



Centers for Disease Control

National Center for HIV-AIDS, Viral Hepatitis, STD, and TB Prevention

Secure Data Sharing Tool to Support De-duplication of Cases in the National HIV Surveillance
System (NHSS)

CDC-RFA-PS18-1805

Application Due Date: 12/05/2017

Secure Data Sharing Tool to Support De-duplication of Cases in the National HIV Surveillance
System (NHSS)

CDC-RFA-PS18-1805

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-PS18-1805. 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:

Secure Data Sharing Tool to Support De-duplication of Cases in the National HIV Surveillance System (NHSS)

C. Announcement Type: New - Type 1

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS18-1805

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

93.940

F. Dates:

- | | |
|--|--|
| 1. Due Date for Letter of Intent (LOI): | 10/30/2017 |
| 2. Due Date for Applications: | 12/05/2017 , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov . |

A Letter of Intent (LOI) is requested (i.e. recommended but not required) to allow CDC program staff to estimate the number of and plan for the review of submitted applications. A completed LOI may be sent via email by October 30, 2017 to Ms. Damarys Cordova dcordova@cdc.gov

3. Date for Informational Conference Call:

3. Date for Informational Conference Call:

Tuesday, October 31, 2017 – 3:00-4:00pm Eastern via online meeting in Skype for Business or by calling (404) 553-8912 (Atlanta Dial-in Conference Region) or (855) 348-8390 (outside of the Atlanta Dial-in Conference Region). When prompted after dialing, enter the Conference ID: 2751505#

Applicants may submit questions as follows:

For programmatic technical assistance, contact:

Kristen L. Hess

Department of Health and Human Services

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

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Department of Health and Human Services

Centers for Disease Control and Prevention

CDC Office of Financial Resources / Office of Grants Services (OFR/OGS)

2920 Brandywine Road; MS E-15

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For assistance with submission difficulties related to www.grants.gov, contact the Contact Center by phone at 1-800-518-4726 (24 hours daily/7days weekly, except on federal holidays).

For all other submission questions, contact:

Technical Information Management Section

Department of Health and Human Services

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2920 Brandywine Road; MS E-14

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

G. Executive Summary:

1. Summary Paragraph:

For the last 30 years, the Human Immunodeficiency Virus (HIV) has affected millions throughout the United States. CDC monitors trends in HIV infection and evidence of HIV medical care and viral suppression through the National HIV Surveillance System (NHSS). Due to migration, people living with diagnosed HIV can be reported to CDC by multiple states. The purpose of this NOFO is to support a more efficient method for HIV surveillance jurisdictions to identify potential interstate duplicates. The recipient will develop and provide a secure, encrypted, on-going privacy data-sharing tool capable of identifying potential duplicates across jurisdictions, implement necessary data security, confidentiality and privacy protections according to CDC standards, obtain participation agreements with 59 state and local health department HIV surveillance programs that will allow on demand submission and matching of person-level HIV surveillance data, and report back to jurisdictions on matching levels in formats that are importable into local/state HIV data systems.

a. Eligible Applicants: Open Competition

b. NOFO Type: Grant

c. Approximate Number of Awards: 1

d. Total Period of Performance Funding: \$2,000,000

e. Average One Year Award Amount: \$400,000

f. Total Period of Performance Length: 5

g. Estimated Award Date: 01/15/2018

h. Cost Sharing and / or Matching Requirements: N

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

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

For the last 30 years, the Human Immunodeficiency Virus (HIV) has affected millions throughout the United States. According to CDC, by the end of 2014 there were 955,081 people living with diagnosed HIV in the U.S. with approximately 40,000 infections diagnosed each year. (1) The CDC National HIV Surveillance System (NHSS) is the primary source for monitoring trends in

HIV infection diagnosis rates and evidence of HIV medical care and viral suppression. The 50 states, the District of Columbia, and 6 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the U.S. Virgin Islands) have regulatory authority and confidentiality protections to collect and maintain information on persons with diagnosed HIV infection.

CDC funds and assists state and local health departments to collect the surveillance data, which use the Enhanced HIV/AIDS Reporting System (eHARS) to submit de-identified surveillance data to CDC. Due to migration, people living with diagnosed HIV (PLWDH) can be reported by multiple states. To get accurate information on PLWDH, deduplication of the data must be conducted. A routine effort known as Routine Interstate Duplicate Review (RIDR) involves a jurisdiction-to-jurisdiction deduplication process based on a list of cases provided by CDC. Each jurisdiction conducts case-by-case reviews by phone with other jurisdictions and information for confirmed duplicates is entered in the case records and duplicate pairs are identified for merging during NHSS's national data processing. Depending on the number of potential duplicates, the RIDR process can take hundreds of hours and months to complete.

In recent years, the timely resolution of duplicates has become more important because of the increased emphasis on using HIV surveillance data to link/re-engage people in HIV medical care. Delays in identification and resolution of duplicates can lead to wasted efforts in implementing and completing activities focused on linking and/or retaining people in care if a person with diagnosed HIV in one jurisdiction has without informing relocated to another jurisdiction. Given the urgent need for high quality and timely HIV case surveillance data, CDC is seeking to implement more efficient electronic tools for data sharing to reduce the burden of the RIDR process.

In 2015, a pilot project was conducted with health departments in three jurisdictions to develop a proof of concept for a secure, automated tool for matching HIV surveillance records. This tool used HIV surveillance data and a person-matching algorithm to determine the level of matching for a case-pair, comprised of a record from one jurisdiction paired with a record from another jurisdiction. The algorithm determined whether each case-pair was an 'exact', 'high', 'medium', or 'low' match. Based on the matching report, the pairs identified as 'exact' and 'high' matches could be resolved quickly. For the three jurisdictions, the algorithm identified over 80% of the potential duplicates in less than 30 minutes. (2) In addition, the tool was able to identify duplicates across jurisdictions that had not been previously identified through the RIDR process.

The goal of NOFO 18-1805 is to improve the quality of HIV surveillance data by supporting access to a secure, ongoing, on demand, automated privacy data-sharing tool developed and implemented by the recipient that identifies duplicate HIV cases across state/local HIV surveillance jurisdictions.

b. Statutory Authorities

This program is authorized under Sections 317(k) (2) and 318(c) of the Public Health Service Act [42 U.S.C. Sections 247b (k) (2) and 247c(c)], as amended.

c. Healthy People 2020

Section 301 of the Public Health Service Act (42 USC § 241),

This NOFO addresses the “Healthy People 2020” focus on HIV: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22>

d. Other National Public Health Priorities and Strategies

The national prevention goals: <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>

CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan: <http://www.cdc.gov/nchhstp/docs/NCHHSTP-Strategic-Plan-through-2020-508.pdf>

CDC Division of HIV/AIDS Prevention: (DHAP) Strategic Plan: <http://www.cdc.gov/nchhstp/docs/NCHHSTP-Strategic-Plan-through-2020-508.pdf>

HIV Care Continuum Initiative: <https://www.aids.gov/federal-resources/policies/care-continuum/>

CDC Winnable Battles: <http://www.cdc.gov/WinnableBattles/index.html>

e. Relevant Work

This NOFO builds upon previous and current HIV surveillance and prevention programs for health departments and community-based partners including:

CDC-RFA-PS12-1210: The Care and Prevention in the United States (CAPUS) Demonstration Project: <https://www.cdc.gov/hiv/research/demonstration/capus/index.html>

CDC-RFA-PS13-1302: National HIV Surveillance System (NHSS): <https://www.cdc.gov/hiv/funding/announcements/ps13-1302/index.html>

CDC-RFA-PS14-1403: Capacity Building Assistance (CBA) for High-Impact HIV Prevention: <https://www.cdc.gov/hiv/funding/announcements/ps14-1403/index.html>

CDC-RFA-PS14-1410: Partnerships for Care (P4C): Health Departments and Health Centers Collaborating to Improve HIV Health Outcomes: <https://www.cdc.gov/hiv/research/demonstration/p4c/index.html>

CDC-RFA-PS15-1506: Health Department Demonstration Projects to Reduce HIV Infections and Improve Engagement in HIV Medical Care among Men Who Have Sex with Men (MSM) and Transgender Persons: <http://www.cdc.gov/hiv/funding/announcements/ps15-1506/>

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-18-1805 Logic Model: Privacy Data Sharing Tool to Support De-duplication of Cases in the National HIV Surveillance System

Strategies and Activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Strategy 1: Comply with policies related to security and confidentiality			
<ul style="list-style-type: none"> · Ensure data security, confidentiality and privacy according to CDC standards. 	<ul style="list-style-type: none"> · Enhanced system security. 		<ul style="list-style-type: none"> · Improved accuracy of local and national case counts · Increased availability of high quality HIV surveillance data to more accurately measure HIV prevention and care indicators · Enhanced use of surveillance data to support individuals through the HIV care continuum including data to care activities
Strategy 2: Support deduplication of cases			
<ul style="list-style-type: none"> · Negotiate with local, state, and territorial health departments for participation in a secure data sharing system and obtain data sharing agreements. · Provide a data sharing system to allow for secure, on demand, ongoing, encrypted submission and matching of person-level HIV case surveillance data. · Provide a matching algorithm based on HIV surveillance dataset variables to determine the levels of matching exactness. 	<ul style="list-style-type: none"> · Enhanced HIV case information sharing among participants. · Improved security of data sharing between HIV surveillance jurisdictions. 	<ul style="list-style-type: none"> · Improved data quality and completeness. · Reduced cost to perform interjurisdictional duplicate review. 	
Strategy 3: Facilitate processing of results of duplicate review			
<ul style="list-style-type: none"> · Provide feedback reports to participating jurisdictions on the matching levels of all case pairs for the jurisdiction. · Develop and deliver tab-delimited files that contain required case information for pairs 	<ul style="list-style-type: none"> · Improved resolution of duplicate reports. 		

determined to be “ <i>exact</i> ” matches			
Strategy 4: Monitor and evaluation			
· Provide reports regarding jurisdiction participation and matching process and outcomes.	· Increased knowledge of the duplicate review process. · Improved efficiency of matching process.	· Improved efficiency of duplicate review process.	

i. Purpose

The purpose of this NOFO is to support a more efficient method for jurisdictions to de-duplicate cases reported to the National HIV Surveillance System. The recipient will develop and provide access to a privacy data-sharing tool that identifies potential duplicates across 59 jurisdictions; allow for secure, encrypted submission and matching of person-level HIV surveillance data; ensure data security, confidentiality, and privacy per CDC standards; recruit and negotiate with the 59 jurisdictions to participate; and provide them a report on matching levels.

ii. Outcomes

The recipient is expected to demonstrate measurable progress toward achieving the bolded short-term and intermediate outcomes depicted in the logic model. Indicators that quantify these outcomes are described in the section entitled CDC Evaluation and Performance Measurement Strategy.

Expected short-term outcomes:

- Enhanced HIV case information sharing among participants.
- Improved security of data sharing between HIV surveillance jurisdictions.
- Improved resolution of duplicate reports.
- Increased knowledge of the duplicate review process.
- Improved efficiency of matching process.

Expected intermediate outcomes:

Improved data quality and completeness.

iii. Strategies and Activities

The recipient is required to implement all of the strategies and activities list below.

- Comply with policies related to security and confidentiality.
 - The recipient shall have the ability to host and maintain a system for data

- management, use, and reporting to support activities funded by the federal government.
- Implement data security, confidentiality and privacy according to applicable standards (including those established by CDC) for any data systems created for the project.
- CDC will not have access to any data being processed within the scope of this grant to identify duplicates for the participating jurisdictions.
- Jurisdictions own the data processed within the scope of this grant, and the recipient acts on behalf of the participating jurisdictions when processing their data to identify duplicates for them and is responsible for protection of the information while in the recipient's possession.
- The recipient will conduct all aspects of this work through their own institution(s) and not at a CDC/HHS facility.
- The recipient will not have access to any CDC/HHS data system or receive any data from CDC/HHS, nor will it provide any data to CDC/HHS other than project summaries as specified. CDC will not have the ability to access any of the participating jurisdiction's data while it is in the possession of the recipient.
- Data cannot be used for purposes beyond the scope of the grant.
 - Output: Provide a document describing the protocol to ensure security and confidentiality of data and data ownership.
- Support deduplication of cases.
 - Recruit local, state, and territorial health departments for participation in a secure data sharing system and negotiate conditions.
 - Output: Provide status reports during monthly calls with CDC on the status of negotiations with all health departments.
 - Collaborate with local, state, and territorial health departments to develop a system that fits the needs of the participating jurisdictions. Facilitate establishing a coordinating board made up of a subset of participating jurisdictions to ensure efficient communication.
 - Output: Provide status reports during monthly calls with CDC on the status of coordinating board.
 - Establish data sharing agreements in accordance with the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention's (NCHHSTP) Data Security and Confidentiality Guidelines between the recipient and the participating health departments.
<https://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>
 - Output: Provide copies of data sharing agreements with health departments that have agreed to participate and documentation for those not interested or able to participate.
 - Provide a data sharing system to allow for secure, on demand, ongoing, encrypted submission and matching of person-level HIV surveillance data.
 - Output: Provide routine progress updates on core activities and deliverables in the planning and management of IT application development and implementation for the secure data sharing tool and matching algorithm.

- Provide a matching algorithm based on HIV surveillance dataset variables to determine the levels of matching exactness.
 - Output: Provide CDC with a detailed description of the matching algorithm.
 - Output: Provide evidence of accuracy of matching algorithm, including percentage of ‘exact’ and ‘very high’ matches that are true duplicates.
- Provide application training and materials specific to the appropriate end users and application support organizations.
 - Output: Provide CDC the training schedule, participant list, and training materials for any trainings provided to end users and application support organizations.
- Follow best practices as outlined in CDC's Enterprise Performance Lifecycle (EPLC) methodology to establish the core activities and deliverables for planning, managing, and documenting IT application development and implementation.
 - Output: Provide a development and implementation plan for the secure data sharing tool and matching algorithm that includes activities, milestones, documentation, deliverables, and performance measures.
- Facilitate processing of results of duplicate review.
 - Provide feedback reports to participating jurisdictions on the matching levels of all case pairs for the jurisdiction.
 - Develop and deliver tab-delimited files that contain required case information for pairs determined to be “*exact*” matches. The file must align with CDC’s eHARS importable RIDR file (in format and included variables).
 - Output: Provide CDC an example of the matching feedback report and the tab-delimited file that will be provided to jurisdictions.
- Monitor and evaluation.
 - Provide reports regarding jurisdiction participation and matching process and outcomes.
 - Report progress to CDC during monthly calls on jurisdiction participation, implementation of the secure data sharing tool, and matching process and outcomes.
 - Produce an annual summary report that includes feedback from staff from each of the participating jurisdictions on the lessons learned and recommendations that resulted from the processes and outcomes of this NOFO.
 - Output: Produce an annual summary report that includes feedback from staff from each of the participating jurisdictions on the lessons learned and recommendations that resulted from the processes and outcomes of this NOFO.

1. Collaborations

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

The recipient shall establish, build, and/or maintain working partnerships with CDC-funded health departments to ensure communication, collaboration, and coordination for delivery of more accurate and timely data to aid in linkage to and re-engagement in HIV medical care activities at the state/local level and to support monitoring of HIV indicators at the national level.

For implementation activities, the recipient will collaborate with state/local health departments and/or the bona fide agents. Data sharing agreements shall be established with each health department. As needed, a memorandum of agreement/memorandum of understanding (MOAs/MOUs) shall be established with each health department.

b. With organizations not funded by CDC:

N/A

2. Target Populations

The recipient shall work with state/local and territorial health departments to improve the quality of HIV surveillance data for all persons with diagnosed HIV infection. This includes sub-groups based on local or state Integrated HIV Prevention and Care Plans, Needs Assessments, and/or Epidemiological Profiles and persons affected by disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions such as tribal communities.

a. Health Disparities

The NOFO supports efforts to use HIV surveillance data to improve the health of populations disproportionately affected by HIV. Accurate data will maximize the health impact of public health services to reduce disease prevalence and promote health equity consistent with national goals. Health disparities in HIV are inextricably linked to a complex blend of social determinants that influence populations most severely affected by this disease. Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage.

Details of the health equity strategy and approach are outlined in the NCHHSTP Social Determinants of Health White Paper (<http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>).

iv. Funding Strategy

Funding based on the provision of secure data matching services to 59 surveillance jurisdictions. A ceiling is set for \$400,000 per year for five years.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The strategy for monitoring and evaluating the recipient's performance will include several activities, spanning both process monitoring and evaluation and monitoring of outcomes, and will be consistent with the logic model and approach previously presented. Guidance assessing performance targets will be provided by CDC.

Outputs

- Provide a document describing the protocol to ensure security and confidentiality of data and data ownership.

- Provide status reports during monthly calls with CDC on the status of negotiations with all health departments.
- Provide copies of data sharing agreements with health departments that have agreed to participate and documentation for those not interested or able to participate.
- Provide a development and implementation plan for the secure data sharing tool and matching algorithm that includes activities, milestones, documentation, deliverables, and performance measures.
- Provide routine progress updates on core activities and deliverables in the planning and management of IT application development and implementation for the secure data sharing tool and matching algorithm.
- Provide CDC with a detailed description of the matching algorithm.
- Provide evidence of accuracy of matching algorithm, including percentage of ‘exact’ and ‘very high’ matches that are true duplicates.
- Provide CDC an example of the matching feedback report and the tab-delimited file that will be provided to jurisdictions.
- Produce an annual summary report that includes feedback from staff from each of the participating jurisdictions on the lessons learned and recommendations that resulted from the processes and outcomes of this NOFO.

Outcomes

- Enhanced HIV case information sharing among participants.
- Indicator: Frequency of matching; this should be at least 4 times per year
- Improved security of data sharing between HIV surveillance jurisdictions.
 - Indicator: Number of security breaches
- Improved resolution of duplicate reports.
 - Indicator: All participating jurisdictions are able to import the tab-delimited file into eHARS without errors.
 - Indicator: All jurisdictions are satisfied with the output of the matching process (matching report and tab-delimited file).
- Improved data quality and completeness.
 - Indicator: Reduced number of records in the RIDR report generated by CDC.
- Increased knowledge of the duplicate review process.
 - Indicator: Develop standard operating procedures.
- Improved efficiency of the matching process.
 - Indicator: The length of time it takes for jurisdictions to resolve duplicate pairs will be reduced.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions,

and use evaluation findings for continuous program quality improvement.

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

All applicants must demonstrate their existing capacity to successfully execute all proposed strategies and activities to meet the NOFO requirements. Applicants must have demonstrable expertise, experience, and/or capacity to develop, rapidly implement, and evaluate the required strategies and activities. Working with HIV surveillance in state, local, and/or territorial health departments is integral to implementation. Applicants should describe their mission; organizational structure; overall organizational budget and funding sources; staff size and expertise; the nature and scope of their work and capabilities; long-term sustainability plan; and other information that would help CDC assess the organization's infrastructure and capacity to implement the proposed activity. Applicants should address the physical infrastructure as it relates to equipment, electronic information and data systems, ensuring data security and confidentiality, and communication systems to implement the award. The recipient must be able to take full responsibility of the security and confidentiality of the data while it is in their possession. The recipient will conduct all aspects of this work through their own institution(s) and not at a CDC/HHS facility.

Applicants shall provide a description of three (3) projects completed within the past three years that clearly demonstrate the experience in performing projects of similar scope, size, and complexity. This should include the customer name and contract title and a brief narrative

description of the work performed with a discussion of problems encountered, corrective actions, and significant accomplishments.

Workforce Capacity: Applicants must provide details on their workforce capacity, competence, expertise, and experience as they relate to all specific program strategies and activities (e.g., programming languages, applications, and managing operating systems). Applicants must have a strategy to ensure that the development, implementation and delivery of a secure data sharing system meets the needs of the jurisdictions.

Staffing: Applicants must provide evidence of adequate program management/staffing plans, technical expertise, performance measurement and evaluation, financial reporting, management of travel requirements, and workforce development and training. Applicants should identify key staff including program management with expertise in disease surveillance systems, programming languages, applications, operating systems and hardware (Principal Investigator or Co-Principal Investigator) and must have a plan to ensure that program staff has adequate skills and relevant experience and capacity to implement the activities and achieve the project outcomes, including the evaluation plan. The staffing plan and project management structure should be sufficient to achieve the project outcomes (e.g., staff should have technical expertise; data management and data analysis capacity; and a plan for management accessing capacity building assistance to support workforce development), inclusive of subcontractors and consultants if applicable, throughout the duration of the five-year project. Staff must have the breadth of subject matter expertise and experience required to conduct all proposed work. When feasible, applicants must hire direct service staff who have at least 12 months minimum experience working in related disease surveillance. Applicants should describe how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities. Additionally, a curriculum vitae or resume must be submitted for each existing key personnel who will be affiliated with this program. Applicants are also required to provide an agency-wide organizational chart and an organizational chart for the proposed program.

d. Work Plan

Applicants are required to provide a work plan that provides both a high-level overview of the entire five-year project period and a detailed description of the first year of the award. The work plan should incorporate all NOFO-related program strategies and activities. Applicants should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with the related NOFO performance objectives. Also included should be the training, capacity building, and technical assistance (TA) needs to support the implementation of the proposed program. Included in the work plan should be a concise description on how the recipient plans to implement and monitor each program activity.

Note: Post-award, proposed work plan activities may be adjusted in collaboration with CDC to better address the overarching goals of the project.

The applicant shall address the following outline in their work plan:

1. Five-Year Overview of Project (include narrative)

- Intended outcomes for the entire five-year project period

2. Year 1 Detailed Work Plan

- Program strategies and activities
- Outcomes aligned with program strategies and activities
- SMART objectives aligned with performance targets (including quantitative baselines and targets, based on the proposed program, that lead to an increase, decrease, or maintenance over time)
- Activities aligned with program objectives
- Timeline for implementation (including development and implementation of software and data transmission system, staffing of the proposed program, and training, etc.)

Below is a sample work plan format to show the alignment with the logic model and narrative. The table would be completed for each project period outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure:

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

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes

within stated timeframes.

- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

After review of the first annual performance report, if the recipient is not conducting required recipient activities or not meeting process or outcome standards, CDC will provide or facilitate technical/capacity building assistance for program improvement. If the grantee is performing at a less than sufficient level to achieve program objectives within stated time frames, they will be placed on a time-phased Programmatic Improvement Plan (PIP) developed by CDC in collaboration with the grantee. The PIP is a comprehensive tool used to assist the grantee to improve program performance through identifying factors contributing to less than sufficient performance and developing specific action steps to address areas in need of improvement. If placed on a PIP, the grantee will have an opportunity to document a plan of action to improve the performance of program activities. In subsequent budget periods, funding may be affected based on performance.

These activities may include monitoring and reporting activities as outlined in Chapter 2.01.101 of the HHS GPAM that assists grants management staff (e.g., grants management officers [GMOs] and specialists [GMS], and project officers) in the identification, notification, and management of high-risk recipients.

B. Award Information

1. Funding Instrument Type:	Grant
2. Award Mechanism:	U62
3. Fiscal Year:	2018
4. Approximate Total Fiscal Year Funding:	\$400,000
5. Approximate Period of Performance Funding:	\$2,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:	\$2,000,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	1
8. Approximate Average Award:	\$400,000 Per Budget Period
9. Award Ceiling:	\$400,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: \$0.01 Per Budget Period

There is no award floor.

11. Estimated Award Date: 01/15/2018

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 FOA.

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

The annual award ceiling for this NOFO is \$400,000; any application requesting an award higher than this annual amount will be considered by CDC as non-responsive and will not receive further review.

A Letter of Intent (LOI) is requested (i.e. recommended but not required) to allow CDC program staff to estimate the number of and plan for the review of submitted applications. A completed LOI may be sent via email by October 30, 2017 to Ms. Damarys Cordova dcordova@cdc.gov

Applicants shall have at least 5 years of documented experience in:

1. developing secure, data sharing tools and documentation for said tools;
2. understanding and applying methods to match records based on limited data (de-duplication methods);

3. interacting and cooperating with multiple agencies, following strict security protocols;
4. using secure data repositories to house highly confidential data; and,
5. using encryption software to ensure confidentiality in data transmissions and data storage.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of Effort (MOE) 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](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http://fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow 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 www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		create new password 4. This authorizes the AOR to submit applications on behalf of the organization	number and SAM account before applying on grants.gov)	
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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. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **10/30/2017**

b. Application Deadline

Due Date for Applications: **12/05/2017**, 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.

A Letter of Intent (LOI) is requested (i.e. recommended but not required) to allow CDC program staff to estimate the number of and plan for the review of submitted applications. A completed LOI may be sent via email by October 30, 2017 to Ms. Damarys Cordova dcordova@cdc.gov

Date for Information Conference Call

3. Date for Informational Conference Call:

Tuesday, October 31, 2017 – 3:00-4:00pm Eastern via online meeting in Skype for Business or by calling (404) 553-8912 (Atlanta Dial-in Conference Region) or (855) 348-8390 (outside of

the Atlanta Dial-in Conference Region). When prompted after dialing, enter the Conference ID: 2751505#

Applicants may submit questions as follows:

For programmatic technical assistance, contact:

Kristen L. Hess

Department of Health and Human Services

Centers for Disease Control and Prevention

1600 Clifton Road NE; MS E-47

Atlanta, GA 30329-4027

Telephone: (404) 639-1555

Email: KHess1@cdc.gov

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

Wayne Woods, Grants Management Specialist

Department of Health and Human Services

Centers for Disease Control and Prevention

CDC Office of Financial Resources / Office of Grants Services (OFR/OGS)

2920 Brandywine Road; MS E-15

Atlanta, GA 30341

Telephone: (770) 488-2948

Email: WWoods@cdc.gov

For assistance with submission difficulties related to www.grants.gov, contact the Contact Center by phone at 1-800-518-4726 (24 hours daily/7days weekly, except on federal holidays).

For all other submission questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Office of Financial Resources / Office of Grants Services

2920 Brandywine Road; MS E-14

Atlanta, GA 30341

Telephone: (770) 488-2700

Email: ogstims@cdc.gov

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

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\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/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\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx)

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

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year.

Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual’s time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual’s effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

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

6. Content and Form of Application Submission

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

7. Letter of Intent

A Letter of Intent (LOI) is requested (i.e. recommended but not required) to allow CDC program staff to estimate the number of and plan for the review of submitted applications. A completed LOI may be sent via email by October 30, 2017 to Ms. Damarys Cordova dcordova@cdc.gov

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.

Applicants may file letters of support, as appropriate, name the file "Letters of Support", and upload it as a PDF file at www.grants.gov.

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

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

upload it at www.grants.gov.

Reviewed, although not scored.

13. Funds Tracking

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

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

14. Intergovernmental Review

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

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 may not be used for construction purposes.

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

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

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

from www.grants.gov on the deadline date.

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

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

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

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

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

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

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before

the application deadline. Paper applications submitted without prior approval will not be considered.

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

E. Review and Selection Process

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

a. Phase I Review

All applications will be initially reviewed for eligibility and completeness by 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:40
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i. Approach (40 points):

Evaluate the extent to which the applicant:

- Provided a detailed and comprehensive work plan that adequately describes all project activities to demonstrate complete understanding of the intent and requirements of the project and potential problems that may be encountered.
- Described the proposed technical approach to comply with each of the requirements specified and a description of how the tasks will be accomplished including:
 - Description of the method for creating a secure data sharing tool.
 - Description of a method for developing an effective matching algorithm.
 - Description of their ability to develop working relationships with state, local, and territorial health departments.
 - Statement assuming full responsibility for the security of the data while it is in their possession.
 - Description of their ability to comply with CDC data security and confidentiality

- guidelines for HIV surveillance
 - End-user training and support plans
 - EPLC methodology for documentation
- The proposed approach must ensure the achievement of timely and acceptable performance and will include a milestone and/or phasing charts to illustrate a logical sequence of proposed events.
- Discussed the plan and solutions for overcoming potential difficulties involved with performing the project.

ii. Evaluation and Performance Measurement	Maximum Points:25
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ii. Evaluation and Performance Measurement (25 points):

Evaluate the extent to which the applicant proposes an evaluation and performance measurement plan that is consistent with their work plan and the CDC evaluation and performance measurement strategy.

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points:35
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iii. Applicant's Organizational Capacity to Implement the Approach (35 points):

Evaluate the extent to which the applicant:

- Provided a staffing plan and project management structure that will be sufficient to achieve the project outcomes, clearly defines staff roles and demonstrates an understanding of the staffing, training, skills and experience to complete the project. The description also included:
 - A staffing matrix showing type and number of staffing resources readily available for the base effort.
 - Resumes for proposed Key Personnel which include their experience, education, relevant training, skills, and qualifications to do the work (limited to two (2) pages per resume). The backgrounds of the personnel shall reflect the length and variety of experience and expertise in tasks similar to the tasks required by this project and any relevant training. Key personnel shall:
 - Demonstrated relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.
 - Demonstrated experience and capacity to implement the evaluation plan.
 - Provided capacity to support training and assistance to end-users.
 - Provided an organizational chart
- Provided a description of three (3) projects completed within the past three years that clearly demonstrates the experience in performing projects of similar scope, size and complexity. Included the following information for each project referenced:
 - customer/agency name and contract title;
 - brief narrative description of the work performed including a discussion of any problems encountered/corrective actions and significant accomplishments.

Budget

Reviewed, although not scored.

c. Phase III Review

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

Review of risk posed by applicants.

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

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

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

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

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2

CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The anticipated award date will be approximately 01/16/2018 and the awarded recipient will receive notification from the CDC/Office of Grants Services (OGS).

The anticipated start of project period is approximately 02/01/2018.

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this 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.

The anticipated award date will be approximately 01/16/2018 and the awarded recipient will receive notification from the CDC/Office of Grants Services (OGS).

The anticipated start of project period is approximately 02/01/2018.

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>.

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Review Panel Requirements
- AR-6: Patient Care
- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act Requirements

- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-15: Proof of Non-profit Status
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR 23: Compliance with 45 CFR Part 87 (faith-based organizations)
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Data Management and Access
- AR-26: National Historic Preservation Act of 1966

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

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the 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.

a. Recipient Evaluation and Performance Measurement Plan (required)

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

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide

additional detail on the following:

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

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

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

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

c. Performance Measure Reporting (optional)

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

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).

The recipient will be required to complete a Program Close-out Report that captures the quantitative data from the last six months of the previous budget period and qualitative data for the entire project period. The Program Close-out Report is due 90 days after the end of the project period.

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.frs.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:

Kristen L. Hess, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road NE; MS-E47
Atlanta, GA 30329-4027
Telephone: (404) 639-1555
Email: KHess1@cdc.gov

Grants Staff Contact

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

Wayne Woods, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road (MS E15)
Atlanta, GA 30341
Telephone: (770) 488-2948
Email: WWoods@cdc.gov

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

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

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

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their

application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables
- Attachment A: Resumes/CVs for all key personnel
- Attachment B: Organizational Charts
- Attachment C: Indirect Cost Rate, if applicable

Reference Sources for "Overview":

1) CDC. HIV Surveillance Report, 2015; vol. 27. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2016. Accessed January 30, 2017.

2) Ocampo JMF, et.al. Improving HIV Surveillance Data for Public Health Action in Washington, DC: A Novel Multiorganizational Data-Sharing Method. *JMIR Public Health Surveill* 2016;2(1):e3) doi:10.2196/publichealth.5317

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements

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

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

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

Budget Period or Budget Year: The duration of each individual funding period within the 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.

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

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

CDC Assurances and Certifications: Standard government-wide grant application forms.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/.

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

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

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

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

Memorandum of Understanding (MOU) or Memorandum of Agreement

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

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, 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

National HIV Surveillance System (NHSS): CDC surveillance system to monitor HIV diagnoses and receipt of HIV medical care.

Enhanced HIV/AIDS Reporting System (eHARS): Database used by CDC-funded jurisdictions to submit HIV surveillance data to CDC.

Routine Interstate Duplicate Review (RIDR): The duplicate review process conducted by funded jurisdictions to de-duplicate the National HIV Surveillance System.