


**Centers for Disease Control**

Center for Global Health Extramural Research Program Office

Advancing Public Health Research in Bangladesh
RFA-GH-19-005
Application Due Date: 03/07/2019

Advancing Public Health Research in Bangladesh
RFA-GH-19-005
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## Part 1. Overview Information

**Participating Organization(s)**

Centers for Disease Control

**Components of Participating Organizations**

Center for Global Health Extramural Research Program Office (CGH ERPO)
Center for Global Health (CGH)
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)
National Center for Environmental Health (NCEH)
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
National Center for Immunization and Respiratory Diseases (NCIRD)
National Center for Injury Prevention and Control (NCIPC)

**Notice of Funding Opportunity (NOFO) Title**

Advancing Public Health Research in Bangladesh

**Activity Code**

U01- Cooperative Agreement

**Notice of Funding Opportunity Type**

New

**Agency Notice of Funding Opportunity Number**

RFA-GH-19-005

**Assistance Listings (CFDA) Number(s)**

93.326

**Category of Funding Activity:**

Health

**NOFO Purpose**

The purpose of this Notice of Funding Opportunity (NOFO) is to conduct high quality public health research and surveillance activities to support the government of Bangladesh and other partners to detect, prevent, and respond to disease threats.
Research projects may be quantitative, qualitative, and /or mixed methods epidemiological studies, laboratory-based studies, or other types of research projects that focus on:
a) Characterizing priority diseases in Bangladesh,
b) Determining most effective implementation approaches and interventions, and
c) Measuring impact of public health efforts.
All funded research projects should be conducted in partnership with the Government of Bangladesh and include clear mechanisms for advancing public health policy and practice at local, national, regional, and/ or global levels.

**Key Dates**

| | |
|---|---|
| **Publication Date:** | **To receive notification of any changes to RFA-GH-19-005, return to the synopsis page of this announcement at** |

| | |
|---|---|
| | **www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.** |
| **Letter of Intent Due Date:** | **N/A** |
| N/A | |
| **Application Due Date:** | **03/07/2019** |

On-time submission requires that electronic applications be error-free and made available to CDC for processing from the NIH eRA system on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov no later than 5:00 PM U.S. Eastern Time. Applications must be submitted using the Application Submission System & Interface for Submission Tracking (ASSIST) module which is a web-based service used for the preparation and submission of grant applications to CDC through Grants.gov. ASSIST provides the ability for applicants to prepare their applications online, and offers the applicant additional capabilities including the ability to preview the application image, validate the application against required business rules, and prepopulate data from an applicant organization's records, therefore identifying issues earlier in the application submission process.

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

| | |
|---|---|
| **Scientific Merit Review:** | **04/23/2019** |
| **Secondary Review:** | **05/29/2019** |
| **Estimated Start Date:** | **09/30/2019** |
| **Expiration Date:** | **03/08/2019** |
| **Due Dates for E.O. 12372:** | **Due no later than 60 days after the application receipt date.** |

## Required Application Instructions

**ELECTRONIC APPLICATION SUBMISSION VIA ASSIST IS PREFERRED**

It is recommended that applicants use ASSIST for the electronic preparation and submission of applications through Grants.gov to CDC. ASSIST is an alternative method to prepare and submit applications, and provides many features to facilitate the application submission process which improves data quality (e.g., pre-population of organization data, pre-submission validation of business rules, and preview of the application image used for review). Use of the Grants.gov downloadable Adobe application packages and submission process will still be supported.

It is critical that applicants follow the instructions in the SF 424 (R&R) Application Guide except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

**Note:** The Research Strategy component of the Research Plan is limited to 25 pages.

**Applications that do not comply with these instructions may be delayed or not accepted for review.**

**Telecommunications for the Hearing Impaired:** TTY 1-888-232-6348

**Notes:**

The Research Strategy component of the Research Plan is limited to 25 pages per project.

When submitting multiple projects, each project needs to have all the research plan sections completed along with a separate budget and should be uploaded as separate files in the Appendix section since the SF424 R& R page will allow only one research plan to be submitted.

## Executive Summary

The purpose of this Notice of Funding Opportunity (NOFO) is to conduct high quality public health research and surveillance activities that support the government of Bangladesh and other partners to better detect, prevent, and respond to disease threats. Projects may be quantitative, qualitative, or mixed methods epidemiological studies, laboratory-based studies, or other types of research projects focus on:
• Characterizing priority diseases in Bangladesh,
• Determining most effective implementation approaches and interventions, and
• Measuring impact of public health efforts

All research projects should be conducted in partnership with the Government of Bangladesh and include clear mechanisms for advancing public health policy and practice at local, national, regional, and/ or global levels.

• **Mechanism of Support**: Cooperative Agreement

**Funds Available and Anticipated Number of Awards**: The estimated total level of funding available in U.S. dollars (USD), including direct and in-direct costs, for entire 5-year project period is $0. The expected number of awards will be up to 1 (one) award. Awards issued under this NOFO are contingent upon availability of funds and a sufficient meritorious application. Because the nature and scope of the proposed research will vary from application to application, it is also anticipated that the size and duration of each award may also vary. The total amount awarded and the number of awards will depend upon the number, quality, duration and cost of the applications received.

• **Budget and Period of Performance:** The budget period is anticipated to run from 09/30/2019 to 09/29/2020. The project period is anticipated to run from 09/30/2019 to

09/29/2024. The estimated total funding (direct and indirect) for the first budget period; 9/30/2019 to 9/29/2020, is estimated to range from $0 USD to $4,000,000 USD. The estimated total funding (direct and indirect) for the entire period of performance; 9/30/2019 to 9/29/2024 is estimated to be $0 USD. This is based on availability of funds . The Approximate Project Period of Performance Funding Estimated Total Funding for the Total 5 year Project Period is None. Award ceilings for years 2-5 will be set at continuation.

• **Application Research Strategy Length**: Page limits for the Application Research Strategy is specified in Section IV. "Application and Submission Information" of this announcement.
• **Eligible Institutions/Organizations**: Institutions/organizations listed in Section III.1 are eligible to apply.
• **Eligible Project Directors/Principal Investigators (PDs/PIs)**:
Individuals with the qualifications, skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. NOTE: CDC does not make awards to individuals directly. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply

• **Number of PDs/PIs**: There will only be one (1) qualified PD/PI for each application.
• **Number of Applications**: Only one (1) application per eligible institution (normally identified by a unique DUNS number) is allowed.
• **Application Type**: New
**Special Date(s)**:

Application due date is 2/21/2019

Application Materials. See Section IV.1 for application materials. Please note that Form E is to be used when downloading the application package.
• Hearing Impaired. Telecommunications for the hearing impaired are available at: TTY: 1-888-232-6348

## Part 2. Full Text

### Section I. Funding Opportunity Description

**Statutory Authority**

307 42 U.S.C. Sections 242 and 317(k) (2) of the Public Health Service Act, 42 U.S.C. Sections 241(a) and 247b (k) (2), as amended

### 1. Background and Purpose

With a population of more than 160 million people in a country the size of the U.S. State of Iowa, Bangladesh is the most densely populated country in the world (with the exception of city-countries like Singapore). That density increases even more during the annual monsoon, when nearly 1/3 of the land mass is covered with water as the Ganges delta swells with rain and run-off from the Himalayas. With the help of development assistance, Bangladesh has reduced the poverty rate from over half of the population to less than a third, has achieved Millennium Development Goals for maternal and child health, and has made great progress in food security.

Scientists agree that Bangladesh is a particularly susceptible to the emergence of novel influenza virus and other novel pathogens.
In 2014 and 2015, the governments of both Bangladesh and the United States agreed to support an organized Global Health Security Agenda (GHSA), which is a coordinated effort among more than 64 nations to work together to detect, prevent, and respond to emerging infectious disease threats. As part of that effort, the U.S. Government focuses resources and technical support for achieving GHSA milestones of the in 17 countries, including Bangladesh.
The Centers for Disease Control and Prevention (CDC) has been working in Bangladesh for the last 50 years, with a primary focus to understand infectious diseases and evaluate strategies that address those diseases in Bangladesh. With the advent of the United States Government and the Government of Bangladesh's commitment to the global health security agenda, CDC research and public health projects continue to increase focus on activities that have strong potential to result in changes to public health policy and practice that result in in improved health outcomes as well as global health security capacities.

**Healthy People 2020 and other National Strategic Priorities**

While Healthy People 2020 goals are generally specific to US domestic programs, the global health activities within this NOFO extends the national strategic priorities through:

• (GH-5)- Increase host country and regional diagnostic testing capacity through the Global Disease Detection (GDD) Regional Centers.
• The Department of Health and Human Services' (HHS) Global Health Strategy maintains three goals to support HHS' global health vision of a healthier, safer world: 1) protect and promote the health and well-being of Americans through global health action; 2) provide leadership and technical expertise in science, policy, programs and practice to improve global health; and 3) advance United States interests in international diplomacy, development, and security through global health action.

**Public Health Impact**

The Public Health Impact of this proposed work will provide high quality public health research and implementation science projects that will guide stakeholders to prioritize resources, develop policies, and implement practices and interventions that mitigate the impact of health threats on the population. Research projects should be relevant to exploring strengthening surveillance capacity that results in a tiered laboratory system, strengthening Bangladesh's public health workforce, supporting effective emergency response capacities, and improving clinical care and prevention interventions. Improvements in these areas should increase the ability of the government of Bangladesh and other partners to detect, prevent, and respond to disease threats, in order to improve population health outcomes and reduce the risk of global pandemics.

**Relevant Work**

For more 50 years, the Centers for Disease Control and Prevention (CDC) has been working with Bangladesh, often in close collaboration with the International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), a premier global health research institution in Dhaka on research and surveillance activities in a broad range of technical areas. CDC has awarded icddr,b three past research cooperative agreements (FY2004-2009, FY2009-2014, FY2014-2019) and one non-research cooperative agreement (FY2014-2019). More than a hundred

research projects and capacity building activities have been conducted jointly under the terms of these awards. While early activities focused on diarrheal disease, the collaboration has grown to encompass research and surveillance activities in areas ranging from emerging infectious diseases, influenza, and polio immunogenicity studies. Many of these efforts have had important impacts on public health policy practice, including providing evidence for updating of polio immunization guidelines, evidence for introduction of rotavirus vaccine, and a much deeper understanding of the newly identified Nipah Virus.
Building on the icddr,b-CDC joint efforts to support core capacity development in outbreak response and surveillance, CDC has also developed a direct-bilateral relationship with the Institute of Epidemiology Disease Control and Research (IEDCR) within the Bangladesh Ministry of Health and Family Welfare (MoHFW) to support research activities that facilitate the implementation of the Global Health Security Agenda. Icddr,b has been a long-time, valuable partner of the Institute for Epidemiology, Disease Control and Research (IEDCR) within the MoHFW. Under the terms of updated Memorandum of Understanding, icddr,b and IEDCR have established guidelines for an effective collaboration on all of the icddr,b-implemented surveillance, outbreak response, and relevant research projects.
Moving forward, CDC will continue to focus efforts in Bangladesh on research activities that continue to develop and strengthening systems, create policy, and implement practices to detect, prevent, and respond to disease threats.

Prospective applicants should refer to the following websites and related documents for additional information on CDC activities that support or relate specifically to this NOFO.:

https://www.ghsagenda.org/
http://www.cdc.gov/globalhealth
https://www.cdc.gov/globalhealth/healthprotection/ghs/index.html
http://www.cdc.gov/globalhealth/ihregulations.htm
http://www.cdc.gov/globalhealth/ghi

## 2. Approach

**Objectives/Outcomes**

Applicants may propose up to 15 research projects in the first year of award intended to strengthen the ability of the government of Bangladesh and other partners to detect, prevent, and respond to disease threats through high quality public health research and surveillance activities. Specifically, the projects should focus on: a) determining burden, trends, etiology, and risk factors of priority diseases in Bangladesh, b) developing and evaluating interventions and diagnostics, c) evaluating the effectiveness of vaccinations d) informing global policy, and e) strengthening the Government of Bangladesh's surveillance, laboratory and outbreak response capacity.

**Disease Areas**

Applicants may submit an application on one or more of the following eligible disease areas:
1. Acute febrile illness (AFI),
2. Encephalitic illness (including Nipah Virus and Japanese Encephalitis),

3. Antimicrobial resistance (AMR) and/or healthcare-associated infections (HAI),
4. Vaccine-preventable diseases,
5. Influenza and other respiratory illnesses,
6. Zoonotic diseases, and
7. Other public health issues of global, regional and/or local importance

CDC's funding is largely disease specific, as such funding decisions will be based on alignment with particular disease areas.

**RESEARCH CATEGORIES**

Applicants may propose projects that focus on the disease area(s) selected in at least one of the following research categories. In the first year of award, applicants may only submit up to 15 projects total. All fifteen projects may be proposed in one research category or can be a combination of the three categories: A, B, or C. Examples of projects are provided under each research category:

**Category A**: Characterize Priority Diseases in Bangladesh

Conduct research activities to determine burden, trends, etiology, and risk factors for priority diseases in Bangladesh. These research activities may be laboratory-focused, observational, epidemiological, or utilize other rigorous methods.

Examples of projects that characterize priority diseases include:

• Develop, maintain, or expand a multi-site sentinel surveillance system in Bangladesh to determine burden of disease, transmission dynamics, risk factors, relative contribution of different pathogens to disease syndromes, and/or control of infectious agents.
• Support the development or strengthening of laboratories and/or platforms used for etiologic investigation, evaluation of novel diagnostic assays for faster and easier detection, and characterization of pathogens.
• Develop and/or maintain one or more research sites to investigate and report the interactions between specific pathogens and underlying comorbidities.
• Conduct research on the human-animal interface of zoonotic diseases and risks of transmission from animals to humans.
• Develop and test innovative solutions identified through research to develop early warning systems to report sentinel organisms in humans that can serve as an alert for multidrug resistant organisms and interventions for adequate antimicrobials

**Project Category B:** Determine Most Effective Implementation Approaches and Interventions

Conduct research to identify the most effective implementation approaches for responding to global public health threats and building global health security capacity.

Examples of projects that address effective implementation approaches include:

• Conduct research to evaluate the effectiveness of different vaccine delivery methods, for example comparing immune responses to vaccinations provided on different schedules or when co-administered with other vaccinations.
• Conduct qualitative socio-cultural research and surveys of knowledge, attitudes, and practices related to infectious disease and the acceptance of interventions and prevention methods.
• Develop new interventions, evaluate the effectiveness of interventions, and/or make recommendations for scale-up of interventions designed to reduce the spread of disease (for example, infection control methods or poultry slaughtering methods).
• Develop and test new diagnostic or laboratory testing methods to build stronger laboratory,

surveillance, and response capacity.

**Project Category C**: Measuring Impact
Conduct research on the current capacity of the Bangladesh health system; examine impact of investments by donors for Global Health Security Agenda and international health regulation capabilities, or specific program effectiveness. Projects should lead to the development and/or improvement of national and regional policies and programs for disease prevention, monitoring and control.

Examples of projects that measure impact include:
• Conduct evaluations of surveillance programs in Bangladesh to determine coverage rates, barriers, best practices, and effectiveness.
• Measure the impact of enhancements in public health surveillance in a country (in terms of outbreaks controlled, cases averted, time lags from specimen detection to collection etc.).
• Conduct research to estimate the direct and indirect costs, and document the economic burden of priority diseases and/or develop cost effectiveness estimates of prevention and control programs for a priority disease.
• Conduct a systematic review of Antimicrobial Resistance/Hospital Acquired Infections (AMR/HAI) activities in Bangladesh. This includes the development of a catalogue of research and public institutions working in AMR/HAI to include information on location, description of activities, populations served, and a summary of relevant publications in the last 5 years.

**Target Population**

The prospective applicant must identify the target populations to be addressed through this NOFO, including risk factors for disease and impact of increased diagnostics and surveillance by population type. The prospective applicant should use data generated under this NOFO to identify communities disproportionately affected by different infectious diseases, and propose activities/interventions to reduce or eliminate these disparities. The applicant should describe how the activities under this NOFO will be inclusive of all affected populations.

**Collaboration/Partnerships**

Collaborations with a broad range of partners will be increasingly critical to generate data, make recommendations, and implement those recommended actions and policies relevant to the Global Health Security Agenda. The successful applicant must maintain close working relationships with the Bangladesh Ministry of Health and Family Welfare (MoHFW), particularly the Institute for Epidemiology Disease Control and Research; the Bangladesh Ministry of Fisheries and Livestock (MoFL), and the Bangladesh Ministry of Agriculture (MoA). In addition, the applicant should maintain relationships with other stakeholders such as the World Health Organization and other multinational health organizations (OIE, FAO, and UNICEF). All proposed activities should align with the goals of the Global Health Security Agenda and/or Bangladesh's strategic priorities and identified gaps, for example those outlined in the sector planning process or the Joint External Evaluation. Applicants are encouraged, but not required, to collaborate with academic and other health related organizations on research projects in which partnership(s) would add value to the project.

**Evaluation/Performance Measurement**

As part of the application, the applicant should include measurable goals and aims based on a 5-

year research project period. The grantee will establish specific, measurable, achievable, realistic and time-phased (SMART) project objectives for each activity described in the applicant's project plan, and develop and implement project performance measures that are based on specific programmatic objectives.

Monitoring and Evaluation
Work with CDC and other global partners as appropriate to develop and implement an evaluation plan to measure the impact of the activities outlined in this funding opportunity announcement (evaluation framework, evaluation design, indicators, process and outcome evaluation, and information/data collection plan).

Program Capacity
Establish or retain a program direction/principle investigator with management and technical experience, responsible for managing the planning, implementation, and evaluation of the program and serving as the CDC point of contact.
Over the course of the project period establish and retain other staff, contractors, and consultants sufficient in number and expertise to ensure project success.

Fiscal management
Programs must use funding to support activities in alignment with requirements of this NOFO. Programs must develop and maintain systems for sound fiscal management, including: monitoring the cooperative agreement award and program contracts and grants, ensuring the funds are expended in support of approved activities; tracking.

**Translation Plan**

The applicant should describe plans for how research and scientific findings will be reported and disseminated (e.g., peer-reviewed journals, scientific presentations, reports, meetings and conferences) and specify how these activities are integrated into the project plans.
Applicant should use appropriate scientific journals to disseminate research findings to the broader scientific community in conjunction with CDC scientists. Applicant should present important evaluation and research findings at relevant international scientific meetings and conferences.
The translation of findings should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, health care institutions, professional organizations, community groups, researchers, and other potential users.

Questions to consider in preparing this section include:
1. How will the scientific findings inform future public health policies or practices at the local and national level?
a. What are some recommendations could come from my research questions?
b. How does my study respond to priorities of the government or other stakeholders?
c. How could my findings inform future scientific inquiry?
2. Who are the key stakeholders in the government who could implement the recommendations or use the information that comes out of my research study?
3. How can I design my project so that stakeholders will be interested in the results of my project and be more likely to pay attention to the findings?

## Section II. Award Information

**Funding Instrument Type:** Cooperative Agreement

A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

**Application Types Allowed:**

New - An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round.

**Estimated Total Funding:** $0

**Anticipated Number of Awards:** 1

Awards issued under this NOFO are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

**Award Ceiling:** $4,000,000 Per Project Period

**Award Floor:** $0 Per Project Period

**Total Period of Performance Length:** 5 year(s)

Throughout the Period of Performance, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement (http://www.hhs.gov/ sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf) will apply to the applications submitted and awards made in response to this NOFO.

## Section III. Eligibility Information

### 1. Eligible Applicants

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

Additional Eligibility Category:

### 2. Foreign Organizations

Foreign Organizations are eligible to apply.

Foreign (non-US) organizations must follow policies described in the HHS Grants Policy Statement (http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf), and procedures for foreign organizations described throughout the SF424 (R&R) Application Guide. International registrants can confirm DUNS by sending an e-mail to ccrhelp@dnb.com, including Company Name, D-U-N-S Number, and Physical Address, and Country. Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https://eportal.nspa.nato.int/AC135Public/Docs/US%20Instructions%20for%20NSPA%20NCAGE.pdf.

Foreign components of U.S. Organizations are eligible to apply.

For this announcement, applicants may include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

## 3. Special Eligibility Requirements

Only the application from Bangladesh Icddr,b will be accepted.

## 4. Justification for Less than Maximum Competition

icddr,b (formerly the International Centre for Diarroheal Disease Research, Bangladesh) is an international not-for-profit research institution headquartered in Dhaka, Bangladesh. The institute has a long history of working on the frontlines of global health and producing high quality and impactful science. In addition, the institution maintains the largest diarrheal hospital in the world and the longest running demographic surveillance system in Asia. This grantee received an approved single eligibility status for all prior research and non-research cooperative agreements--in 2004 and 2009.

icddr,b is uniquely qualified to conduct the activities outlines under the this funding opportunity announcement.

1. CDC has a 40 year history of collaborations with icddr, b. This includes 3 past research cooperative agreements (FY2004-2009, FY2009-2014, and FY2014-2019) and one non-research cooperative agreement (FY2014-2019). Over the last 15 years, CDC has started several projects with icddr, b that we hope will continue beyond FY 2018, including 3 syndromic hospital-based sentinel surveillance platforms, a cohort of children examining respiratory outcomes, and ongoing outbreak responses to disease clusters in partnership with the government. Through the research the findings have informed public health practice both in Bangladesh and around the world (e.g., evidence for updating of polio immunization guidelines, evidence for introduction of rotavirus vaccine, etc.). Most recently, together with CDC, icddr, b collaborated on the Child Health and Mortality Prevention Surveillance (CHAMPS) project funded by Gates Foundation.
2. Past investments of CDC has strengthened critical scientific credibility and expertise among icddr, b staff and ensured expanded laboratory capacity that is used to implement activities. icddr, b has been a long-time, valuable partner of the Ministry of Health and Family Welfare, including CDC's primary Global Health Security Partner. Under the terms of their recently updated MOU, icddr, b and the Institute of Epidemiology Disease

Control and Research (IEDCR) leadership of the two institutions collaborate on plans of mutual value and have established guidelines for an effective collaboration on all of the icddr, b-implemented surveillance, outbreak response, and applicable research projects. The leadership of the two institutions often meet to discuss plans and the Ministry of Health values the contributions from icddr, b.

3. icddr, b is the only non-diplomatic partner currently known to CDC that has direct legal authority and operational expertise to process the import of laboratory supplies and reagents, including time sensitive reagents. Further, it is currently the only known entity with direct existing agreements with major biomedical transportation organizations and maintains an updated material transfer agreement (MTA) with CDC for shipping samples.
4. Icddr, b has a long history of employing both third country nationals and Bangladeshis with strong scientific skills--a requirement for the effective implementation of the NOFO activities. Along with their organizational history and reputation as a premier public health institution, Icddr, b has a competitive hiring process and offers benefits on par with other major development program partners and research organizations in other parts of the world.
5. Icddr, b has a strong and active biosafety committee and a Senior Biosafety Officer who is the only known certified biosafety cabinet certifier in the country. Until 2014, icddr, b was the only institution within the country to have a certified BSL-3 laboratory. Unfortunately, the laboratory was damaged in an earthquake and icddr, b is now following BSL-2+ guidelines and follows all international standards for biosafety and biosecurity until the BSL-3 capabilities are fully restored and will once again be the only institution with a BSL-3 laboratory.

## 5. Responsiveness

N/A

## 6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Dun and Bradstreet Universal Numbering System (DUNS) number in order to begin each of the following registrations.

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https:// eportal.nspa.nato. int/ AC135Public/ Docs/ US%20Instructions%2 0for%20NSPA%20NCAGE.pdf
- System for Award Management (SAM) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, https://www.sam.gov/portal/SAM/.
- Grants.gov
- eRA Commons

All applicant organizations must register with Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and

submission processes. The “one-time” registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

All Program Directors/Principal Investigators (PD/PIs) must also work with their institutional officials to register with the eRA Commons or ensure their existing Principle Investigator (PD/PI) eRA Commons account is affiliated with the eRA commons account of the applicant organization. All registrations must be successfully completed and active before the application due date. Applicant organizations are strongly encouraged to start the eRA Commons registration process at least four (4) weeks prior to the application due date. ASSIST requires that applicant users have active eRA Commons account in order to prepare an application. It also requires that the applicant organization's Signing Official have an active eRA Commons Signing Official account in order to initiate the submission process. During the submission process, ASSIST will prompt the Signing Official to enter their Grants.gov Authorized Organizational Representative (AOR) credentials in order to complete the submission, therefore the applicant organization must ensure that their Grants.gov AOR credentials are active.

## 7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Web Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.
Additionally, all applicant organizations must register in the **System for Award Management (SAM)**. Organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at https://www.sam.gov/index.html.
If an award is granted, the recipient organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the recipient organization.

## 8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for

HHS/CDC support.

### 9. Cost Sharing

This FOA does not require cost sharing as defined in the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

### 10. Number of Applications

As defined in the HHS Grants Policy Statement, (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Applicant organizations may submit only one application.

## Section IV. Application and Submission Information

### 1. Address to Request Application Package

In order to use ASSIST, applicants must visit https://public.era.nih.gov/assist where you can login using your eRA Commons credentials, and enter the Notice of Funding Opportunity Number to initiate the application, and begin the application preparation process.
If you experience problems accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist. Additional support is available from the NIH eRA Service desk via:

- E-mail: http://grants.nih.gov/support/index.html
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552. The NIH eRA Service desk is available Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

### 2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the SF-424 (R&R) Application Guide http://grants.nih.gov/grants/how-to-apply-application-guide.htm and here: https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf, except where instructed in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. The package associated with this NOFO includes all applicable mandatory and optional forms. Please note that some forms marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF-424 (R&R) Application Guide to ensure you complete all appropriate “optional” components.
When using ASSIST, all mandatory forms will appear as separate tabs at the top of the Application Information screen; applicants may add optional forms available for the NOFO by selecting the Add Optional Form button in the left navigation panel.

Please include all of the eight (8) mandatory forms listed below in the application package:

**Mandatory**

1. SF424(R&R)[V2.0];
2. PHS 398 Cover Page Supplement [V4.0];
3. Research and Related Other Project Information [V1.4];
4. Project/Performance Site Location(s) [V2.0];
5. Research and Related Senior/Key Person Profile (Expanded) [V2.0];
6. Research and Related Budget [V1.4];
7. PHS 398 Research Plan [V4.0];
8. PHS Human Subjects and Clinical Trials Information [V1.0].

Please include the one (1) optional form listed below, if applicable, in the application package:

**Optional**

1. R&R Subaward Budget Attachment(s) Form 5 YR 30 ATT.

## 3. Letter of Intent

Due Date for Letter of Intent: **[Insert 0 days from date of publication]**

## 4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this NOFO in Grants.gov includes all applicable components for this NOFO, required and optional. In ASSIST, all required and optional forms will appear as separate tabs at the top of the Application Information screen.

## 5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of components. Not all components of the Research Plan apply to all Notices of Funding Opportunities (NOFOs). Specifically, some of the following components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/generalforms-e.pdf and https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).
Follow the page limits stated in the SF 424 unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

**1. Introduction to Application** (for Resubmission and Revision ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific

requirements of the NOFO.

**2. Specific Aims** – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.

**3. Research Strategy** – the research strategy should be organized under 3 headings: Significance, Innovation and Approach. Describe the proposed research plan, including staffing and time line.

**4. Progress Report Publication List** (for Continuation ONLY)

Other Research Plan Sections

**5. Vertebrate Animals**
**6. Select Agent Research**
**7. Multiple PD/PI Leadership Plan.**
**8. Consortium/Contractual Arrangements**
**9. Letters of Support**
**10. Resource Sharing Plan(s)**
**11. Authentication of Key Biological and/or Chemical Resources**
**12. Appendix**

All instructions in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf must be followed along with any additional instructions provided in the NOFO.

Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.

The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:

• Descriptions of the data to be produced in the proposed project
• How access will be provided to the data (including provisions for protection of privacy, confidentiality, security, intellectual property, or other rights)
• Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use
• Plans for archival and long-term preservation of the data, or explaining why long-term preservation and access cannot be justified

Examples of DMPs may be found here: University of California https://dmp.cdlib.org/, or USGS, http://www.usgs.gov/datamanagement/plan/dmplans.php

Component 4 (Inclusion Enrollment Report) applies only to Renewal and Revision applications for clinical research. Clinical research is that which is conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual.

Patient-oriented research includes: (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, and (d) development of new technologies). Follow the page limits in the SF 424 unless otherwise specified in the NOFO.

## 6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publically available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

## 7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 25 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 20 PDF files with a maximum of 150 pages for all appendices.

## 8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.
**CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide** https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf.

## 9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are strongly encouraged to allocate additional time and submit in advance of the deadline to ensure they have time to make any corrections that might be necessary for successful submission. This includes the time necessary to complete the application resubmission process that may be necessary, if errors are identified during validation by Grants.gov and the NIH eRA systems. The application package is not complete until it has passed the Grants.gov and NIH eRA Commons submission and validation processes.
Organizations must submit applications using the ASSIST web-based application preparation and submission process.
ASSIST will validate applications before submission. If the system detects errors, then the applicant must correct errors before their application can be submitted.
**Applicants are responsible for viewing their application in ASSIST after submission to ensure accurate and successful submission through Grants.gov. If the submission is not successful and post-submission errors are found, then those errors must be corrected and the application resubmitted in ASSIST.**
Applicants are able to access, view, and track the status of their applications in the eRA

Commons.
Information on the submission process is provided in the SF-424 (R&R) Application Guidance and ASSIST User Guide at https://era.nih.gov/files/ASSIST_user_guide.pdf.
**Note**: HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e. error correction window).
Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk at:
Toll-free: 1-866-504-9552; Phone: 301-402-7469
http://grants.nih.gov/support/index.html
Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on federal holidays)

Problems with Grants.gov can be resolved by contacting the Grants.gov Contact Center at:
Toll-free: 1-800-518-4726
https://www.grants.gov/web/grants/support.html
support@grants.gov
Hours: 24 hours a day, 7 days a week (closed on federal holidays)
If the applicant encounters problems that prevent the ability to submit an application which cannot be resolved by Grants.gov or NIH eRA Service Desks, then applicants must contact CDC Technical Information Management Section (TIMS) at 770-488-2700; ogstims@cdc.gov for guidance at least 3 calendar days before the deadline date. Therefore, it is important that applicants complete the application submission process well in advance of the due date time.
**After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. A third and final e-mail message is generated once the applicant's application package has passed validation and the grantor agency has confirmed receipt of the application.**

**Unsuccessful Submissions**: If an application submission was unsuccessful, the **applicant** must:

1. Track submission and verify the submission status (tracking should be done initially regardless of rejection or success).

    a. If the status states "**rejected**", do #2a or #2b

2. Check emails from both Grants.gov and NIH eRA Commons for rejection notices.

    a. If the deadline has passed, he/she should email the Grants Management contact listed in the Agency Contacts section of this announcement and ogstims@cdc.gov explaining why the submission failed.
    b. If there is time before the deadline, correct the problem(s) and resubmit as soon as possible.

Due Date for Applications: **03/07/2019**

Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

## 10. Intergovernmental Review (E.O. 12372)

This initiative is not subject to intergovernmental review (http:// www. whitehouse.gov/ omb/ grants_spoc).

## 11. Funding Restrictions

All HHS/CDC awards are subject to the federal regulations, 45 CFR 75, terms and conditions, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

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).

For more information on expanded authority and pre-award costs, go to: https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards. Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data and must be included in the Resource Sharing Plan(s) section of the PHS398 Research Plan Component of the application.

Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, privacy and confidentiality considerations, embargo issues).

Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please see: https://www.cdc.gov/grants/additionalrequirements/ar-25.html for revised AR-25.

The Office of Management and Budget (OMB) requires that all projects in which CDC staff will provide technical assistance or advice on any information collections on 10 or more people that are planned or conducted by the awardee, all such information collections – where CDC staff will be or are approving, directing, conducting, managing, or owning data – must undergo OMB project determinations by CDC and might require OMB PRA clearance prior to the start of the project.

Recipients may only expend funds for reasonable program purposes, including personnel,

travel, supplies, and services, such as contractual. The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Reimbursement of pre-award costs is not allowed.

-Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.

- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.

- Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d). A non-Federal audit is required, if during the grantees fiscal year, the grantee expended a total of $500,000.00 or more under one or more HHS awards (as a direct grantee and/or as a sub-grantee). The grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where the grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.

- A fiscal Grantee Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

- If research involves human subjects, funds will be restricted until a Federal Wide Assurance (FWA) and Institutional Review Board Approvals (IRB) are in place.

- Projects, if directed by CDC staff and involve the collection of information from 10 or more individuals, and are funded by a grant/cooperative agreement, will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

## 12. Other Submission Requirements and Information

**Risk Assessment Questionnaire Requirement**

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

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

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

**Duplication of Efforts**

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

**Application Submission**

Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**

**Applicants must complete all required registrations before the application due date.** Section III.6 "Required Registrations" contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide /url_ redirect.htm? id=11144).

**Important reminders:**
All PD/PIs must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.
The applicant organization must ensure that the DUNS number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.
If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications:

- http://grants.nih.gov/grants/ElectronicReceipt/avoiding_errors.htm
- http://grants.nih.gov/grants/ElectronicReceipt/submit_app.htm
- https://era.nih.gov/files/ASSIST_user_guide.pdf
- http://era.nih.gov/erahelp/ASSIST/

Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

## Section V. Application Review Information

### 1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (http:// www.cdc.gov/ about/ organization/ mission.htm), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

**Overall Impact**
Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

**Scored Review Criteria**
Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

## Significance

Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

## Investigator(s)

Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

## Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

Is the proposed research innovative and yet offer reasonable potential for concrete applications of interest and value to CDC?

Does the project have the potential to increase efficiency or lead to costs savings?

## Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed?
If the project involves clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

## Environment

Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

Does the project utilize critical partnerships or collaborations? Does the project support key stakeholder involvement throughout the research process?

Does the project contain a thoughtful dissemination plan that suggests potential opportunities for integrating findings into future public health policy and/or practice?

Does the applicant describe how the proposed work will relate to other programs sponsored by the agency, which are already in place or planned to support or strengthen disease surveillance, laboratory systems, emergency response and workforce development?

## 2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

**Protections for Human Subjects**
If the research involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (https://www.cdc.gov/grants/additionalrequirements/ar-1.html).

If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

**Inclusion of Women, Minorities, and Children**
When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (https://www.cdc.gov/maso/Policy/Policy_women.pdf and the policy on the Inclusion of Persons Under 21 in Research (https://www.cdc.gov/maso/Policy/policy496.pdf).

**Vertebrate Animals**
The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following five points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) adequacy of veterinary care; 4) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 5) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (https://grants.nih.gov/grants/olaw/VAChecklist.pdf).

**Biohazards**
Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

**Dual Use Research of Concern**
Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.

For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: http://www.phe.gov/s3/dualuse. Tools and guidance for assessing DURC potential may be found at: http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx.

## 3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but will not give scores for these items, and should not consider them in providing an overall impact/priority score.

**Applications from Foreign Organizations**
Reviewers will assess whether the project presents special opportunities for furthering research programs through the use of unusual talent, resources, populations, or environmental conditions that exist in other countries and either are not readily available in the United States or augment existing U.S. resources.

**Resource Sharing Plan(s)**
HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

*New additional requirement*: CDC requires recipients for projects and programs that involve data collection or generation of data with federal funds to develop and submit a Data Management Plan (DMP) for each collection of public health data.

Investigators responding to this Notice of Funding Opportunity should include a detailed DMP in the Resource Sharing Plan(s) section of the PHS 398 Research Plan Component of the application. The AR-25 outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

The DMP should be developed during the project planning phase prior to the initiation of collecting or generating public health data and will be submitted with the application. The submitted DMP will be evaluated for completeness and quality at the time of submission.

The DMP should include, at a minimum, a description of the following:

• Type of data to be produced in the proposed project;
• Mechanisms for providing access to and sharing of the data (including provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights);
• Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
• Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified.

Applications submitted without the required DMP may be deemed ineligible for award unless submission of DMP is deferred to a later period depending on the type of award, in which case, funding restrictions may be imposed pending submission and evaluation.

**Budget and Period of Support**
Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html
The budget can include both direct costs and indirect costs as allowed.
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 modified total direct costs exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of $25,000.

If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

## 4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.
As part of the scientific peer review, all applications:

- Will undergo a selection process in which all responsive applications will be discussed and assigned an overall impact/priority score.

- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office. Applications will compete for available funds with all other recommended applications submitted in response to this NOFO. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding decisions:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

Funding preference
Final selection and approval of projects will be prioritized in collaboration with CDC programs participating in this NOFO. Since much of CDC's funding is disease area and topic-specific, projects could be funded out of rank order to meet the requirements of funding sources and agency priorities.

**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.

### 5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

## Section VI. Award Administration Information

### 1. Award Notices

Any applications awarded in response to this NOFO will be subject to the DUNS, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the grantee's business official.

Recipient must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

## 2. CDC Administrative Requirements

**Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants**

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: http://www.access.gpo.gov/nara/cfr/cfr-table- search.html.

Specific requirements that apply to this NOFO are the following:

## 3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

**HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications** This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy apply to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html.

**Federal Funding Accountability and Transparency Act of 2006** 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 grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please

review the following website: https://www.fsrs.gov/.

**Plain Writing Act** The Plain Writing Act of 2010, Public Law 111-274 was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: http://www.plainlanguage.gov/plLaw/index.cfm.

**Pilot Program for Enhancement of Employee Whistleblower Protections** All applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that grantees 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.

**Copyright Interests Provision** 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.

**Language Access for Persons with Limited English Proficiency** Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take the reasonable steps to provide meaningful access to their programs by persons with limited English

proficiency.

**Dual Use Research of Concern** On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Grantees (foreign and domestic) receiving CDC funding on or after September 24, 2015 are subject to this policy. Research funded by CDC involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution.

Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.

If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at http://www.phe.gov/s3/dualuse.

Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

**Data Management Plan(s)**
CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, "public health data" means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation.

This new requirement ensures that CDC is in compliance with the following; Office of Management and Budget (OMB) memorandum titled "Open Data Policy–
Managing Information as an Asset" (OMB M-13-13); Executive Order 13642 titled "Making Open and Machine Readable the New Default for Government Information"; and the Office of Science and Technology Policy (OSTP) memorandum titled "Increasing Access to the Results of Federally Funded Scientific Research" (OSTP Memo).

The AR-25 https://www.cdc.gov/grants/additionalrequirements/ar-25.html outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.
Certificates of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality

(Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to this award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at: https://www.cdc.gov/grants/additionalrequirements/ar-36.html.

## 4. Cooperative Agreement Terms and Conditions

The following special terms of award are in addition to, and not in lieu of, otherwise applicable U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (DHHS) grant administration regulations at 45 CFR Part 75, and other HHS, PHS, and CDC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the recipients is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; CDC Project Officers are not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the recipients for the project as a whole, although specific tasks and activities may be shared among the recipients and HHS/CDC as defined below.

The PD(s)/PI(s) will have the primary responsibility for:
• Complying with the responsibilities for the Extramural Investigators as described in the Policy on Public Health Research and Nonresearch Data Management and Access https://www.cdc.gov/grants/additionalrequirements/ar-25.html

CDC staff has substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:
• Assisting the PI, as needed, in complying with the Investigator responsibilities described in the Policy on Public Health Research and Nonresearch Data Management and Access https://www.cdc.gov/grants/additionalrequirements/ar- 25.html
• Recipients will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies.

## 5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually (see https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, 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 Federal Funding Accountability and Transparency Act of 2006 (Transparency Act)**, includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
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 recipients:
1) Information on executive compensation when not already reported through the SAM Registration; and
2) Similar information on all sub-awards/ subcontracts/ consortiums over $25,000. It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over $25,000. See the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

**A. Submission of Reports**
The Recipient Organization must provide HHS/CDC with an original, plus one hard copy of the following reports:

1. **Yearly Non-Competing Grant Progress Report**, is due 90 to 120 days before the end of the current budget period. The RPPR form (https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on the eRA Commons website. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, 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.

2. **Annual Federal Financial Report (FFR) SF 425** (https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm) is required and must be submitted through eRA Commons **within 90 days after the end of the calendar quarter in which the budget period ends**.

3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are required **90 days after the end of the period of performance**.

**B. Content of Reports**

1. Yearly Non-Competing Grant Progress Report: The grantee's continuation application/progress should include:

- Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the RPPR form in eRA Commons (https://grants.nih.gov/grants/rppr/index.htm). Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.
- Research Aims: list each research aim/project

a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
b) Leadership/Partnership: list project collaborations and describe the role of external partners.

- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. Questions to consider in preparing this section include:

- How will the scientific findings be translated into public health practice or inform public health policy?
- How will the project improve or effect the translation of research findings into public health practice or inform policy?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
- How will the findings advance or guide future research efforts or related activities?

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes

from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. Questions to consider in preparing this section include:

- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
- How will the findings, results, or recommendations contributed to documented or projected reductions in morbidity, mortality, injury, disability, or disease?

- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.

- New Budget Period Proposal:
- Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).

- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.

- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate “Not applicable: No publications or presentations have been made."

- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.

- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project’s data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.

- Additional Reporting Requirements:

https://era.nih.gov/docs/Commons_UserGuide.pdf

**2. Annual Federal Financial Reporting** The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget period ends. The FFR should only include 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 in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.
The due date for final FFRs will continue to be 90 days after the Period of Performance end date.
Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the end of grant period. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

FFR (SF 425) instructions for CDC recipients are now available at https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm. For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the eRA Commons Support Page: https://grants.nih.gov/support/index.html

FFR Submission: The submission of FFRs to CDC will require organizations to register with eRA Commons (Commons) (https:// commons. era.nih.gov/ commons/). CDC recommends that this one time registration process be completed at least 2 weeks prior to the submittal date of a FFR submission.

Organizations may verify their current registration status by running the "List of Commons Registered Organizations" query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to https://commons.era.nih.gov/commons for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.

The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: https://era.nih.gov/docs/Commons_UserGuide.pdf.

**3. Final Reports:** Final reports should provide sufficient detail for CDC to determine if the

stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee's final report should include:

- Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.

- Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the period of performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.

- Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.

- Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC funded activity. Please include any additional dissemination efforts that did or will result from the project.

- Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

## Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

**Application Submission Contacts**
Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)
Contact Center Phone: 800-518-4726
Email: support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939
Email: commons@od.nih.gov
Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

CDC Technical Information Management Section (TIMS)
Telephone 770-488-2700
Email: ogstims@cdc.gov
Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Standard Time

***Scientific/Research Contact(s)***

Stephanie Doan, MPH

Deputy Country Director

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Email: sdoan@cdc.gov

***Peer Review Contact(s)***

Hylan Shoob, PhD

Scientific Review Officer

Center for Global Health

Extramural Research Program Office

MS D-69, 1600, Clifton Road

Atlanta, GA 30033

Tel: 404-639-4796

E-mail: hshoob@cdc.gov

Financial/Grants Management Contact(s)

Angie Willard

Office of Grants Services

Global Health Services Branch

Telephone: 770-488-2082

Email : awillard@ cdc.gov

## Section VIII. Other Information

Other CDC Notices of Funding Opportunities can be found at www.grants.gov.
All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

**Authority and Regulations**
Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code Federal Regulations.