipient. Agreement books and records must be maintained for at least three years after the date of last disbursement by HHS/CDC or for such longer period, if any, required to resolve any litigation, claims or audit findings.

C. Partner Government Audit. If $300,000 or more of USG funds are expended by the recipient in its fiscal year under the Agreement, the recipient must have financial audits made of the expenditures in accordance with the following terms, except as the Parties may otherwise agree in writing:
i. The recipient must use its Supreme Audit Institution (SAI), if the SAI is approved by HHS/CDC, or select an independent auditor to perform the audit in accordance with the guidelines issued by HHS/CDC.
ii. The audit must determine whether the receipt and expenditure of the funds provided under the Agreement are presented in accordance with generally accepted accounting principles agreed to in Section 2 above and whether the recipient has complied with the terms of the

Agreement. Each audit must be submitted to HHS/CDC no later than nine months after the close of the recipient's year under audit.

D. Sub-recipient Audits. The recipient, except as the Parties may otherwise agree in writing, must ensure that "covered" sub-recipients, as defined below, are audited, and submit to HHS/CDC, no later than the end of the recipient's year under audit, in form and substance satisfactory to HHS/CDC, a plan for the audit of the expenditures of "covered" sub-recipients, as defined below, that receive funds under this Agreement pursuant to a direct contract or agreement with the recipient.

i. "Covered" sub-recipient is one who expends $300,000 or more in its fiscal year in "US Government awards" (i.e. as recipients of US Government cost reimbursable contracts, grants or cooperative agreements).

ii. The plan must describe the methodology to be used by the recipient to satisfy its audit responsibilities for covered sub-recipients. The recipient may satisfy such audit responsibilities by relying on independent audits of the sub-recipients; expanding the scope of the independent financial audit of the recipient to encompass testing of sub-recipients' accounts; or a combination of these procedures.

iii. The plan must identify the funds made available to sub-recipients that will be covered by audits conducted in accordance with audit provisions that satisfy the recipient's audit responsibilities.

iv. The recipient must ensure that covered sub-recipients under direct contracts or agreements with the recipient take appropriate and timely corrective actions; consider whether sub-recipients' audits necessitate adjustment of its own records; and require each such sub-recipient to permit independent auditors to have access to records and financial statements as necessary.

E. Audit Reports. The recipient must furnish or cause to be furnished to HHS/CDC an audit report for each audit arranged for by the recipient in accordance with this Section within 30 days after completion of the audit and no later than nine months after the end of the period under audit.

F. Cost of Audits. Subject to HHS/CDC approval in writing, costs of audits performed in accordance with the terms of this Section may be budgeted for, and charged to, the Agreement so long as such costs are allowable, allocable, and reasonable as defined in the Cost Allowability section of this Agreement.

G. Audit by HHS/CDC. HHS/CDC retains the right to perform the audits required under this Agreement on behalf of the recipient conduct a financial review, or otherwise ensure accountability of organizations expending US Government funds regardless of the audit requirement.

H. Opportunity to Audit or Inspect. The recipient must afford authorized representatives of HHS/CDC the opportunity at all reasonable times to audit or inspect activities financed under the Agreement, the utilization of goods and services financed by HHS/CDC, and books, records and other documents relating to the Agreement.

I. Sub-recipient Books and Records. The recipient will incorporate paragraphs (A), (B), (D), (E), (F), (G) and (H) of this provision into all sub-agreements with non-U.S. organizations which meet the $300,000 threshold of paragraph (C) of this provision. Sub-agreements with non-U.S. organizations, which do not meet the $300,000 threshold, must, at a minimum, incorporate paragraphs (G) and (H) of this provision. Sub-agreements with U.S. organizations must state that the U.S. organization is subject to the audit requirements contained in 2 CFR 200 and 45 CFR 75.

Expenditure Report (required):
Recipients is required to report quarterly on program expenditures. The quarterly report must report on funds expended by the recipient at the country and program/activity-level.

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

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

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and

organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

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

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

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

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

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

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

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

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

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government

on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

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

Address:
5th/Floor Tung Shing Building, 2 Ngo Quyen Street, Hanoi, Vietnam

Telephone:
8424 3935 2929
Email:
bdk9@cdc.gov

Grants Staff Contact

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

First Name:
Shundreka
Last Name:
Mims-Randolph
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2939 Flowers Rd.
Atlanta, GA 30341

Telephone:
404.498.1359
Email:
sjm9@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

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

- Project Abstract

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Due to multiple components, the **Project Narrative will allow a maximum of 60 pages,** single spaced, 12-point font, 1-inch margins, and should have all pages numbered. The appendices will not be counted toward the project narrative page limit. **The total amount of appendices must not exceed 50 pages.** Any pages after page 50 of the appendix will not be considered for review. The following documents must be included in the application appendices:

Applicants must submit the following documents in the appendix and title them as follows: "CVs/Resumes," "Job Descriptions," "Organizational Chart," as found in the "Organizational Capacity of Recipients to Implement the Approach" section, and upload it at www.grants.gov.

All documents must be in English. Any information submitted via www.grants.gov must be uploaded in a PDF file format, and should be clearly labeled (i.e.,: Organizational Chart should be named "Organizational Chart").

Page Limitations

- Applicants must abide by the project narrative page number limitation listed in this section (60 pages). This is different than Section D, #10 Project Narrative (20 pages). Any pages submitted beyond the number of pages listed for the project narrative will not be reviewed.
- Applicants must abide by the submission requirements for the project narrative and appendix. Materials required in the project narrative submitted in the appendix will not be reviewed. Materials submitted in the appendix that are not requested in the NOFO will not be reviewed. Letters of support are not requested and will not be referred to reviewers.
- If the total amount of appendices includes more than 50 pages, any pages after page 50 of the appendix will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents as appendices. All applications will be initially reviewed for completeness by CDC OGS staff.

A

Amendments and Questions and Answers (Q&As)
Applicants must submit their Q&As via email to **DGHPExtramural@cdc.gov** no later than 15 days after the publication date in www.grants.gov. Questions received more than 15 days after the NOFO is published on www.grants.gov will not be considered and a response will not be provided.

All changes, updates, and amendments to the NOFO will be posted to www.grants.gov following the approval of CDC.

For additional information on reporting requirements, visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Other CDC NOFOs can be found on Grants.gov website, at the following internet address: http://www.grants.gov.

I. Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic

Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

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

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

NOFO-specific Glossary and Acronyms

AEFI	Adverse event following immunization
AMP	Assessment, Migration and Performance
AMR	Antimicrobial Resistance
AST	Antimicrobial Susceptibility Testing
BHS	Border Health Security
BTWC	Biological and Toxin Weapons Convention
CDC	U.S. Centers for Disease Control and Prevention
CGH	Center for Global Health
CIO	CDC Center, Institute, and Offices
CoAg	Cooperative Agreement
CTU	Care and Treatment Units
DARRT	Detecting and Responding to Respiratory Disease Threats
DGHP	Division of Global Health Protection
DOD	U.S. Department of Defense
DOD CBEP	U.S. Department of Defense Cooperative Biological Engagement Program
DoS	U.S. Department of State
DoS BEP	U.S. Department of State Biosecurity Engagement Program
DTRA	U.S. Defense Threat Reduction Agency
EBS	Event-based Surveillance
EM	Emergency Management
EMPHNET	Eastern Mediterranean Public Health Network
EMR	Electronic Medical Records

EMRO	Regional Office for Eastern Mediterranean WHO
EMT	Emergency medical team
EOC	Emergency Operations Center
EPI	Expanded Program on Immunization
EPT	Emerging Pandemic Threats
EQA	External Quality Assessment
ESC	Executive Steering Committee
EUCAST	European Committee on Antimicrobial Susceptibility Testing
EVD	Ebola Viral Disease
FAO	Food and Agriculture Organization of the United Nations
FAO	Food and Agriculture Organization
FETP	Field Epidemiology Training Program
FOSS	Free and Open-Source Software
FY	Fiscal Year
GHS	Global Health Security
GHSA	Global Health Security Agenda
GHS-IS	Global Health Security Information Systems
GISRS	Global Influenza Surveillance and Response System
GLASS	Global Antimicrobial Resistance Surveillance System
GMO/GMS	Grants Management Officer/Specialist
GOARN	Global Outbreak Alert and Response Network
GOARN	Global Outbreak Alert and Response Network
GPHIN	Global Public Health Intelligence Network
HAI	Healthcare Associated Infection
HIS	Health Information Systems
HIV	Human Immunodeficiency Virus
HMN	Health Metrics Network
IAEA	International Atomic Energy Agency
IAG	Implementation Advisory Group

IANPHI	International Association of Public Health Institutes
IATA	International Air Transport Association
IBS	Indicator-based Surveillance
ICAO	International Civil Aviation Organization
ICT	Information and Communication Technology
IDP	Internally Displaced Person
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
INFOSAN	International Food Safety Authorities Network
INTERPOL	International Criminal Police Organization
IOM	International Organization for Migration
IPC	Infection Prevention and Control
IPCAT	Infection prevention and control (IPC) assessment tool
IQC	Internal Quality Control
IS	Information Systems
IT	Information Technology
ITU	International Telecommunication Union
JEE	Joint External Evaluation
LIMS	Laboratory Information Management System
M&E	Monitoring and Evaluation
MBDS	Mekong Basin Disease Surveillance Network
MCV	Measles-containing Vaccine
MedISys	Medical Information System
MERS-CoV	Middle East respiratory syndrome coronavirus
MoH	Ministry of Health
MVP	Meningitis Vaccine Project
NAPHS	National Action Plan for Health Security
NaTHNaC	National Travel Health Network and Centre
NCC	National Coordinating Centre

NFP	IHR national focal point
NGO	Non-Governmental Organization
NICs	National Influenza Centers
NPHI	National Public Health Institute
NPHL	National Public Health Laboratory
OIE	World Organization for Animal Health
OPCW	Organization for the Prohibition of Chemical Weapons
PHEM	Public Health Emergency Management
POC	Point-of-Care
POE	Points of Entry/Exit
PON	Point-of-Need
PPE	Personal Protective Equipment
PPHSN	Pacific Public Health Surveillance Network
ProMED	Program for Monitoring Emerging Diseases
PULS	Pattern-based Understanding and Learning System
PVS	Performance of Veterinary Services
QA	Quality Assurance
QSP	Quarterly Spend Plan
RA	Resident Advisor
SARS	Severe Acute Respiratory Syndrome
SEARO	Regional Office for South-East Asia
SIA	Supplemental Immunization Activity
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SME	Subject Matter Expert
SOP	Standard Operating Procedure
SPAR	IHR self-assessment annual reporting tool
TAL	Technical Area Lead
TDY	Temporary Duty
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network'

TST	Technical Support Team
UNICEF	United Nations Children's Fund
USG	United States Government
VPD	Vaccine-Preventable Disease
VTC	Video Teleconference
WASH	Water, Sanitation and Hygiene
WASH FIT	Water and sanitation for health facility improvement tool
WHA	World Health Assembly
WHO	World Health Organization
WHO CC	World Health Organization Collaborating Center
WHO-AFRO	World Health Organization Regional Office for Africa
WPRO	Regional Office for Western Pacific