


**Centers for Disease Control and Prevention**

National Center for Emerging and Zoonotic Infectious Diseases

Advancing the Centers of Excellence in Newcomer Health
CDC-RFA-CK20-2002
Application Due Date: 06/09/2020

Advancing the Centers of Excellence in Newcomer Health
CDC-RFA-CK20-2002
TABLE OF CONTENTS


Part I. Overview Information
- A. Federal Agency Name
- B. Funding Opportunity Title
- C. Announcement Type
- D. Agency Funding Opportunity Number
- E. Assistance Listings (CFDA) Number
- F. Dates
- G. Executive Summary

Part II. Full Text
- A. Funding Opportunity Description
- B. Award Information
- C. Eligibility Information
- D. Application and Submission Information
- E. Review and Selection Process
- F. Award Administration Information
- G. Agency Contacts
- H. Other Information
- I. Glossary

## Part I. Overview Information

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-CK20-2002. 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:

Advancing the Centers of Excellence in Newcomer Health

### C. Announcement Type: New - Type 1

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

New – Type 1

### D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CK20-2002

### E. Assistance Listings (CFDA) Number:

93.283

### F. Dates:

**1. Due Date for Letter of Intent (LOI):** **N/A**

**2. Due Date for Applications:** **06/09/2020**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

**3. Date for Informational Conference Call:**

N/A

### G. Executive Summary:

**1. Summary Paragraph:**

Measurable outcomes of the program will be in alignment with at least one of the following performance goal(s) for the National Center for Emerging and Zoonotic Infectious Diseases: Protect Americans from Infectious Diseases. This announcement is only for non-research activities supported by CDC.

CDC's Division of Global Migration and Quarantine (DGMQ) is focused on improving the health among immigrants (including Special Immigrant Visa holders), asylees, parolees, survivors of victims of torture, human trafficking victims, and refugees through public health partnerships, science, and response. This funding opportunity will advance the Centers of Excellence in Refugee Health to the Centers of Excellence in Newcomer Health to improve newcomer health outcomes, increase healthcare provider capacity, and to increase the evidence-

base for health policy decisions around these populations. These Centers will provide expertise in these program areas, build upon existing infrastructure, and collaborate with partners focusing on these at-risk populations.

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|---|---|
| **a. Eligible Applicants:** | Open Competition |
| **b. NOFO Type:** | Cooperative Agreement |
| **c. Approximate Number of Awards:** | 2 |
| **d. Total Period of Performance Funding:** | $10,000,000 |
| **e. Average One Year Award Amount:** | $1,000,000 |
| **f. Total Period of Performance Length:** | 5 |
| **g. Estimated Award Date:** | 09/30/2020 |
| **h. Cost Sharing and / or Matching Requirements:** | N |

No. Cost sharing or matching funds are not required for this program.

## Part II. Full Text

### A. Funding Opportunity Description

### Part II. Full Text

### 1. Background

**a. Overview**

Every year, tens of thousands of refugees and 500,000 immigrants resettle to the U.S. from overseas. CDC's Division of Global Migration and Quarantine (DGMQ) is focused on improving the health among immigrants (including Special Immigrant Visa holders), asylees, parolees, survivors of victims of torture, human trafficking victims, and refugees through public health partnerships, science, and response. These newcomers can be particularly at-risk populations, often marginalized from public health surveillance, and from preventive treatment and health care in their home countries and countries of temporary asylum. DGMQ is looking for new approaches to outreach to these newcomer populations to analyze healthcare needs, improve health literacy, and better inform clinicians of best practices in caring for these individuals.

This funding opportunity will advance the Centers of Excellence in Refugee Health to the Centers of Excellence in Newcomer Health to improve newcomer health outcomes, increase healthcare provider capacity, and to increase the number of newcomer related policy decisions that are based on evidence. The Centers of Excellence in Refugee Health (2015-2020) developed a secure data repository of health information of recently arrived newcomers, assisted CDC in the revision of health screening guidelines for these populations, and created an online tool to assist clinicians with the CDC health screening guidelines.

The Centers of Excellence in Newcomer Health will focus on two or more areas including 1) the use of the multi-state/regional surveillance network to determine which health issues are

most prominent amongst newcomer populations in the short and longer term; 2) the development of clinical training tools, presentations, and webinars to inform US clinicians of the new CDC screening recommendations; 3) the development of health orientation materials for newcomers; and 4) the development and enhancement of health information materials for clinicians and newcomers. These Centers will provide expertise in these program areas, build upon existing infrastructure, and collaborate with partners focusing on these at-risk populations.

**b. Statutory Authorities**

This program is authorized under Section 317(k)(2) of the Public Health Service Act [42 U.S.C. Section 247b(k)(2)].

**c. Healthy People 2030**

This work contributes to the Healthy People 2020 focus areas of **Access to Health Services**, **Global Health**, and **Health Communication and Health Information Technology** to 1) detect and treat health conditions, 2) find a health care provider with whom the patient can communicate and trust, 3) prevent the international spread of disease, 4) protect the health of the U.S. population, 5) provide new opportunities to connect with culturally diverse and hard to reach populations, and 6) facilitate the meaningful use of health IT and exchange of health information among health care and public health professionals.

https://www.healthypeople.gov/2020/topic sobjectives2020/default

**d. Other National Public Health Priorities and Strategies**

N/A

**e. Relevant Work**

This NOFO continues and builds off of activities in the prior funded cooperative agreement CK15-1503 “Establishing the Centers of Excellence in Refugee Health.”

This NOFO is in alignment with HHS/CDC/NCEZID's aims to prevent disease, disability, and death by a wide range of infectious diseases and HHS/CDC/NCEZID's tactics of providing leadership in public health, conducting exemplary science, strengthening preparedness efforts, informing public health policy, sharing vital health information with the public, and building collaborations for the benefit of global health.

This NOFO builds upon the work currently underway towards building surveillance systems that gather information on newcomers arriving to the U.S. It will also expand upon already published refugee health guidelines and provide education to providers about guidelines (https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html).

## 2. CDC Project Description

**a. Approach**

**Bold** indicates period of performance outcome.

**CDC-RFA-CK20-2002** Logic Model **Advancing the Centers of Excellence in Newcomer Health**

**Bold** indicates period of performance outcome

| Strategies and Activities | Short-term Outcomes | Intermediate Outcomes | Long-Term Outcomes |
|---|---|---|---|
| *Surveillance and Epidemiology*<br><br>Use the data repository from the 2015-2020 cooperative agreement to:<br><br>Analyze the major health conditions of newcomers<br><br>Expand and merge repository dataset with other state databases<br><br>Collaborate with partners to create opportunities for analysis of data describing longer-term health follow up of newcomers | **Improved knowledge about newcomer health among clinicians**<br><br>**Surveillance data used by all players to determine focal health issues for newcomer health orientation**<br><br>Improved collaboration of network partners and data repository maintenance | Surveillance data used to tailor domestic screening guidelines to specific newcomer populations<br><br>Improved collaboration between domestic newcomer health partners<br><br>**Population-specific information used to inform domestic screening programs** | Improved health outcomes of newcomers<br><br>Increased healthcare provider capacity to treat newcomers<br><br>Increased policy decisions that are based on evidence |

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| *Guidance*<br><br>Use repository data or other state databases, to assess what population-specific guidance should be included in existing clinical guidelines<br><br>Develop clinical training tools, presentations, or webinars for clinicians and identify best practices<br><br>Develop strategies to rapidly disseminate and integrate guidelines into clinical practice (e.g. outbreaks) | **Increased clinician understanding of the guidelines, changes in the revised guidelines, and how to implement them in daily practice**<br><br>**Clinical training tools, presentations, or webinars to educate clinicians produced by all players to follow best practices** | **Newcomers have access to and use health care**<br><br>Improved continuity of medical care for newcomers, specifically refugees and SIVs, with complex medical issues<br><br>Clinicians are more informed on how to provide culturally and evidence-based care to newcomers | |

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| *Newcomer Health Orientation*<br><br>Collaborate with national partners to develop or enhance existing health and health care orientation programs for newcomers<br><br>Develop/deploy mobile device applications for newcomers | **Increased health care literacy of newcomers** | Clinicians are more informed on how to provide culturally and evidence-based care to newcomers | |

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| *Clinician Training and Newcomer Health Education*<br><br>Identify gaps in health knowledge among newcomer health care providers<br><br>Develop and deliver educational resources to clinicians | **Improved clinician access to knowledge about newcomer health** | | |

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**i. Purpose**

CDC's Division of Global Migration and Quarantine (DGMQ) focuses on improving health among immigrants (including Special Immigrant Visa holders), asylees, parolees, human trafficking victims, and refugees through partnerships, science, and response. These newcomers are at-risk populations, marginalized from health surveillance, preventive treatment, and health care in their home or temporary asylum countries. DGMQ is looking for new approaches to outreach to newcomers to improve health outcomes, increase healthcare provider capacity to treat them, and increase evidence-based policy decisions.

**ii. Outcomes**

Surveillance and Epidemiology

- Improved knowledge about newcomer health among clinicians
- Surveillance data used by all players to determine focal health issues for newcomer health orientation
- Population-specific information used to inform domestic screening programs

Guidelines

- Increased clinician understanding of the guidelines, changes in the revised guidelines, and how best to implement them in daily practice
- Clinical training tools, presentations, or webinars to educate clinicians produced by all players to follow best practices
- Newcomers have access to and use health care *

Newcomer health orientation

- Newcomers have access to and use health care *
- Increased health care literacy of newcomers
- Clinicians are more informed on how to provide culturally and evidence-based care to newcomers*

Clinician Training and Newcomer Health Education

- Improved clinician access to knowledge about newcomer health

- Newcomers have access to and use health care *

* This outcome is the product jointly of short-term outcomes in three strategies

**iii. Strategies and Activities**

The Centers of Excellence in Newcomer Health will focus on two or more areas including 1) the use of the multi-state/regional surveillance network to determine which health issues are most prominent amongst newcomer populations in the short and longer term (Surveillance and Epidemiology); 2) the development of clinical training tools, presentations, and webinars to inform US clinicians of new CDC screening recommendations (Guidance); 3) the development of health orientation materials for newcomers (Newcomer Health Orientation); and 4) the development and enhancement of health information materials for clinicians and newcomers (Clinician Training and Newcomer Health Education).

Specifically,

Surveillance and Epidemiology, activities will include:

- analyzing major health conditions of newcomers by looking a multi-jurisdiction dataset, at minimum by nationality, visa type, age, and sex. Analyses might also include evaluations of overseas interventions, chronic diseases such as hypertension and diabetes, and mental health evaluation and follow-up.
- expanding the repository dataset with other eligible state databases (e.g. state cancer registry, state immunization information systems, state tuberculosis registry). Applications should demonstrate how these electronic mechanisms are/can be linked.
- collaborating with partners to create opportunities for analysis of data describing longer-term health follow up of newcomers. This might also include linking with Medicaid databases, mental health agencies, and/or primary care clinicians in medical homes.

Guidance, activities will include:

- using the repository data and other state databases to assess what population-specific guidance should be included in existing clinical guidelines (e.g. how infectious diseases may differ by geographic location). Examples of these analysis results would be how to better assess sickle cell screening, testing, and treatment in Congolese newcomers, how lead exposures may continue after resettlement for newcomers from Afghanistan, and/or the prevalence of schistosomiasis from newcomers from Asia and Africa.
- developing clinical training tools, presentations, or webinars for clinicians. This must include integration of CareRef tool into clinical training webinars that inform clinicians on guidelines and revisions of guidelines.
- developing strategies to rapidly disseminate and integrate guidelines into clinical practice (e.g. outbreaks)

Newcomer Health Orientation, activities will include:

- collaborations with national partners to develop or enhance existing health and health care orientation programs for newcomers. Such programs should capitalize off of existing resources such as HealthReach. Programs should also be geared towards health issues in newcomers, where the need for orientation has been demonstrated by evidence.
- development and the deployment of mobile device applications for newcomers. Applications should consider how population-specific health information in appropriate newcomer languages can be deployed and disseminated throughout resettled newcomer communities.

Clinician Training and Newcomer Health Education, activities will include:

- identification of gaps in health knowledge among newcomer health care providers
- development and distribution of educational resources to clinicians. Distribution of CareRef should be included in the tools provided to clinicians.

**1. Collaborations**

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

Applicants are required to collaborate with CDC's Division of Global Migration and Quarantine. Applicants do not need to provide letters of support or other documentation of this collaboration in their application.

**b. With organizations not funded by CDC:**

Recipients also must establish, build, and/or maintain collaborative relationships with organizations not funded by CDC that will support the implementations of the proposed program.

Priority strategic partnerships include other state and local refugee health programs that contribute data to the multi-jurisdiction/regional data network. Memoranda of agreement/memoranda of understanding (MOAs/MOUs) or other means of formalizing partnerships should exist for existing partners to the network. CDC may request copies of these agreements.

Additional collaborations may include: colleges and universities, professional medical and nursing organizations, primary care associations, primary care clinics, clinics and hospitals, non-governmental organizations, state and local governments, community advocates, community members, and other stakeholders. Innovative partnerships with the business community or others are also encouraged. Memoranda of agreement/memoranda of understanding (MOAs/MOUs) or other means of formalizing partnerships should exist for existing partners to the network. CDC may request copies of these agreements.

Applicants should identify the most critical organizations, networks, sectors, and partners that are highest priority for them to meet their project plans in year 1. For each of those highest priority collaborations, applicants should describe 1) the extent of the current collaboration with

those entities, 2) the specific objectives of the partnerships for the purposes of implementing strategies and activities in this NOFO, and 3) plans for strengthening or maintaining that collaboration in year 1. Applicants do **not** need to provide letters of support or other documentation of these collaborations in their application.

**2. Target Populations**

Newcomers are typically defined as refugees, asylees, special immigrant visa (SIV) holders, parolees, survivors of victims of torture, Cuban and Haitian entrants, victims of trafficking, and Amerasians. However, some immigrants, such as those with Class B TB conditions and intercountry adoptees, can be included in activities.

**a. Health Disparities**

Newcomers (particularly refugees, asylees, SIVs, survivors of victims of torture, and victims of trafficking) are particularly at-risk populations, marginalized from public health surveillance, preventive treatment and health care in their home countries, the health care systems, and countries of temporary asylum. Further, many are from countries with high burdens of infectious diseases including tuberculosis. By working to reduce infectious disease burdens, this will help reduce health disparities among newcomers.

Additionally, Healthy People 2020, the HHS Action Plan to Reduce and Eliminate Health Disparities call for enhancing collaboration and coordination of health disparities activities. Applicants should initiate partnerships and maintain activities to address health equity.

Social determinants of health: https://www.cdc.gov/socialdeterminants/index.htm

Health equity: https://www.cdc.gov/healthequity/index.html

Health disparities: http://www.cdc.gov/minorityhealth/strategies2016/

**iv. Funding Strategy**

N/A

**b. Evaluation and Performance Measurement**

**i. CDC Evaluation and Performance Measurement Strategy**

Strategies and Process Measures

Strategy: Surveillance and Epidemiology, activities will include:

- analyzing major health conditions of newcomers
- expanding the repository dataset with other eligible state databases
- collaborating with partners to create opportunities for analysis of data describing longer-term health follow up of newcomers.

PROCESS MEASURES:

- Number of new reports generated, summarizing the major health conditions of newcomers

- Number of new collaborations formed with local and national partners that facilitate analysis of data related to the long-term health of newcomers

Guidance, activities will include:

- using the repository data and other state databases to assess what population-specific guidance should be included in existing clinical guidelines
- developing clinical training tools, presentations, or webinars for clinicians
- developing strategies to rapidly disseminate and integrate guidelines into clinical practice (e.g. outbreaks)

PROCESS MEASURE:

- Number of clinical training tools, presentations, and webinars created by recipients to educate clinicians on newcomer health using repository data and other state databases
- Number of strategies developed by recipient to rapidly disseminate guidelines to clinical settings during outbreaks

Newcomer Health Orientation, activities will include:

- collaborations with national partners to develop or enhance existing health and health care orientation programs for newcomers.
- development and the deployment of mobile device applications for newcomers.

PROCESS MEASURE:

- Number of new collaborations formed between recipient and national partners to develop and strengthen healthcare orientation programs for newcomers
- Number of health-oriented mobile device applications developed by recipient for

newcomers
- Number of newly developed newcomer health mobile device applications deployed to newcomers

Clinician Training and Newcomer Health Education, activities will include:

- identification of gaps in health knowledge among newcomer health care providers
- development and distribution of educational resources to clinicians

PROCESS MEASURE:

- Number of new health-oriented resources developed by recipients for clinicians
- Number of newly developed health-oriented resources distributed to targeted clinicians

OUTCOMES AND OUTCOME MEASURES

1. Improved knowledge about newcomer health among clinicians

MEASURE: percentage increase in clinicians who know key aspects of newcomer health such as testing for latent tuberculosis infection, accessing overseas medical records through the CDC Electronic Disease Notification System, or establishing culturally competent care at newcomer health clinics

2. Surveillance data used by all players to determine focal health issues for newcomer health orientations

MEASURE: Number of culturally competent health orientation materials developed based on the most common conditions of newcomers

3. Population-specific information used to inform domestic screening programs

MEASURE: Number of webinars and publications to domestic screening programs providing specific health information regarding newcomers

4. Increased clinician understanding of the guidelines, changes in the revised guidelines, and how to implement them daily in practice

MEASURE: percentage knowledge change in health partners, including clinicians, regarding the recently revised guidelines

5. Newcomers have access to and use health care

MEASURE: percentage increase in number of newcomers using primary health care

6. Clinical training tools, presentations, or webinars to educate clinicians produced by all players to follow best practices

MEASURE: Number of tools, presentations, and webinars developed to follow best practices in newcomer health care.

7. Increased health care literacy of newcomers

MEASURE: percentage knowledge change in newcomers regarding common health issues and

ways to access health care in the United States

8. Improved clinician access to knowledge about newcomer health

MEASURE: percentage knowledge change in clinicians about providing care for newcomers

**ii. Applicant Evaluation and Performance Measurement Plan**

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

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

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

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

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

For the proposed outcome (not process) measures listed above, applicants should describe:

Any available baseline measures (including definitions for numerators and denominators used and latest reporting year or timeframe)

- Source(s) of data needed to calculate the measures (i.e., which programs or agencies "own" the data)
- How useful the measures would be to the applicant

- How feasible it would be for the applicant to report on the measures
- Any anticipated barriers to obtaining and calculating the proposed measures
- Any other comments or questions the applicant has about the proposed measures at this time

Applicants may also propose additional key process, outcome, or performance measures that they plan to collect and track for themselves. Applicants are encouraged to list measures that they believe CDC should consider for inclusion in the final set of common performance measures for this NOFO, either in addition to, or in lieu of, the ones proposed in this NOFO.

Applicants should describe their general approach to conducting evaluation over the period of performance, including:

- Their process for identifying and deciding what aspect of their program they will evaluate
- The specific aspects of their program that they currently consider priorities for evaluation (with the understanding that this can change over time)
- Anticipated number of evaluation projects that they believe they can undertake during the 5 year period of performance

**c. Organizational Capacity of Recipients to Implement the Approach**

Applicants will be required to demonstrate that they either have one of the following:

- Have an existing multi-state/regional surveillance database of post arrival domestic medical examination data of recently arrived newcomers, with capabilities for expansion to additional jurisdictions and other health surveillance datasets, OR
- Have extensive experience in developing national guidelines for domestic medical examinations for recently arrived newcomers, with expertise in developing training tools and presentations

All applicants will also be required to demonstrate:

- Extensive programmatic leadership experience (over 5 years) in newcomer health activities in the United States
- A team with subject matter expertise in cultural competency, newcomer health issues, data management, data analysis, scientific publications, and program management

Regarding organizational structure and infrastructure, applicants should describe (where appropriate):

- Their program's organizational structure
- Their physical infrastructure as it relates to equipment, electronic information and data systems, data security and confidentiality, and communication systems to implement the award
- Any known infrastructure gaps that may affect their ability to implement the strategies

and activities and their plans for strengthening them

Regarding management and staffing plans, applicant organizations are also required to provide:

- Details on their workforce capacity, competence, expertise, and experience as they relate to the required program strategies and activities. Staff must have the breadth of subject matter expertise and experience required to conduct all proposed work and the capacity and skills to effectively manage a diverse portfolio. Applicants should describe:
- Their general approach, systems, and processes that will be used to conduct program management, performance measurement, evaluation, financial reporting, management of travel requirements, and management of any subcontracts
- The proposed staffing plan and project management structure that will be in place to achieve the project outcomes, inclusive of subcontractors and consultants if applicable, throughout the duration of the five-year project
- For each of main strategy areas: the key personnel who will be responsible for implementing those related activities, their relevant expertise, and approximate full time equivalent allocated to supporting that strategy. If staff outside the health department or contractors will play central role in implementing the strategies, applicant should list those as well
- Their current evaluation capacity, including the key personnel who will be responsible for evaluation activities, their relevant expertise, and approximate full time equivalent allocated to evaluation

A curriculum vitae (CV) or resume must be submitted for each existing key personnel who will be affiliated with the program.

**d. Work Plan**

Applicant must submit a work plan that covers the first year of the five-year period of performance and a high-level summary of activities for years 2-5.

Proposed strategies must be in alignment with the NOFO logic model.

Required elements in a work plan include strategies and their associated performance measures, as well as major activities and the title of the person/group responsible for each activity.

**e. CDC Monitoring and Accountability Approach**

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

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.

- Creating an environment that fosters integrity in program performance and results.

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

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

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

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

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. The CDC program will work in partnership with the recipients to ensure a shared responsibility for the successful implementation of the cooperative agreement and attainment of the period of performance outcomes. CDC DGMQ will provide commitment of personnel and/or resources, specific subject matter expertise, evaluation, performance measurement, work plan development, program planning, and capacity building assistance and training.

Regarding award guidance and monitoring, CDC will support recipients in implementing the requirements of the cooperative agreement, selecting or prioritizing prevention/activities and meeting identified outcomes

- Monitor recipients' program performance using multiple approaches, such as routine calls, site visits, emails, conference calls, and standardized review of performance, grantee feedback and other data reports
- Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations
- Provide requirements and expectations for standardized and other data reporting, monitoring, and evaluation

## B. Award Information

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|---|---|
| **1. Funding Instrument Type:** | Cooperative Agreement<br>CDC's substantial involvement in this |

| | |
|---|---|
| | program appears in the CDC Program Support to Recipients Section. |
| **2. Award Mechanism:** | U50 |
| **3. Fiscal Year:** | 2020 |
| **4. Approximate Total Fiscal Year Funding:** | $2,000,000 |
| **5. Approximate Period of Performance Funding:** | $10,000,000 |

This amount is subject to the availability of funds.

| | |
|---|---|
| Estimated Total Funding: | $10,000,000 |
| **6. Approximate Period of Performance Length:** | 5 year(s) |
| **7. Expected Number of Awards:** | 2 |
| **8. Approximate Average Award:** | $1,000,000 Per Budget Period |
| **9. Award Ceiling:** | $2,000,000 Per Budget Period |

This amount is subject to the availability of funds.

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|---|---|
| **10. Award Floor:** | $10,000 Per Budget Period |
| **11. Estimated Award Date:** | 09/30/2020 |
| **12. Budget Period Length:** | 12 month(s) |

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

**13. Direct Assistance**

Direct Assistance (DA) is available through this NOFO.

We encourage use of DA by recipients to support CDC's workforce development programs (e.g., the Public Health Associates Program [PHAP], Steven M. Teutsch Prevention Effectiveness [PE] Fellows, Laboratory Leadership Service [LLS] Fellows, Public Health Informatics Fellows [PHIF], Epidemic Intelligence Service [EIS] officers, etc.).

## C. Eligibility Information

### 1. Eligible Applicants

| | |
|---|---|
| Eligibility Category: | Unrestricted (i.e., open to any type of |

entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Ministries of Health

**2. Additional Information on Eligibility**

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### 3. Justification for Less than Maximum Competition

### 4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

No. Cost sharing or matching funds are not required for this program.

### 5. Maintenance of Effort

Maintenance of Effort is not required for this program.

## D. Application and Submission Information

### 1. Required Registrations

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

**a. Data Universal Numbering System:**

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

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

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

**b. System for Award Management (SAM):**

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

days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.

**c. Grants.gov:**
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

| Step | System | Requirements | Duration | Follow Up |
|---|---|---|---|---|
| 1 | Data Universal Number System (DUNS) | 1. Click on http://fedgov.dnb.com/ webform<br>2. Select Begin DUNS search/request process<br>3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit #<br>4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number | 1-2 Business Days | To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711 |
| 2 | System for Award Management (SAM) formerly Central Contractor Registration (CCR) | 1. Retrieve organizations DUNS number<br>2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov) | 3-5 Business Days but up to 2 weeks and must be renewed once a year | For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220 |
| 3 | Grants.gov | 1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)<br>2. Once the account is set up the E-BIZ POC will be notified via email | Same day but can take 8 weeks to be fully registered and approved in the system | Register early! Log into grants.gov and check AOR status until it shows you have been approved |

| | | | | |
|---|---|---|---|---|
| | | 3. Log into grants.gov using the password the E-BIZ POC received and create new password<br>4. This authorizes the AOR to submit applications on behalf of the organization | (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov) | |

## 2. Request Application Package

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

## 3. Application Package

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

## 4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **N/A**

### b. Application Deadline

Due Date for Applications: **06/09/2020** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

N/A

## 5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

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

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

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.
When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

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

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

## 6. Content and Form of Application Submission

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

## 7. Letter of Intent

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

## 8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

## 9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

## 10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach,

Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

### a. Background

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

### b. Approach

**i. Purpose**

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

**ii. Outcomes**

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

**iii. Strategies and Activities**

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

**1. Collaborations**

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

**2. Target Populations and Health Disparities**

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

### c. Applicant Evaluation and Performance Measurement Plan

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

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

For completing this section of their application, applicants should refer to the requirements described in the **Applicant Evaluation and Performance Measurement Plans** section above, related to the proposed outcome measures and general approach to evaluation.

### d. Organizational Capacity of Applicants to Implement the Approach

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

## 11. Work Plan

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

## 12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of

these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

## 13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

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

## 14. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: https://www.whitehouse.gov/wp-content/uploads/2020/01/spoc_1_16_2020.pdf.

## 15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

## 16. Copyright Interests Provisions

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

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

## 17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

## 18. Data Management Plan

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

## 19. Other Submission Requirements

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

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

**e. Paper Submission:** If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail

CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.
An applicant's request for permission to submit a paper application must:

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

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

## E. Review and Selection Process

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

**a. Phase 1 Review**
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

**b. Phase II Review**

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

i. Approach Maximum Points:35

Evaluate the extent to which the applicant:

- Addresses all required strategies and activities
- Defines and addresses the target populations
- Presents strategies and activities that are consistent with the NOFO's intended outcomes
- Describes strategies and activities that are feasible and realistic for the period of performance

- Provides a coherent and complete work plan that aligns with the applicants proposed strategies and activities

ii. Evaluation and Performance Measurement — Maximum Points:30

Evaluate the extent to which the applicant:

- Provides a detailed response to proposed common outcome (not process) measures
- Any baseline data and definitions used for those measures
- Their perceived ability to report on proposed, required measures
- The perceived utility of the proposed, required measures
- Demonstrates capacity and interest in conducting more in-depth evaluation of high priority or innovative strategies or activities

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:35

Evaluate the extent to which the applicant:

- Demonstrates that they have the authority, capacity, and infrastructure to carry out the proposed strategies and activities
- Describes the existing multi-jurisdictional/regional data network and how it will be used to address the strategies and activities (if applicable)
- Describes the existing expertise and guideline development in refugee health and how it will be used to address the strategies and activities (if applicable)
- Describes a staffing and management plan that aligns with the proposed activities and is sufficient for carrying out the proposed activities
- Provides an organizational chart for the program as well as the larger organization of which the program is a part
- Provides CVs or resumes of all key personnel

Budget

Budget will not be scored. However, it will be evaluated for the extent of alignment with proposed strategies and activities and with the stated parameters of this NOFO.

**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 (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

## 2. Announcement and Anticipated Award Dates

## F. Award Administration Information

### 1. Award Notices

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

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

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

### 2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

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

### 3. Reporting

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

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

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

| Report | When? | Required? |
|---|---|---|
| Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP) | 6 months into award | Yes |
| Annual Performance Report (APR) | No later than 120 days before end of budget period. Serves as yearly continuation application. | Yes |
| Data on Performance Measures | CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR. | No |
| Federal Financial Reporting Forms | 90 days after the end of the budget period | Yes |
| Final Performance and Financial Report | 90 days after end of period of performance | Yes |
| Payment Management System (PMS) Reporting | Quarterly reports due January 30; April 30; July 30; and October 30 | Yes |

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

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

Performance Measurement

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

Evaluation

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

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

**b. Annual Performance Report (APR) (required)**

The recipient must submit the APR via www.Grantsolutions.gov no later than120 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. 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)**
This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

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

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

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

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

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

## G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

### Program Office Contact

**For programmatic technical assistance,** contact:

Nekeia Gray, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

MS H16-4

1600 Clifton Road NE

Atlanta, GA 30333

(404)-639-0712

Hvq6@cdc.gov

Telephone: (404) 639-0712
Email: hvq6@cdc.gov

### Grants Staff Contact

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

Yolanda Ingram-Sledge, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2939 Flowers Rd

Room 2147

MS TV-2

Atlanta, Ga 30341

Telephone: (770) 488-2787
Email: yis0@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

## H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap

- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

## I. Glossary

**Activities:** The actual events or actions that take place as a part of the program.
**Administrative and National Policy Requirements, Additional Requirements (ARs):** Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
**Approved but Unfunded:** Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
**Assistance Listings (CFDA):** A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
**Assistance Listings (CFDA) Number:** A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
**Award:** Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
**Budget Period or Budget Year:** The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
**Carryover:** Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
**CDC Assurances and Certifications:** Standard government-wide grant application forms.
**Competing Continuation Award:** A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
**Continuous Quality Improvement:** A system that seeks to improve the provision of services with an emphasis on future results.
**Contracts:** An award instrument used to acquire (by purchase, lease, or barter) property or

services for the direct benefit or use of the Federal Government.
**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
**Cost Sharing or Matching:** Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
**Direct Assistance:** A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
**DUNS:** The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
**Evaluation (program evaluation):** The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
**Evaluation Plan:** A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
**Federal Funding Accountability and Transparency Act of 2006 (FFATA):** Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
**Fiscal Year:** The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
**Grant:** A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic

involvement by the federal government under the award.
**Grants.gov:** A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
**Grants Management Officer (GMO):** The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
**Grants Management Specialist (GMS):** A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
**Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
**Health Equity:** Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
**Health Inequities:** Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
**Healthy People 2030:** National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
**Inclusion:** Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
**Indirect Costs:** Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
**Intergovernmental Review:** Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.
**Letter of Intent (LOI):** A preliminary, non-binding indication of an organization's intent to submit an application.
**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations,

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

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

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

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

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

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

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

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

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

**Period of performance –formerly known as the project period - :** The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The

start and end dates of the period of performance must be included in the Federal award.
**Period of Performance Outcome:** An outcome that will occur by the end of the NOFO's funding period
**Plain Writing Act of 2010:** The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
**Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
**Program Official:** Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
**Public Health Accreditation Board (PHAB)**: A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
**Social Determinants of Health:** Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
**Statute:** An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
**Statutory Authority:** Authority provided by legal statute that establishes a federal financial assistance program or award.
**System for Award Management (SAM):** The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
**Technical Assistance:** Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
**Work Plan:** The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

## NOFO-specific Glossary and Acronyms