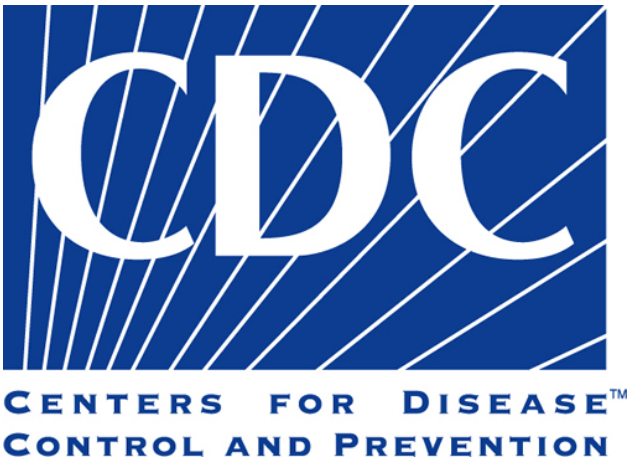


Centers for Disease Control and Prevention

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Early Detection of Certain Medical Conditions Related to Environmental Health Hazards

CDC-RFA-TS-24-0032

04/15/2024

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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-TS-24-0032. 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:

Early Detection of Certain Medical Conditions Related to Environmental Health Hazards

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 purposes of this NOFO, research is defined as set forth in 45 CFR 75.2 and, for further clarity, as set forth in 42 CFR 52.2 (see eCFR :: 45 CFR 75.2 -- Definitions and *https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf*. In addition, for purposes of research involving human subjects and available exceptions for public health activities, please see 45 CFR 46.102(l) (*https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46/subpart-A/section-46.102#p-46.102(l)*).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-TS-24-0032

E. Assistance Listings Number:

93.534

F. Dates:

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

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

2. Due Date for Applications:

04/15/2024

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

Under this five-year funding opportunity, the recipient will make health screening for asbestos related disease, health education, and outreach available to residents of Libby and Troy, Montana meeting eligibility criteria. Libby, Montana was the site of a vermiculite mining and processing operation for much of the twentieth century. Because Libby vermiculite contains asbestos, vermiculite workers and other residents were consequently exposed. Community-based health screening for asbestos-related abnormalities has been conducted in Libby under several programs beginning in 2000.

Under this NOFO, the recipient will provide screening, health education, and outreach services for residents and former residents of Libby and Troy, Montana, a geographic area declared a public health emergency under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA).

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

G (Grant)

c. Approximate Number of Awards

1

d. Total Period of Performance Funding:

$15,000,000

e. Average One Year Award Amount:

$3,000,000

f. Total Period of Performance Length:

5 year(s)

g. Estimated Award Date:

August 01, 2024

h. Cost Sharing and / or Matching Requirements:

No

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Libby, Montana was the site of a vermiculite mining and processing operation from the early 1920's through1990. While it was in operation, Libby was the world's largest source of vermiculite. In spite of commercial uses that include insulation, fire proofing, and as a soil conditioner, Libby vermiculite is contaminated with amphibole asbestos. This has resulted in asbestos-related morbidity and mortality in vermiculite workers, their family members, and area residents with neither occupational nor para-occupational exposure. In June 2009, the U.S Environmental Protection Administration declared a public health emergency for the Libby Asbestos Site, which includes the cities of Libby and Troy (June 19, 2009 memo from Lisa Jackson, EPA Administrator).

Reports of pervasive asbestos-related health outcomes in Libby prompted a concerted response by the federal government in 1999. A large component of this response was community-based screening conducted by the Agency for Toxic Substances and Disease Registry (ATSDR) in 2000 and 2001 in which 7,307 persons were screened. Additional screening was funded by ATSDR via a grant to the Montana Department of Health and Human Services 2003-2008 and to the Lincoln County Health Department 2009-2011. Language was included in the Affordable Care Act (ACA, Public Law 111-148; https://www.hhs.gov/sites/default/files/ppacacon.pdf) to continue to make screening available to persons with potential past exposure to vermiculite while they resided in the Libby area. Persons with certain positive diagnoses may be eligible for Medicare benefits.

In 2011, a grant was awarded to the Center for Asbestos Related Disease (CARD) to conduct screening activities under the ACA. This screening included the use of a standardized health survey, spirometry, and chest radiography as well as high-resolution computed tomography (HRCT) and the fecal occult blood test (FOBT). Screening activities were expanded under the ACA to include community outreach and health education. Further, the scope of ACA screening was expanded from being Libby-based to also include persons who emigrated from Libby.

The present NOFO is for the continuation of the activities begun under previous awards to CARD. This program is expected to result in improved survival of participants with asbestos-related cancers, reduced rates of smoking-related diseases, and improved quality of life for participants.

b. Statutory Authorities

Affordable Care Act (ACA) Section 10323(b) amends Title XX of the Social Security Act (42 U.S.C 1397 et seq.) to establish a "Program for Early Detection of Certain Medical Conditions Related to Environmental Health Hazards." (Section 2009 of the Social Security Act, as amended) (42 U.S.C. 1397h).

c. Healthy People 2030

This program addresses the “Healthy People 2030” focus area of Environmental Health available at https://health.gov/healthypeople/objectives-and-data/browse-objectives/environmental-health.

d. Other National Public Health Priorities and Strategies

Measurable outcomes of the program will be in alignment with the following performance measure for ATSDR: Determine human health effects associated with exposures to priority hazardous substances.

e. Relevant Work

The present NOFO was immediately preceded by a similar one in which the recipient offered community-based health screening, community outreach, and health education to current and past residents of Libby and Troy, Montana (TS19-1902, Early Detection of Certain Medical Conditions Related to Environmental Health Hazards). In addition, ATSDR conducted health screening in Libby in 2000 and 2001, and the Montana Department of Public Health and Human Services also offered health screening 2003–2008 under an ATSDR grant.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Community outreach -Media campaign -Community events Screening -Standardized health surveys -Spirometry -Chest radiography -High-resolution computed tomography -Fecal occult blood test	**Increased awareness of screening services for medical conditions** **Increased awareness of Medicare eligibility** **Increased enrollment in Medicare for individuals with covered diagnoses** **Increased knowledge of the**	**Increased enrollment in disease management programs** **Increased referrals for treatment (for lung cancer or other asbestos-related cancers)** **Reduction in asbestos exposure** **Decreased rate of smoking** **Increased awareness of smoking reduction/cessation**	Increased survival from lung cancer Increased survival from mesothelioma Increased survival from other asbestos-related cancers Reduced rate of smoking-related diseases Improved quality of life Development of long-term

-Quality control processes Health Education/Materials for Community and Physicians -Asbestos-related disease education -Exposure risk education -Smoking cessation programs	**following among target community and physicians:** **-Exposure prevention** **-Risks of smoking** **-Asbestos-related disease** **-Disease management**	**programs in target population** **Improved treatment/management of individuals with asbestos-related disease** **Increased continuity of screening among community members with negative screening results**	surveillance for health outcomes associated with post-Superfund clean-up exposures Increased understanding of health outcomes and treatments for this population

i. Purpose

The purpose of the program is to (1) provide medical screening to persons with possible exposure to amphiboles that occurred in Libby and Troy, Montana; (2) conduct nationwide outreach to raise awareness of the screening program among persons eligible to participate and of the availability of certain Medicare benefits; and (3) provide health education to detect, prevent, and treat environmental health conditions. The three components of this project (screening, outreach and education) should be conducted in an integrated manner.

ii. Outcomes

As shown in the Logic Model, a series of short and intermediate-term outcomes are expected to be achieved as a result of awardee efforts.

Short-term Outcomes:

- Increased awareness of screening services for medical conditions: Awareness of the screening program among current and former residents of Libby and Troy will be increased.
- Increased awareness of Medicare eligibility: Awareness of the Medicare benefit eligibility among current and former residents of Libby and Troy will be increased.
- Increased enrollment in Medicare for individuals with a qualifying diagnosis. Screening participants diagnosed with an asbestos-related disease are eligible to be enrolled in Medicare.
- Increased knowledge of the following among community and physicians:
    - Exposure prevention: Recognition of potential asbestos exposure pathways.
    - Risks of smoking: Recognition of the health risks associated with smoking.
    - Asbestos-related disease: Recognition of disease associated with asbestos exposure.
    - Disease management: How to diagnose and treat asbestos-related diseases.Disease management: How to diagnose and treat asbestos-related disease

Intermediate Outcomes:

- Increased enrollment in disease management programs: Participants with a positive screening result are referred for treatment and diagnosis.
- Increased referrals for treatment (for cancer or other asbestos-related, nonmalignant disease).
- Reduction in asbestos exposure.
- Decreased rate of smoking.
- Increased awareness of smoking reduction and cessation programs in target population.
- Improved treatment/management of individuals with asbestos-related diseases.
- Increased continuity of screening among community members with negative results.

iii. Strategies and Activities

a

In general, the recipient should conduct community outreach using various media (e.g., the internet, press releases and advertisements) to increase awareness of the federal screening and health benefit programs among residents of Libby and Troy, MT, as well as among former residents who no longer live in those communities. After screening candidates complete pre-screening questions to demonstrate eligibility to the recipient, the recipient should conduct screening via chest radiography, high-resolution computed tomography, and the fecal immunochemical test. If additional tests become available during the project (e.g., testing for mesothelin), the recipient should consider adding them to the screening routine, if supported by the scientific literature and approved by ATSDR. The recipient should communicate the screening result with individual candidates and their physicians as well as organize and manage all screening data in a database. The recipient should also conduct health education via community meetings and an annual newsletter.

Some specifications for carrying out activities under this grant, which are described in the ACA legislation (http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf) are summarized below, and should be followed to ensure consistency of the program:

1. Community Outreach.
    a. Relevant outcome: Increased awareness of screening services for medical conditions and Medicare eligibility.
    b. Outreach activities:
        i. Internet: The recipient should establish a web site containing program information.
        ii. Traditional mail: The recipient should communicate with screening candidates via letters and other mailed materials.
        iii. In Libby: The recipient should use the local media (newspaper and radio advertisements) and community meetings.
        iv. Outside of Libby: The recipient should use press releases and advertisements in national newspapers and magazines and other resources such as social media.
        v. Phone center: The recipient should establish a toll-free phone number staffed with persons who can answer questions about federal screening and health services and receive calls from screening candidates.

2. Screening.
    a. Relevant outcome: Increased enrollment in Medicare for individuals with a covered diagnosis.
    b. Eligibility for screening: An at-risk individual is defined as having been present for an aggregate total of 6 months in the geographic area subject to an emergency declaration (the towns of Libby and Troy, in Lincoln County, Montana), as specified by ACA, during a period ending:
        i. not less than 10 years prior to the date of an individual's application for screening under this program; and
        ii. prior to the implementation of all the remedial and removal actions specified in the Record of Decision for Operating Unit 4 and the Record of Decision for Operating Unit 7.
        The recipient should ensure each participant furnishes documentation (e.g., mail delivered to a Libby address during the time period specified above, or a letter from ATSDR containing results from a previous screening) to demonstrate eligibility for screening.
    c. Screening components: Each candidate will be evaluated with radiologic testing (a posterior-anterior (PA) chest radiograph and possibly chest high-resolution computed tomography (HRCT)). All candidates should be evaluated initially via a PA radiograph; if the radiograph results obtained through a B-reading are judged to be equivocal by the screening participant's physician, then the candidate may also be evaluated via HRCT. Screening for colorectal cancer should be conducted in accordance with applicable guidelines1 and should include screening with a high sensitivity fecal immunochemical test (FIT) in adults aged 50 to 75 years.
    d. Locations:
        i. Libby and surrounding areas: If expertise does not reside within the applicant's organization, it may subcontract with local provider entities in the immediate area or reimburse individual provider entities according to a predetermined fee schedule to conduct screening. ATSDR anticipates fewer than 4,000 persons in Libby and surrounding areas would be eligible for screening based on previous screening programs. To maintain continuity with the current screening program, the recipient should implement the screening program for the Libby area prior to initiating the screening program outside of Libby.
        ii. Outside of Libby: After implementing the Libby area screening program, the recipient should expand screening to areas outside of Libby. The recipient may reimburse individual provider entities according to a predetermined fee schedule or subcontract with local provider entities if feasible to screen candidates no longer living in Libby. ATSDR anticipates the universe of screening candidates no longer residing in Libby is fewer than 8,000 based on U.S. Census data.
        iii. All radiographs and HRCT scans should be read within one business day by an onsite radiologist (i.e., a radiologist reporting to the local provider entity). If an urgent abnormality (e.g., breast or lung cancer) is detected,

those results should be immediately communicated to the screening participant and his/her primary care physician.

e. The screening candidate will be deemed positive if one of the following conditions is present:
    i. Asbestosis, pleural thickening, or pleural plaques as established by:
        1. Interpretation by a single 'B Reader' qualified physician of a plain chest x-ray, or
        2. Interpretation of a computed tomography of the chest by a qualified physician (a physician with board certification in radiology or pulmonary medicine or an interpretation provided by the awardee, for patients in the Libby area).
        3. Note: This clause shall not apply to pleural thickening or pleural plaques unless there are symptoms or conditions requiring medical treatment as a result of these diagnoses

    ii. Mesothelioma, or malignancies of the lung, colon, rectum, larynx, stomach, esophagus, pharynx, or ovary, as established by:
        1. Pathologic examination of biopsy tissue, or
        2. Cytology from bronchioalveolar lavage.

f. Follow-up: If a patient has an initial negative B-reading, he or she may be entitled to a second and last reading by another B-reader in the panel described below. Since asbestos-related diseases require a sufficient latency between exposure and the actual development of disease and considering that the sensitivity and specificity of screening procedures are not perfect, candidates that are not initially eligible for screening, may be entitled to additional screening, as described in the table below. The schedule for additional screening should take into consideration age and the risk of developing asbestos-related disease, according to categories of exposure (see table below for suggested follow-up schedules).
g. Quality control: To improve the consistency of screening activities, the recipient should implement the following strategies:
    i. Form a panel of B-readers to serve as "acceptable B-readers" for the purposes of screening ARD under this program, to be approved by ATSDR. ATSDR anticipates that the panel will consist of at least 5 B-readers, three of which will also be board-certified radiologists. The recipient should select panel members based on the following criteria:
        1. NIOSH B reader certification.
        2. Active in reading at least 20 films for asbestos B reading per month as indicated on the Interpreting Physician Certification Document (CDC/NIOSH(M)2.12).
        3. Board certification in radiology or pulmonary medicine.
        4. Experience with asbestos-related disease.
        5. Preference should be given to readers holding an academic appointment at a medical school in the U.S.

    ii. Create a repository of program radiograph and HRCT images.

iii. Randomly sample radiographs held in the repository periodically for review by the entire panel of B-readers. This review will have no influence on already established status of patient benefits under the program but will serve solely to bring consistency to the screening program.
iv. Randomly sample HRCTs held in the repository for review by the radiologists sitting on the panel. Again, this review will have no influence on already established status of patient benefits under the program but will serve solely to bring consistency to the screening program.

h. Screening flow: The recipient should coordinate the flow of screening participants through the system. Steps in screening flow may include:
    i. Pre-screening to confirm eligibility for screening according to ACA language, as described above in Section b., Eligibility for screening.
    ii. Initial enrollment and obtaining participant's consent (Prior to screening, the recipient will obtain consent from each participant).
    iii. Prior to screening, mailing information to each screening participant about the screening program (including an overall program description, list of affiliated providers in the area, letter to personal physician or affiliated provider explaining screening requirements, and instructions for how to send radiographic exams to the recipient).
    iv. Appointment scheduling.
    v. Administration of screening components (radiography (radiograph and HRCT) and FIT, as appropriate).
    vi. Onsite radiology reading.
    vii. Dissemination of urgent results from onsite radiology reading, if necessary.
    viii. Routing radiographs to B-readers and HRCT scans to radiologists.
    ix. Collecting B-reader/radiologist interpretations and disseminating to the screening physician along with a blank final diagnosis letter (to be completed by the screening physician). One copy of the final diagnosis letter will be returned to the grant recipient, and one will be sent to the screening participant.
    x. Creating a disposition for each screening participant (i.e., ARD positive or negative).
    xi. Storing all screening data in a database.
    xii. Reporting results to ATSDR.
    xiii. According to screening results, mailing a letter to participants with instructions for how to contact SSA, if necessary, and pertinent education materials.

i. Data storage: The recipient should create and maintain a database containing survey and clinical data as well as the disposition of participants. Data elements for this database should include: number of calls received via the program's toll-free number, number of individuals eligible for screening, screening results

(including B readings, HRCT readings, and final diagnosis), and number of individuals with follow-up screenings.

j. National network of providers: The recipient should establish a national network of health care providers to administer the screenings, including providers that administer the required radiologic tests (radiographs and HRCT).

k. Participant disposition, reporting, and radiologic image access:
    i. The recipient should create a database to track the screening disposition for all participants.
    ii. Using this database, the recipient should provide a written quarterly report to ATSDR summarizing the results of screening including number of people screened, as well as costs for administrative and outreach activities.
    iii. While all screening data will reside with and be owned by the recipient, the recipient should provide ATSDR with access to all radiograph and HRCT images and other screening data collected for this program for quality control, reporting, and research purposes.

3. Health education.
    a. Relevant outcome: Increased knowledge of the following among target community and physicians: exposure prevention; risks of smoking; asbestos-related disease; and disease management.
    b. Activities:
        i. Newsletter to participants: An annual newsletter should contain topics related to asbestos exposure and resulting health outcomes and ways participants can improve their health (e.g., smoking cessation).
        ii. Physician education: Pamphlets describing ATSDR educational resources available to physicians, such as Case Studies in Environmental Medicine and Grand Rounds in Environmental Medicine, may be disseminated to physicians who are likely to provide care for ARD patients.

Table showing suggested follow-up schedules.

Category	Retesting Frequency
Workers <= 35 years old	Every 3 years
Workers 36-45 years old	Every other year
Workers >= 46 years old	Every year
Non-workers <= 35 years old	Every 5 years
Non-workers 36-45 years old	Every 3 years
Non-workers <= 46 years old	Every other year

References

U.S. Preventive Services Task Force. Screening for colorectal cancer: U.S. Preventive Services Task Force Recommendation Statement. JAMA 2021; 325(19): 1965-1977.

Levin B, Lieberman DA, McFarland B, et al. Screening and surveillance for the early detection of colorectal cancer and adenomatous polyps, 2008: A joint guideline from the American Cancer

Society, the U.S. Multi-Society Task force on Colorectal Cancer, and the American College of Radiology. Gastroenterology 2008;134:1570–95.

Rex DK, Johnson DA, Lieberman DA, Burt RW, Sonnenberg A. Colorectal cancer prevention 2000: screening recommendations of the American College of Gastroenterology. Am J Gastroenterol 2000; 95:868–77.

Davila RE, Rajan E, Baron TH, et al. ASGE guideline: Colorectal cancer screening and surveillance. Gastrointent Endosc 2006;63:546–57.

U.S. Preventive Services Task Force. Guide to Clinical Preventive Services. Available at https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html

1. Collaborations

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

The recipient will be expected to collaborate with ATSDR to optimize program reports.

b. With organizations not funded by CDC:
N/A

2. Population(s) of Focus
The populations of focus, as specified in the ACA legislation, are at-risk individuals for environmental health conditions, as defined below. An at-risk individual is defined as having been present for an aggregate total of 6 months in the geographic area subject to an emergency declaration (the towns of Libby and Troy, in Lincoln County, Montana), as specified by ACA, during a period ending:

1. not less than 10 years prior to the date of an individual's application for screening under this program; and
2. prior to the implementation of all the remedial and removal actions specified in the Record of
   Decision for Operating Unit 4 and the Record of Decision for Operating Unit 7.

This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on the basis of race, color, national origin, disability, age, sex (including gender identity, sexual orientation, and pregnancy) or other constitutionally protected statuses.

a. Health Disparities
The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Broadly defined, social determinants of health are non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. See content below and in other sections (e.g.,

Approach, Collaborations, Populations of Focus) for information on how this specific NOFO affects social determinants of health.

A health disparity is a preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged. Health disparities are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these diseases and conditions.

N/A

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The recipient will track and report on appropriate process measures for the strategies/activities they have undertaken. These measures are to help track the implementation of strategies and their component activities. ATSDR will work with the recipient in the 6 months following award to finalize these measures.

Strategy/Activities	Process Measures/Indicators
Community Outreach Media campaign Community events	Types of outreach events Number of outreach events (by types)
Screening Standardized health surveys Spirometry Chest radiography High-resolution computed tomography Fecal immunochemical blood test Quality control processes	Number of tests run (by test type) Number of peer review readings conducted, by type Number radiologic test results in which CARD physicians and external readers agree
Health Education for Community/Physicians Asbestos-related disease education Exposure risk education	Number and type of education materials produced Methods for disseminating education materials Demographics of health education participants

Smoking cessation programs	

Short-Term Outcomes	Outcome Measures
Increased awareness of screening services for medical conditions Increased awareness of Medicare eligibility Increased enrollment in Medicare for individuals with a covered diagnosis. Increased knowledge of the following among target community and physicians: Exposure prevention Risks of smoking Asbestos-related diseases Disease management	Number of target population residing outside of Libby that are aware of screening services Number of target population aware of Medicare benefits prior to outreach Percent of target audience who heard about screening through different outreach methods Percent of target population that can correctly identify: Exposure prevention Risks of smoking Asbestos-related diseases Disease management

Intermediate Outcomes	Outcome Measures
Increased enrollment in disease management programs Increased referrals for treatment (for lung cancer or other asbestos-related cancers) Reduction in asbestos exposure Decreased rate of smoking in target population Increased efforts by healthcare providers to expand awareness of smoking reduction/cessation programs	Number of people with positive screening results who enroll in relevant follow-up care Number of people with a positive diagnosis that choose to seek care from providers other than recipient Smoking frequency among target population Percent of persons newly diagnosed at earlier stage

Improved treatment/management of individuals with asbestos-related diseases Increased continuity of screening among community members with negative results	Number of persons who receive treatment for symptoms that may not have otherwise been treated Number of people with initial negative screening that return for additional screening

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement, including, as applicable to the award, how findings will contribute to reducing or eliminating health disparities and inequities.
- 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).
- How evaluation findings will be disseminated to communities and populations of interest in a manner that is suitable to their needs.
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

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

d. Work Plan

A work plan is a program management tool intended to provide direction and structure for the entire program as well as each required activity. It should be used for program planning and implementation as well as evaluation and monitoring the progress toward reaching program goals. At the time of application, each applicant will submit a detailed work plan for the first year of the project, and a high-level work plan for the subsequent years of funding. Post award, CDC/ATSDR will work with recipients to finalize the format and content of the work plan. Each year recipients will submit an updated work plan as part of their Annual Performance Report (APR) and continuation application.

Additionally, the work plan should describe any anticipated challenges that will be addressed to successfully complete the activities in the NOFO, particularly related to development of the state action plan and state level evaluation plan as well as implementation of selected prevention approaches.

The following work plan format (see table below) is offered as an example to show the essential elements that should be included in the work plan submitted with the application. The work plan goals and objectives align with the strategies and activities shown in the logic model. Applicants may submit the work plan in a format that is most conducive for them; however, the essential elements must be included, and it must be clear how the components in the work plan crosswalk to the strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO. Post award, CDC will provide further details and standard tools or templates for an enhanced work plan to monitor recipients activities as part of Evaluation and Performance Measurement.

Goal 1: Conduct community outreach

Objective 1A: Continue media campaign

Objective 1B: Continue participation in community events

Goal 2: Administer health screening

Objective 2A: Continue collection of patient information using standardized health surveys

Objective 2B: Continue spirometry testing

Objective 2C: Continue administering chest radiography

Objective 2D: Continue administering high-resolution computed tomography

Objective 2E: Continue implementing quality control processes

Goal 3: Provide health/education materials for community and physicians

Objective 3A: Continue to provide asbestos-related disease education

Objective 3B: Continue exposure risk education

Objective 3C: Continue smoking cessation programs.

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.			

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.

- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

B. Award Information

1. Funding Instrument Type:
G (Grant)

2. Award Mechanism:
U61

3. Fiscal Year:
2024

4. Approximate Total Fiscal Year Funding:
$3,000,000

5. Total Period of Performance Funding:
$15,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$3,000,000

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

year(s)

7. Expected Number of Awards:
1

8. Approximate Average Award:

$3,000,000
Per Budget Period

9. Award Ceiling:
$3,000,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$0
Per Budget Period

11. Estimated Award Date:
August 01, 2024

12. Budget Period Length:
12 month(s)

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

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:
00 (State governments)

01 (County governments)

02 (City or township governments)

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

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

2. Additional Information on Eligibility

Eligible applicants that can apply for this funding opportunity are listed below according to the authorizing legislation:

- A hospital or community health center.
- A Federally qualified health center.
- A facility of the Indian Health Service.
- A National Cancer Institute-designated cancer center.

- An agency of any State or local government.
- A nonprofit organization

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number associated with your organization's physical location prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned through SAM.gov registration. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number and a Unique Entity Identifier (UEI). All information relevant to the SAM number must be current at

all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and create an Electronic Business Point of Contact (EBiz POC). You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	7-10 Business Days but may take longer and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an account in Grants.gov, then add a profile by adding the organization's new UEI number. 2. The EBiz POC can designate user roles, including Authorized Organization Representative (AOR). 3. AOR is authorized to submit applications on behalf of the organization in their workspace.	Allow at least one business day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

2. Request Application Package

Applicants may access the application package at www.grants.gov. Additional information about applying for CDC grants and cooperative agreements can be found here: https://www.cdc.gov/grants/applying/pre-award.html

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

b. Application Deadline

Due Date for Applications 04/15/2024

04/15/2024
11:59 pm U.S. Eastern 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

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 ofthe 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, Word, or Excel file format 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 period of performance, 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 period of performance. 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. Population(s) of Focus and Health Disparities

Applicants must describe the specific population(s) of focus in their jurisdiction and explain how to 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 Population(s) of Focus and Health Disparities requirements as described in the CDC Project Description, including (as applicable to this award) how to address health disparities in the design and implementation of the proposed program activities.

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 https://www.cdc.gov/os/integrity/reducepublicburden/index.htm.

- 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 or reaccreditation 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 essential public health services and ensure foundational capabilities are in place, such as activities that ensure a capable and qualified workforce, strengthen information systems and organizational competencies, build attention to equity, and advance 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. These goals may include supporting vital records offices participating in the Vital Records and Health Statistics Accreditation Program, certifying vital records offices to meet industry standards. 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; provide financial assistance to support accreditation related fees and/or support staff time to coordinate accreditation activities; or support vital records improvement efforts, as approved by CDC.

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

13. Funds Tracking

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

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

14. Employee Whistleblower Rights and Protections

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

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 anti-lobbying restrictions 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.

17. Data Management Plan

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

18. Intergovernmental Review

This NOFO is not subject to executive order 12372, Intergovernmental Review of Federal Programs. No action is needed.

19. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. Application attachments can be submitted using PDF, Word, or Excel file formats. 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 review the Applicants section on www.grants.gov.

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 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

NOFO reviewers will follow CDC's merit review process by evaluating eligible and responsive applications in accordance with the criteria below. Reviewers may be external to the federal government (non-federal personnel), federal personnel, or a mix of federal and non-federal personnel.

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 50

Evaluate the extent to which the applicant:

1. (24 points) Describes an overall strategy and activities that are achievable, appropriate, and evidence-based (where practicable), and consistent with the CDC Project Description and logic model. Are there plans to:
    a. Identify demographics of candidates eligible to take part in screening and an understanding of potential challenges for recruitment?
    b. Conduct and attend community events in order to share the intent of and results from the program?
    c. Use social and print media as well as television and radio as part of an overall community outreach strategy?
    d. Conduct health screening for asbestos-related disease using a standardized survey, radiology methods and expert radiologic readers, pulmonary function testing, and fecal occult blood testing?
    e. Implement a robust quality control program for expert interpretations of program radiologic images?
    f. Conduct health education activities for patient, community members, and health care providers to increase knowledge of asbestos exposures and health effects?
2. (16 points) Presents plans for additional outputs, products, and outcomes that are consistent with the CDC Project Description and logic model. Are there plans to:
    a. Raise awareness of the program with the target audience?
    b. Raise awareness of the potential Medicare eligibility with the target audience?
    c. Send information of participants with covered diagnoses to the Centers for Medicare & Medicaid Services?
    d. Increase knowledge in the target community and physicians regarding exposure prevention, risks of smoking, asbestos-related disease, and disease management?

3. (5 points) Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and to attain the project period outcomes.
4. (5 points) Presents a work plan that is aligned with the strategies, activities, outcomes, and performance measures in the approach.

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

Evaluate the extent to which the applicant:

1. (10 points) Shows the ability to collect data on the process and outcome performance measures specified in the CDC Project Description and presented by the applicant in their approach. Are there plans to:
    a. Provide a project time line that demonstrates the ability to achieve outputs, products, and strategic targets in alignment with the CDC Project Description?
    b. Provide a performance and evaluation plan that aligns with the outcomes of interest from the logic model, including target performance measures?
2. (5 points) Describes monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
3. (5 points) Describes how performance measurement and evaluation findings will be reported and used to demonstrate project outcomes and to drive continuous program quality improvement.
4. (5 points) Includes a preliminary Data Management Plan (DMP), with the intention to submit a detailed DMP within 6 months of award.

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 25

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

1. (6 points) Provides a project management structure that will be sufficient to carry the requirements of this NOFO. Is there a plan to:
    a. Present a project management structure under which community outreach, health screening, and health education activities will be conducted?
2. (7 points) Provides a staffing plan that will be sufficient to achieve the projected outcomes and which clearly defines staff roles.
    a. Provides an organization chart, letters of support, and CVs.
    b. Provides a description of current and potential staff positions.
3. (6 points) Demonstrates relevant experience and capacity (management, administrative, and technical) to implement activities and achieve project outcomes.
4. (6 points) Demonstrates experience and capacity to implement the evaluation plan.

Budget **Maximum Points:** 0

Budget: Reviewed, but not scored. The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of the grant.

c. Phase III 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 prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207. CDC's review of risk may impact reward eligibility.

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

(1) Financial stability;

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

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

(4) Reports and findings from audits performed under 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.

Additionally, we may ask for additional information prior to the award based on the results of the CDC's risk review.

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

2. Announcement and Anticipated Award Dates

The award will be announced on or about 8/1/2024; Anticipated Award Start Date: 09/01/2024.

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 annual 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.

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 https://www.cdc.gov/grants/additional-requirements/index.html.

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

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

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the 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.

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 specific 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 publicly available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

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

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

This report must include the following:

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

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

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

The Final Performance Report is due 120 days after the end of the period of performance. The Final FFR is due 120 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 period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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 $30,000.

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

Address:

4770 Buford Highway NE, MS S106-5

Atlanta, GA 30341

Telephone:
770.488.3695

Email:
tlarson@cdc.gov

Grants Staff Contact

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

First Name:
LaQuandra

Last Name:
Lewis
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
Office of Grant Services

4770 Buford Highway

Atlanta, GA 30341

Telephone:
7704882969

Email:
hrf6@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 application attachments that can be submitted using PDF, Word, or Excel file formats 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:
Resumes / CVs

Position descriptions

I. Glossary

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

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

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

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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 period of performance. Traditionally, budget periods are 12 months or 1 year.

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

Community engagement: The process of working collaboratively with and through groups of people to improve the health of the community and its members. Community engagement often

involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices.

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

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

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

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

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

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

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment (from Executive Order 13985).

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: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged.

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Health Inequities: Particular types of health disparities that stem from unfair and unjust systems, policies, and practices and limit access to the opportunities and resources needed to live the healthiest life possible.

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: The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people.

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 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.

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).

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: The non-medical factors that influence health outcomes. The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. https://www.cdc.gov/about/sdoh/index.html

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.

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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