

Centers for Disease Control and Prevention

Center for Global Health

Technical Collaboration to Strengthen and Expand Capacity to Assess, Prevent, and Mitigate the Effects of Public Health Threats of National and Global Importance with the Ministry of Health in Lao PDR

CDC-RFA-GH20-2086

Application Due Date: 09/15/2020

Technical Collaboration to Strengthen and Expand Capacity to Assess, Prevent, and Mitigate the Effects of Public Health Threats of National and Global Importance with the Ministry of Health in Lao PDR

CDC-RFA-GH20-2086

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-GH20-2086. 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:

Technical Collaboration to Strengthen and Expand Capacity to Assess, Prevent, and Mitigate the Effects of Public Health Threats of National and Global Importance with the Ministry of Health in Lao PDR

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-GH20-2086

E. Assistance Listings (CFDA) Number:

93.283

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**09/15/2020**, 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:

This cooperative agreement will strengthen the public health systems in the country of Lao PDR with a focus on three public health topics: **1**. Global Health Security (Component 1) **2**. Accelerate Ending HIV/AIDS (Component 2), and **3**. Pandemic Preparedness and Vaccine Systems Strengthening (Component 3). The cooperative agreement will provide both technical and financial assistance to strengthen Lao PDR Ministry of Health's capacity in Global Health Security by improving influenza surveillance, response, and control for both human and animal health. The cooperative agreement will also focus on strengthening of surveillance, treatment, and control of HIV/AIDS through the PEPFAR initiative. The anticipated outcome is for Lao PDR to be better prepared to detect, respond, and prevent infectious diseases within its borders,

including both human and animal disease. Another outcome is for the Lao PDR government to conduct effective surveillance and response efforts as it relates to HIV/AIDS. The public health impact on global health security and international capacity in the health and well-being of people not only affects the government of Lao PDR, but also the Southeast Asia region, the United States, and the world. This cooperative agreement will involve the collection of data for the primary purposes of applying proven public health tools, global initiatives for disease control and public health training and capacity building.

a. Eligible Applicants:	Single
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	1
d. Total Period of Performance Funding:	$40,000,000
e. Average One Year Award Amount:	$8,000,000
f. Total Period of Performance Length:	5
g. Estimated Award Date:	09/30/2020
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

This NOFO has three components: Global Health Security (Component 1), Accelerate Ending HIV/AIDS (Component 2), and Pandemic Preparedness and Vaccine Systems Strengthening (Component 3).

Component 1: Global Health Security is a global initiative to detect, respond, and prevent emerging and re-emerging infectious diseases, both human and zoonotic. Infectious diseases are continually a public health challenge in South East Asia due to an inefficient linkage between human health, animal health and environmental health sectors. In Lao PDR, one of the major public health concerns is related to One Health, which includes threats of avian influenza and other zoonotic diseases related to illegal wildlife trading and a cross border livestock trading. These public health concerns place the country at risk of disease outbreaks.

Component 2: CDC, Division of Global HIV/AIDS and Tuberculosis (DGHT) in Thailand and Lao PDR provide TA to the Department of Communicable Disease Control, Center for

HIV/AIDS and STI (CHAS) and other Lao PDR partners focusing on promoting early detection of people living with HIV (PLHIV), improving linkages to treatment, retention and viral load suppression, promoting innovative interventions, and strengthening efficient use of HIV surveillance and clinical data for the strategic planning and improving quality of services. Over the past years, the Lao PDR political environment has increasingly supported the national HIV response and updated the National Strategic Plan for HIV/AIDS and STI Prevention and Control 2021-2030 (NSAP) aiming to end HIV transmission by 2030. Expected outcomes are to promote and demonstrate sustainable HIV epidemic-control solutions that can be replicated, integrated, and scaled-up into existing health systems by the Government of Lao PDR, expand the health care workforce capacities to improve quality of HIV services (prevention, treatment, laboratory), implement acceleration of HIV epidemic control strategies such as PrEP, Recency testing, Index Partner testing, Case-Based Surveillance, strategic use of HIV information for public health actions and promote collaboration with local community partners to provide high quality community-based outreach, testing, referrals, and counselling.

Component 3: Seasonal influenza preparedness is also a critical component of global health security as sentinel monitoring systems are critical to monitoring epidemics and pandemics of respiratory illnesses; and countries with seasonal influenza vaccine infrastructures have the policies and logistical mechanisms in place to rapidly disseminate pandemic vaccines to those in need. This NOFO will address infectious disease detection, response, and prevention in Lao PDR including zoonotic diseases, and vaccination programs. CDC understands the importance of working across the various sectors of health to ensure there are positive working relationships solidified before an outbreak occurs. This NOFO will seek to provide technical assistance (TA) in the human and animal sectors through a One Health approach. This NOFO aligns with the current CDC strategic priorities including strengthening surveillance, epidemiology and laboratory services; enhancing vaccine and prevention programs; supporting public health activities; increasing global health impact; increasing impact on public health policy; and preventing illness, injury disability and death.

b. Statutory Authorities

This program is authorized under the Public Health Service Act, Sections 301(a)[42 U.S.C. 241(a)], 307 [42 U.S.C. 2421], as amended.

GHSA: Public Health Service Act sections 301(a) and 307, as amended,42 U.S.C. §§ 241 and 242l.

PEPFAR has called for immediate, comprehensive and evidence-based action to turn the tide on the global HIV/AIDS epidemic through Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria At of 2003) [22 U.S.C. 7601, et seq.] and Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008) [42 U.S.C. 300cc-40a et seq]

The overarching purpose of this NOFO is to fund activities to prevent or control disease to improve health, and public health program services.

c. Healthy People 2030

• Global health priority of Healthy People 2020: Improve public health and strengthen U.S. national security through global disease detection, response, prevention, and control strategies. https://www.healthypeople.gov/2020/topics-objectives/topic/global-health

• The PEPFAR strategy for accelerating HIV/AIDS epidemic control will be achieved through working in collaboration with host government. Through joint collaboration, PEPFAR expects the epidemic will be controlled and future costs required to sustain the HIV/AIDS response will decline. https://www.healthypeople.gov/2020/topics-objectives/topic/global-health

d. Other National Public Health Priorities and Strategies

This NOFO supports The U.S. Department of Health and Human Services (HHS) Global Strategy.

https://www.hhs.gov/about/agencies/oga/about-oga/why-hhs-works-globally/hhs-global-strategy/index.html

https://www.hiv.gov/federal-response/pepfar-global-aids/pepfar https://www.hiv.gov/federal-response/pepfar-global-aids/pepfar

e. Relevant Work

The Global Health Security Initiative seeks to support countries to have the ability to detect, respond, and prevent emerging infectious diseases. CDC coordinates with local, regional, and global human, animal and environment health partners to generate important data on a burden of a broad range of infectious diseases, including the risk factors associated with public health emerging diseases to strengthen public health capacity within multi-sectoral partners.

Since 2011, the DGHT/PEPFAR has provided TA to the Lao PDR MoH by improving health systems and quality of HIV services. DGHT aims to advance previous gains through continued support to the Lao PDR during implementation of the NSAP 2021-2030, which is in line with PEPFAR goals of maximizing prevention and treatment activities for key populations (KP) while ensuring all populations benefit from effective interventions.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Component 1 – Global Health Security

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
· **Global Health Security Strategy:**			

1) Surveillance Information System Assessment **2)** Surveillance System and Capacity Assessment **3)** Lab Capacity Assessment **4)** Assessment of One Health Coordination in Lao PDR **5)** Disease Prioritization Methodology Developed	Improved ability of partners to create an organized information system for animal surveillance activities Improved ability to identify and address knowledge gaps in disease surveillance capacity at central and provincial levels **Surveillance samples are tested and reported in a timely manner** **Increased knowledge of One Health coordination among different sectors in Lao PDR** **Increased knowledge of disease prioritization process among public health stakeholders** Increased ability to conduct disease prioritization among public health stakeholders	Improved ability of partners to conduct surveillance activities, compile and analyze data to examine public health needs **Improved quality of surveillance activities that meet international standards** **Improved laboratory capacity to test infectious diseases within Lao PDR.** One Health stakeholders are aware of one another's plans and find synergies where possible. **Lao PDR allocates appropriate resources to prioritized diseases.**	Well-established information system surveillance in Lao PDR which leads to policy development. **Disease surveillance is a trusted source for situational awareness in Lao PDR** Streamlined and synergized efforts to address infectious diseases in the country **Laboratory workforce capacity to provide surveillance services sustained through government support** **Resources are optimized to prevent, detect and respond to emerging infectious diseases and other public health issues of concern in Lao PDR** Lao PDR

			establishes sustainable resources to maintain surveillance and response efforts

Component 2 – Accelerate ending HIV/AIDS

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
· **Accelerate ending HIV/AIDS strategy** **6)** Capacity building of health care providers to scale up Effective Prevention Strategies **7)** Strengthen laboratory system to expand access to viral load (VL) testing and integrate Recency testing into the HIV case-based surveillance **8)** Capacity building of health care providers to deliver high quality, client centered HIV testing and ART	**Increased implementation of Pre-Exposure Prophylaxis (PrEP) to prevent HIV in high burden provinces** **Increased number of sites providing index partner testing and social network strategies** Increased viral load (VL) coverage and reduced results turnaround time at antiretroviral therapy (ART) sites via implementation of point of care (POC) X-pert VL testing and other diagnostic network optimization strategies Increased awareness of distribution of HIV recent infection through integration of Recency testing in the HIV case-based surveillance **Increased number of ART clinics providing high-quality patient-friendly HIV counseling, testing, same-day results and ART**	**Increased uptake of PrEP among Key Populations in HIV high burden provinces through policy change** **All partners of PLHIV receive HIV testing and know their HIV status** **Increased the national VL coverage to >90%** **Improved national HIV monitoring program for recent infection for public health responses** **More than 90% of**	**Decreased new HIV infections** **Decreased AIDS morbidity** **Decreased AIDS mortality** **Increased ART coverage and VL suppression among PLHIV**

services **9)** Establishment, decentralization, and expansion of ART sites to improve client-centered care including multi-month ARV drug dispensing services **10)** Strengthening data utilization and data quality for program planning at national, sub-national and site levels	**initiation** **Improved ability of clinics to provide high quality HIV services including Index partner testing, antiretroviral therapy (ART) adherence/lost to follow up, TB preventative therapy (TPT), tenofovir/lamivudine/dolutegravir (TLD) transition, differentiated care, stigma & discrimination to improve retention** **Increased routine use of continuous quality improvement (CQI) at facilities to improve impact of HIV program at all levels of the health system** **Improved HIV program data collection, reporting, and quality through a single national HIV database District Health Information Software (DHIS 2)** **Improved national HIV database, reports and HIV case based surveillance for HIV program monitoring using the national DHIS 2 HIV database**	**PLHIV satisfied with services received at ART clinics** **More than 98% PLHIV linked to same day ART and retained in ART clinics** **Increased national competency of quality improvement strategies, ART services and client-centered services among HIV program staff** **Improved quality of HIV data for strategic planning and monitoring of HIV epidemic and public health response** Increased capacity of health care workers and public health technical officers in analysing, interpreting and using program and surveillance data for service quality improvement and	

		program planning at sites, sub-national and national level	

Component 3 – Pandemic Preparedness and Vaccine Systems Strengthening

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
11) Pandemic preparedness and vaccine systems strengthening	Increased pandemic preparedness. Improved capacity of multidisciplinary rapid response teams and field epidemiologists trained to respond to a pandemic. Increased capacity to evaluate vaccine programs	Pandemic plans are exercised and result stakeholders having an increased capacity to respond to pandemics. **New vaccine programs for respiratory pathogens sustained by Lao PDR in priority target groups with only technical assistance from CDC and external partners.**	Pandemic preparedness enhanced through improved JEE evaluations. Vaccine programs for respiratory pathogens integrated into routine budgeting of the Government of Lao PDR.

i. Purpose

The purpose of this NOFO is to build capacity in Lao PDR to detect, respond, and prevent infectious diseases which may infect both animals and humans. Also, to strengthen the existing public health systems in Lao PDR with sustainable capacity to deliver comprehensive, effective, and high-quality HIV-related services that reduce the annual number of new HIV infections and AIDS deaths, especially among priority populations, and improve the impact of their national HIV/AIDS programs to accomplish UNAIDS 95-95-95 goals.

ii. Outcomes

Component 1 – Global Health Security

Short-term Outcomes

• Surveillance samples are tested and reported in a timely manner
• Increased knowledge of One Health coordinating among different sectors in Lao PDR
• Increased knowledge of disease prioritization process among public health stakeholders

Intermediate Outcomes

• Improved quality of surveillance activities that meet international standards

• Improved laboratory capacity to test infectious diseases within Lao PDR.
• Lao PDR allocates appropriate resources to prioritized diseases.
Long-Term Outcomes
• Disease surveillance is a trusted source for situational awareness in the Lao PDR
• Laboratory workforce capacity to provide surveillance services sustained through government support
• Resources are optimized to prevent, detect and respond to emerging infectious diseases and other public health issues of concern in Lao PDR

Component 2 – Accelerate Ending HIV/AIDS

Short-term Outcomes
• Increased implementation of Pre-Exposure Prophylaxis (PrEP) to prevent HIV in high burden provinces
• Increased number of sites providing index partner testing and social network strategies
• Increased number of ART clinics providing high-quality patient-friendly HIV counselling, testing, same-day results and ART initiation
• Improved ability of clinics to provide high quality HIV services including Index partner testing, ART adherence/lost to follow up, TPT, TLD transition, differentiated care, stigma & discrimination to improve retention
• Increased routine use of CQI at facilities to improve impact of HIV program at all levels of the health system
• Improved HIV program data collection, reporting, and quality through a single national HIV database DHIS 2
• Improved national HIV database, reports and HIV case based surveillance for HIV program monitoring using the national DHIS 2 HIV database

Intermediate Outcomes
• Increased uptake of PrEP among Key Populations in HIV high burden provinces through policy change
• All partners of PLHIV receive HIV testing and know their HIV status
• Increased the national VL coverage to >90%
• Improved national HIV monitoring program for recent infection for public health responses
• More than 90% of PLHIV satisfied with services received at ART clinics
• More than 98% PLHIV linked to same day ART and retained in ART clinics
• Increased national competency of quality improvement strategies, ART services and client-centered services among HIV program staff
• Improved quality of HIV data for strategic planning and monitoring of HIV epidemic and public health response

Long-Term Outcomes
• Decreased new HIV infections
• Decreased AIDS morbidity
• Decreased AIDS mortality
• Increased ART coverage and VL suppression among PLHIV

Component 3 -Pandemic Preparedness and Vaccine Systems Strengthening

Intermediate Outcome
• New vaccine programs for respiratory pathogens sustained by Lao PDR in priority target

groups with only technical assistance from CDC and external partners.

iii. Strategies and Activities

The recipient is expected to carry out the strategies and activities listed under all three components.

Component 1 – Global Health Security

1) Surveillance Information System Assessment

a. Assess data needs and surveillance information system through an assessment of the current human and animal health information systems available in Lao PDR. The assessment would include information shared by partners, timeliness of information sharing, quality of data reporting and surveillance data management.

b. Improve information systems according to the needs identified in the assessment.

2) Surveillance System and Capacity Assessment

a. Assess the current diseases surveillance system in Lao PDR. The assessment would include resources, partners contributing to surveillance activities, information sharing, and technical capacity.

b. Provide training to address gaps in public and animal health officers conducting surveillance. Based on the assessment of surveillance capacity, list the gaps and how the gaps can be addressed through training of officers.

3) Lab Capacity Assessment

a. Assess lab capacity for disease detection. The assessment should include the current testing capacity within Lao PDR.

b. Manage current test supplies and materials. The current lab testing being conducted should be documented, including which partner/agency is responsible for purchasing which test supplies.

c. Provide training to address gaps in lab staff. Based on the assessment of lab capacity, list the gaps and how the gaps can be addressed through training of lab staff.

4) Assessment of One Health Coordination in Lao PDR

a. Provide questionnaire to both animal and human health and environmental partners. The questionnaire would be sent to donors, government agencies, and other one health partners working in Lao PDR. The questionnaire should cover identified strengths, weaknesses, and suggestions---allowing for qualitative data.

b. Provide a platform (e.g. regular meeting) for One Health partners in Lao PDR to coordinate, share information, develop joint work plans to maximize resource utilization to address zoonotic diseases of concern.

5) Disease Prioritization Methodology Developed

a. Present guidelines developed by partners to related stakeholders. The guidelines utilized in other countries will be presented and the methodology will be agreed upon by all partners working in Lao PDR.

b. Provide training to in-country facilitators. Training will be offered to Lao PDR-based facilitators to ensure the prioritization goes as planned.

c. Develop One Health coordinating platform in Lao PDR.

Component 2 – Accelerate ending HIV/AIDS

6) Capacity building of health care providers to scale up effective Prevention Strategies
a. Strengthen active case finding activities including partner testing and HIV self-testing
b. Promote and advocate for PrEP for high risk KPs
c. Strengthen and scale up a successful index partner test services to improve case finding yields.
d. Provide TA on the development of national tools, and monitoring system
e. Capacity building including through coaching and monitoring webinar led by CHAS to monitor index testing and other services for QI
f. Strengthen and scale up a successful index partner testing services to improve case finding yields

7) Strengthen laboratory system to expand access to VL testing and integrate Recency testing into the HIV case-based surveillance

a. Promote and pilot POC Xpert VL testing to improve VL coverage and optimize the efficient use of the machines before implementation in al ART sites
b. Strengthen the national EQA program for HIV and HIV related testing
c. Integration of Recency testing in the HIV case-based surveillance to identify geographic location of recent infection to support the national HIV surveillance program
d. Pilot implementation of recent infection surveillance in 5 ART sites before nationwide implementation
e. Strengthen laboratory systems and quality assurance program to support and promote integration of Recency testing into the HIV case-based surveillance
f. Strengthen laboratory systems and quality assurance program to support and promote integration of Recency testing into the HIV case-based surveillance
g. Capacity building and system preparation for introduction of Recency testing at all HIV testing sites
h. Geographical mapping of recent infection cases for HIV prevention and treatment prioritizations and planning
i. Establish and expand decentralization of HIV VL testing using POC VL
j. Establishment of decentralization of POC VL testing system
k. Capacity building on using POC Xpert VL testing and QA systems
l. Promotion and collaboration with key partners and HQ for POC Xpert VL EQA program

8) Capacity building of health care providers to deliver high quality, client centered HIV testing and ART services

a. Development of National quality improvement guidelines.
b. QI lesson learned sharing and promotion of quality Improvement coaching at all ART facilities
c. Implementation of CQI to improve, Index partner testing, ART adherence/lost to follow up, TPT, TLD transition, differentiated care, stigma & discrimination and retention.
d. Identify service gaps in both public health care facilities, and community-based services in high burdened areas to expand cost-effective interventions
e. Strengthen the national QI program and QI coaching system to integrate into routine program
f. Develop and implement innovative and effective interventions to improve ART retention/viral load suppression, differentiated care, MMD etc.
g. Promote and monitor uptake and quality of TPT and TLD transition
h. capacity development on HIV quality improvement (QI) systems through development of

national quality improvement guidelines and coaching curriculum
i. interventions to address sdART initiation, ART adherence/lost to follow up, TPT, TLD transition, differentiated care MMD, stigma & discrimination and improve retention

9) Expansion of diversified ART services network though establishment and decentralization of ART POC to improve client-centered care including multi-month ARV drug prescription services in selected provinces and district
a. establishment and decentralization of ART POC
b. improvement of client-centered approaches for multi-month ARV drug prescription services in selected provinces and districts
c. Expansion of ART POC in provinces with high case load and no ART sites
d. Lessons learnt sharing for POC ART sites and outcomes of PLHIV receiving care
e. POC ART sites expansion in additional provinces where needed in accordance to the national plan.

10) Promote Data Utilization and Data Quality For Program Planning At National And Site Levels
a. Develop and implement a standardized surveillance system to determine the burden of disease and monitor HIV epidemic and risk behaviors among key populations;
b. Strengthen a harmonized and streamlined monitoring and evaluation system to describe ongoing interventions, characteristics, and outcomes across various stakeholders and different levels of program implementation
c. Improve and sustain management of an effective implementation through building capacity of the decentralized provincial surveillance and monitoring and evaluation network
d. Build human capacity for analysis and interpretation of SI to identify programmatic bottlenecks, identification of areas where programmatic improvement is needed, and use of evidence to facilitate rapid scale-up of high impact interventions
e. Strengthen the capacity of the country to harmonize HIVCAM Plus and DHIS2 data for streamlined management of national data reports in DHIS2 (GFATM e-cascade) using the UIC system and utilize for national and subnational program planning and improving the quality of HIV services.

Component 3 – Pandemic Preparedness and Vaccine Systems Strengthening
11) Pandemic preparedness and vaccine systems strengthening
a. Update and exercise pandemic plans
b. Review and evaluate influenza and other respiratory pathogen vaccine programs
c. Improve implementation of influenza and other respiratory vaccine programs in priority target groups.

1. Collaborations

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

CDC is responsible for providing technical assistance and support conducted by global programs including disease detection and response, health systems and laboratory strengthening. CDC-Thailand works closely with the Center for Global Health, Division of Global HIV and Tuberculosis, Global One Health Office in CDC's National Center for Emerging and Zoonotic Infectious Disease (NCEZID) and the Influenza Division in the

National Center for Immunization and Respiratory Diseases (NCIRD) to provide expertise to address the challenges of global health and works in concert with domestic and international partners to improve health and well-being around the world. The recipient is expected to work with other CDC-funded implementing partners and public health authorities to implement immediate, comprehensive and evidence-based actions to turn the tide of the HIV/AIDS epidemic in Lao PDR.

The recipient is required to collaborate with CDC Thailand and CDC Lao PDR staff, USG subject matter experts and Project Officer for project management and technical oversight of project activities under each technical area and evaluation. The project office for this award will provide all relevant contacts and coordinate discussions with the award recipient.

The recipient is also encouraged to collaborate with various CDC Divisions and programs to ensure the activities and material meet CDC standards, maximize resources, avoid duplication, and concur with CDC published recommendations and disease specific information.

b. With organizations not funded by CDC:

The recipient may be required to collaborate with other U.S. Government agencies such as but not limited to the United States Agency for International Development (USAID), U.S. Department of Defense (DOD), U.S. Department of State, Health and Human Services of Global Affairs, as well as the Food and Agriculture of the United Nations (FAO), World Health Organization (WHO), The Joint United Nations Programme on HIV/AIDS (UNAIDS), The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and other One Health Partners.

2. Target Populations

Components 1, 2, 3 are focused on the people of Lao PDR. All components will also focus on vulnerable populations and Component 2 activities, primarily PLHIV, MSM, and TG women, but also sex workers and injecting drug users in geographic areas where those populations are concentrated.

a. Health Disparities

N/A

iv. Funding Strategy

Applicant is required to apply for all three components.

Component 1: Global Health Security - $ 5,000,000

These activities are intended to be partially funded at the beginning of each budget period with additional funding components processed throughout the budget period on an annual basis. Future years funding level will be dependent on funding availability.

Component 2: Accelerate ending HIV/AIDS - $ 1,000,000

These activities are intended to be partially funded at the beginning of each budget period with additional funding components processed throughout the budget period on an annual basis. Future years funding level will be dependent on funding availability.

Component 3: Pandemic Preparedness and Vaccine Systems Strengthening - $2,000,000

These activities are intended to be partially funded at the beginning of each budget period with additional funding components processed throughout the budget period on an annual basis. Future years funding level will be dependent on funding availability.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

In addition, the recipient(s) may be required to conduct a costing analysis or economic evaluation of implemented interventions or activities at the end of project to determine:

• Cost and/or unit costs, and cost drivers of interventions or activities
• Cost-effectiveness of interventions or activities

Evaluations are expected to align with national, PEPFAR, and agency priorities and programmatic gaps, and will be reviewed and approved as part of the Country Operational Plan (COP). As such, the evaluation questions listed in this announcement may be amended based on feedback from OGAC during the annual COP review process.

CDC Approaches for Performance Measurement:

Throughout the five-year NOFO period, CDC will work with the recipient to measure implementation performance. Note that:

- CDC will use results of performance measures to continuously determine whether NOFO activities and outcomes were achieved as planned.
- CDC will provide technical assistance to the recipient to support routine data collection, analysis of key performance indicators, and quarterly reporting to CDC.
- CDC will review the monitoring results and provide feedback, noting any necessary corrective and/or improvement actions, according to the performance measurement standard.
- Quarterly, CDC, in partnership with the recipient, will hold Program Implementation Reviews in order to review financial information, status of activities and key successes and challenges to achieve. Performance measures will include both PEPFAR (MER) and non-PEPFAR indicators. The recipient is required to provide performance reports and additional relevant PEPFAR and non-PEPFAR indicators as part of their Evaluation and Performance Management Strategy to monitor the impact of initiatives in this NOFO.
- At the end of NOFO period (annually), CDC, in partnership with the recipient, will conduct site monitoring using program specific monitoring tools in order to (1) demonstrate accountability of the NOFO investments, and (2) prioritize quality improvement actions needed to achieve program accomplishment as planned. Site monitoring reports will be distributed to the recipient.

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.

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**:

1. 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, record keeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget.
2. How key program partners will participate in the evaluation and performance measurement planning processes.
3. Available data sources, feasibility of collecting appropriate evaluation and performance data, 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 program evaluation , 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).

The recipient will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

Applicant must demonstrate the ability to execute the CDC strategies and activities and meet period of performance outcomes. Applicants should demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities. Applicants must also be fully capable of managing the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

Applicant must be able to manage program performance, evaluation, performance monitoring, financial reporting, and must have capacity to manage the required funds in accordance with the HHS Grants Policy Statement, which can be found at:
https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html

The applicant should provide as part of their appendix the following documents:
1) Curricula vitae (CVs)/Resumes for positions related to Principal Investigator, Project Director, Business Official, and other key staff related to program planning and implementation.
2) Organizational chart (maximum 1 page)

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

CDC must provide maximum flexibility to enable applicants to implement NOFO requirements based on their own organization design and approach, unless otherwise required by statute.

The applicant should save the required files as pdfs and upload them to http://www.grants.gov.

d. Work Plan

The work plan allows the CDC project officer to monitor implementation of activities and progress on period of performance outcomes. Applicants must apply for all three components and provide a work plan for each component. Work plans should be detailed and focused on the first year of the period of performance. Applicants should be instructed to provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years. Work plans should demonstrate alignment among the outcomes, strategies, activities, timelines and staffing. Applicants are strongly encouraged to utilize SMART, measurable indicators to ensure the outcomes are met during the performance period..

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)

CDC will provide support to the cooperative agreement recipient through conference calls, site visits, and at a minimum quarterly technical and financial monitoring utilizing a performance review process which includes a written report and financial audit. The calls will serve as an opportunity for the project officer and recipient to share information related to their progress, challenges, and successes. During the quarterly performance review, both the technical and financial activities and outcomes will be assessed, keeping in mind the timeline specified in the monitoring and performance plan.

CDC will provide technical assistance utilizing the CDC offices in both Lao PDR and Thailand. Subject matter experts from CDC-Atlanta, FAO, USAID, and WHO may also be utilized for trainings and other consultations, if needed.

Specific to component 2, a cooperative agreement, CDC staff is substantially involved in the program activities. CDC activities for this program include, but are not limited to, the following:

1. Organize an orientation meeting with the recipient for a briefing on applicable U.S. Government, HHS/CDC, and PEPFAR expectations, regulations, and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and OGAC.
2. Review and make recommendations as necessary to the process used by the recipient to select key personnel and/or post-award sub-contractors and/or sub-recipients to be involved in the activities performed under this agreement, as part of the PEPFAR COP review and approval process, managed by OGAC.
3. Review and approve recipient's annual work plan and detailed budget, as part of the PEPFAR COP review and approval process, managed by OGAC.

4. Review and approve the recipient's monitoring and evaluation plan, including for compliance with the strategic information guidance established by OGAC.
5. Meet on a regular basis with the recipient to assess expenditures in relation to approved work plan and modify plans as necessary.
6. Meet on a quarterly basis with the recipient to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the recipient to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for the subsequent year, as part of the PEPFAR COP review and approval process, managed by OGAC.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, and confidential counseling and testing.
9. Provide in-country administrative support to help the recipient meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB).
10. Collaborate with the recipient on designing and implementing the activities listed above, including, but not limited to: the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, and the management and tracking of finances.
11. Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the recipient. All such data collections-- where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB Paperwork Reduction Act of 1995 (PRA) clearance prior to the start of the project.
12. Provide consultation and scientific and technical assistance based on appropriate HHS/CDC and OGAC documents to promote the use of best practices known at the time.
13. Assist the recipient in developing and implementing quality-assurance criteria and procedures.
14. Facilitate in-country planning and review meetings for technical assistance activities.
15. Provide technical oversight for all activities under this award.
16. Conduct site visits through the Site Improvement through Monitoring System (SIMS), in compliance with PEPFAR requirements, to monitor and evaluate clinical and community service delivery site capacity to provide high-quality HIV/AIDS services in all program areas and 'above-site' capacity to perform supportive or systemic functions, by assessing and scoring key program area elements of site performance and work with the recipient on identified gaps and continuous quality improvement, which might include more thorough data quality or service quality assessments as indicated.
17. Ensure the recipient's Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by OGAC and other HHS/CDC requirements, including PEPFAR's Monitoring, Evaluation, and Reporting (MER) strategy, PEPFAR's Evaluation Standards of Practice, and CDC's Data for Partner Monitoring Program (DFPM).
18. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters. Evaluations can be process, outcome, or impact.

A. Process Evaluation: measures how the intervention was delivered, what worked/did not, differences between the intended population and the population served, and access to the

intervention.
B. Outcome Evaluation: determines effects of intervention in target population(s) (e.g., change in knowledge, attitudes, behavior, capacity, etc.).
C. Economic Evaluation: justifies the investment, and determines the efficiency and economic impact of interventions.

19. Supply the recipient with protocols for related evaluations.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U2G
3. Fiscal Year:	2020
4. Approximate Total Fiscal Year Funding:	$8,000,000
5. Approximate Period of Performance Funding:	$40,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$40,000,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	1
8. Approximate Average Award:	$8,000,000 Per Budget Period
9. Award Ceiling:	$0 Per Budget Period

This amount is subject to the availability of funds.

There is no award ceiling for this NOFO

10. Award Floor:	$0 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 not available through this NOFO.

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

Other: Ministries of Health

2. Additional Information on Eligibility

National Ministries of Health

The Ministry of Health, Lao PDR

Simeuang Road

Vientiane Laos 0001

3. Justification for Less than Maximum Competition

No other applications are solicited. The Lao PDR Ministry of Health (MOH) is the most appropriate and qualified agency to conduct the activities specified under this cooperative agreement because:

1. The MOH is the only organization in Lao PDR that possesses the requisite scientific and technical expertise and the infrastructure capacity, and has the primary responsibility within the Lao government to address public health issues. These combined attributes make them uniquely qualified as the only organization in Lao PDR for carrying out the broad,comprehensive and long-term public health program activities proposed for this cooperative agreement. There is no other government entity in Lao PDR which is tasked with public health programs or initiatives.

2. The Lao PDR MOH is uniquely positioned - in terms of constitutional authority, mandate and ability - to oversee and safeguard public health, and to collect and analyze information and disseminate surveillance and health system performance reports related to multiple health issues. They have the ability to utilize existing public health networks and other partners to assure the accomplishment of broad public health goals as required in this expansive ?umbrella? cooperative agreement. The MOH is responsible for influenza surveillance, vaccine distribution, laboratory capacity, workforce development, emergency operations center, and

HIV/AIDS surveillance and control efforts for the entire population of Lao PDR.

3. The MOH has in place the central, provincial and district-based structures required to immediately engage in the activities listed in this announcement. This structure allows them to conduct surveillance and activate response measures at all levels of the government.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

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

			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: **09/15/2020** , 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.

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

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

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

proposed or pending before any legislative body

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

Funding Restrictions on PEPFAR Funds (Component 2):

• 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 sub-awards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization. Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).
• All requests for funds contained in the budget shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

Public Financial Management Clause (Component 2):

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

Conscience Clause (Component 2):
An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—
• Shall not be required, as a condition of receiving such assistance—
• To endorse or utilize a multi-sectoral or comprehensive approach to combating HIV/AIDS; or

• To endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
• Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described above.

Conference Costs and Fees (Component 2):

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

- Definitions:

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

Medically Accurate Information About Condoms (Component 2):

• Information provided about the use of condoms as part of projects or activities funded under the award must be medically accurate and must include the public health benefits and failure rates of such use.

Needle Exchange (Component 2):

• No funds made available under this award may be used for needle exchange programs.

Abortion and Involuntary Sterilization Restrictions (Component 2):

• Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.
• Prohibition on Abortion-Related Activities:

  o No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term "motivate", as it relates to family planning assistance, must not be construed to prohibit the

provision, consistent with local law, of information or counseling about all pregnancy options.
o No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

Prostitution and Sex Trafficking (Component 2):

• A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that none of the funds made available under this award may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. In addition, non-U.S. nongovernmental organizations will also be subject to an additional term and condition requiring the organization's opposition to the practices of prostitution and sex trafficking. Any enforcement of this provision is subject to courts' orders in Alliance for Open Society International v. USAID (See, e.g., S.D.N.Y. 05 Civ. 8209, Orders filed on January 30, 2015 and June 6, 2017, granting permanent injunction).

Trafficking in Persons Provision (Component 2):

• No contractor or sub-recipient under this Agreement that is a private entity may, during the period of time that the award is in effect:

o engage in trafficking in persons, as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime;
o procure any sex act on account of which anything of value is given to or received by any person; or
o use forced labor in the performance of this award.

• If HHS/CDC determines that there is a reasonable basis to believe that any private party contractor or sub-recipient has violated paragraph 1 of this section or that an employee of the contractor or sub-recipient has violated such a prohibition where that the employee's conduct is associated with the performance of this award or may be imputed to the contractor or sub-recipient, HHS/CDC may, without penalty, (i) require the Recipient to terminate immediately the contract or sub-award in question or (ii) unilaterally terminate this Agreement in accordance with the termination provision.
• For purposes of this provision, "employee" means an individual who is engaged in the performance in any part of the Project as a direct employee, consultant, or volunteer of any private party contractor or sub-recipient.
• The Applicant must include in all sub-agreements, including sub-awards and contracts, a provision prohibiting the conduct described in subsection a by private party sub-recipients, contractors, or any of their employees.

Prohibition on Assistance to Drug Traffickers(Component 2):
• HHS/CDC reserves the right to terminate assistance to, or take other appropriate measures with respect to, any participant approved by HHS/CDC who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.
• The Applicant agrees not to disburse, or sign documents committing the Applicant to disburse

funds to a sub-recipient designated by HHS/CDC ("Designated Sub-recipient") until advised by HHS/CDC that: (1) any United States Government review of the Designated Sub-recipient and its key individuals has been completed; (2) any related certifications have been obtained; and (3) the assistance to the Designated Sub-recipient has been approved.

• The Applicant shall insert the following clause, or its substance, in its agreement with the Designated Sub-recipient:

  o The Applicant reserves the right to terminate this Agreement or take other appropriate measures if the [Sub-recipient] or a key individual of the [Sub-recipient] is found to have been convicted of a narcotic offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

Financing of Terrorism (Component 2):

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

Restriction on Assistance for Military or Paramilitary Purposes or for Police and Prisons(Component 2):

• No funds or other support provided under the award may be used for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HHS/CDC.

UN Security Council Sanctions List (Component 2):

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

Worker's Rights(Component 2):

• No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized workers' rights of workers in the recipient country.
• In the event the Applicant is requested or wishes to provide assistance in areas that involve

workers' rights or the Applicant requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/CDC and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/CDC that it may do so.
• The Applicant must ensure that all employees and subcontractors and sub-recipients providing employment-related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.
• The term "internationally recognized worker rights" includes-- the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health.
• The term "worst forms of child labor" means-- all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by the laws, regulations, or competent authority of the country.

Investment Promotion(Component 2):

• No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise outside the United States.
• In the event the Applicant requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/CDC and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/CDC that it may do so.
• The Applicant must ensure that its employees and subcontractors and sub-recipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.

Contract Insurance Requirement(Component 2):

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

or security as required by HHS/CDC.

Source and Nationality and Other Procurement Restrictions(Component 2):

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

o Ocean transportation costs must be financed under the Agreement only on vessels under flag registry of [countries included in Code 935] OR [the following countries: LIST. Also see subsection 7 below on use of U.S.-flag vessels.
o Any motor vehicles financed under the Agreement will be of United States manufacture, except as HHS/CDC may otherwise agree in writing.

• The nationality of the contractor providing ocean and air shipping services will be deemed to be the ocean vessel's or aircraft's country of registry at the time of shipment.
• Provisions concerning restricted and ineligible goods and services may be provided in subsequent written communications between the parties. Special procurement rules apply to agricultural commodities, pharmaceuticals, pesticides, and fertilizer, none of which may be procured without advance written consent of HHS/CDC.
• Transportation by air of property or persons financed under this agreement will be on carriers holding United States certification to the extent service by such carriers is available under the Fly America Act. This requirement may be further described by HHS/CDC in subsequent written communications between the parties.
• Eligibility Date. No goods or services may be financed under the Agreement which are procured pursuant to orders or contracts firmly placed or entered into prior to the date of this Agreement, except as the Parties may otherwise agree in writing.
• Eligible countries for procurement: HHS/CDC to identify for specific agreement.
• Transportation

o In addition to the requirements in subsection 1 above, costs of ocean or air transportation and related delivery services may not be financed under this Agreement, if the costs are for transportation under an ocean vessel or air charter which has not received prior HHS/CDC approval.
o Unless HHS/CDC determines that privately owned U.S. -flag commercial ocean vessels are not available at fair and reasonable rates for such vessels, or otherwise agrees in writing:

- At least fifty percent (50%) of the gross tonnage of all goods (computed separately for dry bulk carriers, dry cargo liners and tankers) financed by HHS/CDC which may be transported on ocean vessels will be transported on privately owned U.S.-flag commercial vessels; and
- At least fifty percent (50%) of the gross freight revenue generated by all shipments financed by HHS/CDC and transported to the territory of the Recipient on dry cargo liners shall be paid to or for the benefit of privately owned U.S.-flag commercial vessels. Compliance with the requirements of (1) and (2) of this subsection must be achieved with respect to both any cargo transported from U.S. ports and any cargo

transported from non-U.S. ports, computed separately

Environmental Impact Statement(Component 2):

HHS/CDC and the Applicant agree to implement the Project in conformance with the regulatory and legal requirements of the Partner Country's environmental legislation and HHS/CDC's environmental policies.

• The Applicant is required to create and follow an environmental mitigation plan and report (EMPR) for each thematic area covered by this agreement. The EMPR shall include the following:

o Coversheet;
o Narrative with project specific information, including level of effort;
o Annexes:

- Environmental Screening Form (Table 1);
- Identification of Mitigation Plan (Table 2);
- Environmental Monitoring and Tracking Table (Table 3);

o Photos and Maps, as appropriate.

• The EMPR will capture potential environmental impacts and also inform whether a supplemental Initial Environmental Examination (IEE) is required and should be completed and submitted to HHS/CDC.

Attribution to PEPFAR(Component 2):

• All PEPFAR-related accepted abstracts presented by implementing partners during any conference (regardless of conference/meeting size) must be attributed to PEPFAR. All posters must include the PEPFAR logo as well as the following language: "This research has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through HHS/CDC under the terms of CDC-RFA-GH20-2086."

PEPFAR Branding(Component 2):

• All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. PEPFAR branding guidance can be found at http://www.pepfar.gov/reports/guidance/branding/index.htm

Using PEPFAR funds for Implementing Partners (IPs) and Partner Government Officials(Component 2):

IPs are required to notify their Project Officer immediately upon abstract acceptance. Once accepted, IPs are required to submit a written justification to their Project Officer stating the rationale for seeking support to attend the conference. IPs with accepted oral posters or oral abstracts for presentations that give clear attribution to PEPFAR may be authorized to use PEPFAR funds for travel providing that funds are available for travel. Funds for travel must be drawn from an existing agreement with the IP and not from PEPFAR country program

management and operations budget. IPs must obtain prior approval from their respective Project Officer for participation and on availability and use of funds.
PEPFAR partner government officials who wish to attend any large conference using PEPFAR funds must submit requests to the Project Officer, who will work with this PEPFAR Coordination office in-country, or to the designated PEPFAR Point of Contact in countries without Coordinators. Final decisions will be made in collaboration with the PEPFAR Deputy Principals and responses will be circulated to Post.

Requirements for Voluntary Family Planning Projects (Component 2):

• A family planning project must comply with the requirements of this paragraph.
• A project is a discrete activity through which a governmental or nongovernmental organization or Public International Organization (PIO) provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.
• (3) Service providers and referral agents in the project must not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.
• (4) The project must not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor, or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.
• (5) A person must not be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.
• The project must provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

o The recipient must notify CDC when it learns about an alleged violation in the requirements for voluntary family planning projects described in paragraphs (3), (4), or (5), above.
o The recipient must investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation and must notify CDC about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.

o The recipient must provide CDC such additional information about violations as CDC may request.

The 8% Rule(Component 2):

The President's Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels.

To achieve this goal, OGAC establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. For U.S. Government fiscal year (FY) 2020, the limit is no more than 8 percent of the country's FY2020 PEPFAR program funding (excluding U.S. Government management and staffing costs), or $2 million, whichever is greater. The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-recipient. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-recipients, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this NOFO. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this NOFO unless the U.S. Global AIDS Coordinator approves an exception to the cap. Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this NOFO. For example, the proposal should state that the applicant has $_____ in FY2020 grants and cooperative agreements (for as many fiscal years as applicable) in the country(ies) covered by this NOFO. For additional information

concerning this NOFO, please contact the Grants Management Officer for this NOFO.
The 8% rule does not apply to Brazil, Cameroon, Mali, Senegal, Sierra Leone, Central America Regional Office, or the Asia Regional Office because these countries are not required to have a Country Operational Plan (COP) in place.

Monitoring and Evaluation Section (SIMS) (Component 2):

• HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the Activities and use of HHS/CDC funding under this Agreement, must require a provision to this effect in all sub-awards or contracts financed by funds under this Agreement. Where applicable, this includes support for, and response to, activities associated with the Site Improvement through Monitoring System.

Monitoring Reporting and Evaluation(Component 2):

• CDC programs must ensure that recipient's Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by OGAC and other HHS/CDC requirements, including PEPFAR's Monitoring, Evaluation, and Reporting(MER) strategy and CDC's Data for Partner Monitoring Program (DFPM). All evaluations conducted with PEPFAR funds must submit an evaluation report following the format included in Appendix C of PEPFAR Evaluation Standards of Practice
http://www.pepfar.gov/documents/organization/247074.pdf.

Human Subjects Restrictions for PEPFAR Awards(Component 2):

All plans for data collection from persons or personal records and for laboratory specimen collection and testing that are expected to result in public reports will require protocols for technical review and review of institutional human subjects protection considerations by CDC. Funds for implementing these activities will be restricted until all necessary institutional protocol approvals have been obtained. Funds for preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation) may be provided prior to protocol approval. To facilitate the early availability of funding, the budget and narrative should clarify which activities are preparatory.
Data collection protocols required for release of human subjects funding restrictions must be submitted to the DGHT Science Office within 6 months of notification of such restrictions, but no later than the end of the first budget year. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management Officer.
All protocol approvals should be obtained no later than the end of the subsequent budget period after the award or continuation has been made, provided that the Recipient has not been granted an exception to the deadlines specified above.

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:30

- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.
- Describes an overall strategy and activities consistent with the CDC Project Description

and logic model.
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes.
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.

ii. Evaluation and Performance Measurement	Maximum Points:30

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.
- Describes any evaluation studies they are to undertake.
- Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods.

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

- Demonstrates relevant experience and capacity (both management, administrative, and technical) to achieve the goals of the project.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles.
- Provides an organizational chart.

Budget

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

NOFO Announcement:

NOFO Award Dates: 9/30/2020

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

3. Reporting

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

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

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

Project Officer.

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan	**6 months into award**	**Yes**
Annual Performance Report (APR)	**120 days before end of budget period. Serves as yearly continuation application.**	**Yes**
Performance Measure Reporting	**Annual reports due 90 calendar days after the award year and quarterly reports due 30 days after the reporting period**	**Yes**
Audit, Books, and Records *(Component 2)*	**When applicable, within 30 days of completion of the audit and no later than nine months after the end of the period under audit**	**Yes, as applicable**
Reporting of Foreign Taxes *(Component 2)*	**Quarterly reports due April 15, July 15, October 15, and January 15**	**Yes**
Expenditure Analysis *(Component 2)*	**Annually, in conjunction with the PEPFAR Annual Progress Report at the completion of the USG fiscal year**	**Yes**
Federal Financial Reporting Forms	**90 days after end of calendar quarter in which budget period ends**	**Yes**
Final Performance and Financial Report	**90 days after end of project period.**	**Yes**
Payment Management System (PMS) Reporting	**Quarterly reports due January 30, 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.

[Performance Measure Reporting (required - Component 2)]:

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

Performance reports must contain, for each award, brief information on each of the following:
? A comparison of actual accomplishments with the goals and objectives previously established for the period, including metrics outlined in the monitoring and evaluation plan any findings of an external entity, or both.
? Reasons why established goals for the performance period were not met, if appropriate.
? Other pertinent information including, when appropriate, statutory or Congressional reporting requirements, analysis and explanation of cost overruns or high unit costs reported in financial reports.
? The recipient must immediately notify the awarding agency of developments that have a significant impact on or adverse conditions which materially impair the award-supported activities.
? The Quarterly Pipeline Analysis report must contain expenditures versus budget as identified in work plan, description of challenges, and explanation of unexpected pipeline (high or low).

The Pipeline Analysis report must contain the project period, award amount to date, outlay or liquidated amount to date, and the balance of the pipeline, or the award amount to date less the outlay.

The recipient must submit the original and two copies of annual and quarterly Performance reports and quarterly pipeline analysis. Annual reports must be due 90 calendar days after the award year and quarterly reports must be due 30 days after the reporting period. The final performance reports are due 90 calendar days after the expiration or termination of this Agreement.

Additionally, the following terms apply to all performance measure and evaluation plans and reports:
CDC programs must ensure that recipient?s Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by OGAC and other HHS/CDC requirements, including PEPFAR?s Monitoring, Evaluation, and Reporting (MER) strategy, PEPFAR?s Evaluation Standards of Practice, and CDC?s Data for Partner Monitoring Program (DFPM).

The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the Activities and use of HHS/CDC funding under this Agreement, must require a provision to this effect in all sub-awards or contracts financed by funds under this Agreement. Where applicable, this includes support for, and response to, activities associated with the Site Improvement through Monitoring System and implementation of Data and Service Quality Assessments.

The recipient is required to submit in a timely manner all program results for all relevant programmatic indicators in accordance with U.S. government guidance. All evaluation reports (with or without CDC authors) must adhere to the PEPFAR Evaluation Standards of Practice and must be published on a publically available Internet website, upon approval from CDC offices.

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

C. Partner Government Audit. If $300,000 or more of US Government funds are expended by the recipient in its fiscal year under the Agreement, the recipient must have financial audits made of the expenditures in accordance with the following terms, except as the Parties may otherwise agree in writing:
i. The recipient must use its Supreme Audit Institution (SAI), if the SAI is approved by HHS/CDC, or select an independent auditor to perform the audit in accordance with the guidelines issued by HHS/CDC.
ii. The audit must determine whether the receipt and expenditure of the funds provided under the Agreement are presented in accordance with generally accepted accounting principles agreed to in Section 2 above and whether the recipient has complied with the terms of the Agreement. Each audit must be submitted to HHS/CDC no later than nine months after the close of the recipient?s year under audit.
D. Sub-recipient Audits. The recipient, except as the Parties may otherwise agree in writing, must ensure that ?covered? sub-recipients, as defined below, are audited, and submit to HHS/CDC, no later than the end of the recipient?s year under audit, in form and substance satisfactory to HHS/CDC, a plan for the audit of the expenditures of "covered" sub-recipients, as defined below, that receive funds under this Agreement pursuant to a direct contract or agreement with the recipient.
i. "Covered" sub-recipient is one who expends $300,000 or more in its fiscal year in "US Government awards" (i.e. as recipients of US Government cost reimbursable contracts, grants or cooperative agreements).
ii. The plan must describe the methodology to be used by the recipient to satisfy its audit responsibilities for covered sub-recipients. The recipient may satisfy such audit responsibilities by relying on independent audits of the sub-recipients; expanding the scope of the independent financial audit of the recipient to encompass testing of sub-recipients' accounts; or a combination of these procedures.
iii. The plan must identify the funds made available to sub-recipients that will be covered by audits conducted in accordance with audit provisions that satisfy the recipient?s audit responsibilities.
iv. The recipient must ensure that covered sub-recipients under direct contracts or agreements with the recipient take appropriate and timely corrective actions; consider whether sub-recipients' audits necessitate adjustment of its own records; and require each such sub-recipient to permit independent auditors to have access to records and financial statements as necessary.
E. Audit Reports. The recipient must furnish or cause to be furnished to HHS/CDC an audit report for each audit arranged for by the recipient in accordance with this Section within 30 days after completion of the audit and no later than nine months after the end of the period under audit.
F. Cost of Audits. Subject to HHS/CDC approval in writing, costs of audits performed in accordance with the terms of this Section may be budgeted for, and charged to, the Agreement so long as such costs are allowable, allocable, and reasonable as defined in the Cost Allowability section of this Agreement.
G. Audit by HHS/CDC. HHS/CDC retains the right to perform the audits required under this Agreement on behalf of the recipient conduct a financial review, or otherwise ensure accountability of organizations expending US Government funds regardless of the audit requirement.
H. Opportunity to Audit or Inspect. The recipient must afford authorized representatives of

HHS/CDC the opportunity at all reasonable times to audit or inspect activities financed under the Agreement, the utilization of goods and services financed by HHS/CDC, and books, records and other documents relating to the Agreement.
I. Sub-recipient Books and Records. The recipient will incorporate paragraphs (A), (B), (D), (E), (F), (G) and (H) of this provision into all sub-agreements with non-U.S. organizations which meet the $300,000 threshold of paragraph (C) of this provision. Sub-agreements with non-U.S. organizations, which do not meet the $300,000 threshold, must, at a minimum, incorporate paragraphs (G) and (H) of this provision. Sub-agreements with U.S. organizations must state that the U.S. organization is subject to the audit requirements contained in 2 CFR 200 and 45 CFR 75.

Expenditure Analysis (required - Component 2):
Recipients of PEPFAR funds are required to report annually on program expenditures. Specifically, annual completion of PEPFAR Program Expenditures (Form DS-4213, approved by OMB 1405-0208, or the relevant OMB-approved format) will be required in conjunction with the PEPFAR Annual Progress Report at the completion of the USG fiscal year.

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:

Todd Mercer, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Email: jmercer@cdc.gov

Grants Staff Contact

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

Nicole Comick, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Email: KTV6@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