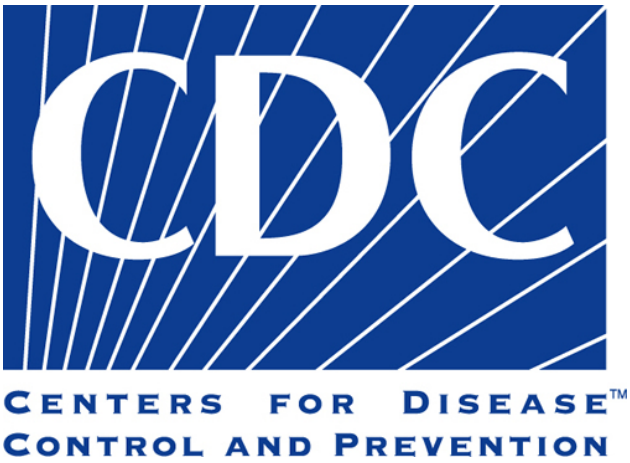


Centers for Disease Control and Prevention

NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

Tracking the burden, distribution, and impact of Post COVID-19 conditions in diverse populations for children, adolescents, and adults (Track PCC)

CDC-RFA-IP22-2203

Application Due Date will be submitted as: date based on the value specified for Due Date for Applications

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-IP22-2203. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Tracking the burden, distribution, and impact of Post COVID-19 conditions in diverse populations for children, adolescents, and adults (Track PCC)

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-IP22-2203

E. Assistance Listings Number:

93.185

F. Dates:

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

The LOI date will generate once the Synopsis is published if Days or a Date are entered. Recommended but not Required

LOIs may be sent via email, U.S. express mail or delivery service to:

Elizabeth Sullivan **MS H24-5**
[CDC-RFA- IP22-2203]
CDC/ National Center for Immunization and Respiratory Diseases (NCIRD)
Division of Viral Diseases (DVD)/ Respiratory Viruses Branch (RVB)
1600 Clifton Road, NE
Atlanta, GA 30329-4027
EMB1@CDC.GOV

2. Due Date for Applications:
03/08/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
January 12, 2022
CDC-RFA- IP22-2203 *Tracking the burden, distribution, and impact of Post COVID-19 Conditions in diverse populations for children, adolescents, and adults (Track PCC)*

Date: Wednesday, January 12, 2022
Time: 2:00 PM to 3:00 PM Eastern Time
Call information: Phone number **888.994.4478** (toll free)
Conference ID: **958 630 203#**

CDC Staff will provide overview of CDC- RFA-IP22-2203 Notice of Funding Opportunity (NOFO) information followed by a question-and-answer session. A frequently answered question document will be posted after the completion of this informational call.

F. Executive Summary:

Summary Paragraph

The purpose of this project is to track and investigate the burden and impact of post COVID-19 conditions (PCC) in diverse populations, within the United States through surveillance and long-term follow-up of cohorts with PCC in collaboration with public health, academic, or healthcare partners. This is a multi-year cooperative agreement with two components (4 Surveillance Sites, Component A; 1 Coordinating Center, Component B). The surveillance sites will conduct a standardized population-based approach to estimate and track post COVID-19 conditions by age, sex, race/ethnicity, geographic area, severity of initial infection, and risk factors among persons with evidence of SARS-CoV-2 infection (based on the Council of State and Territorial Epidemiologist [CSTE] case definitions for confirmed cases or laboratory confirmed evidence of infection). Each site will enroll at least 1,000 persons, monitor how post COVID-19 conditions change over time within persons at 3, 6, 12, and18 months post infection and track the prevalence of post COVID-19 conditions at the population level at 3, 6, 12, and18 months. The Coordinating Center will provide an infrastructure for standardized approaches, analytical methods, and measures to be used for surveillance and provide consolidated estimates. These activities will provide information for estimating the population-level burden from SARS-CoV-2 and PCC.

a. Eligible Applicants:

Open Competition

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
5
Component A: 4 Awards
Component B: 1 Award

d. Total Period of Performance Funding:
$45,000,000

e. Average One Year Award Amount:
$1,800,000
Component A individual awards ranging from $1,600,000 to $2,000,000 and for Component B awards range from $900,000 to $1,000,000 for the first year.

f. Total Period of Performance Length:
5

g. Estimated Award Date:
May 01, 2022

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
The acute phase of the SARS-CoV-2 pandemic in the United States has been devastating, with >31 million cases and over 800,000 deaths as of late December 2021. (1) While vaccination raises optimism for ending this phase of the pandemic, we must be prepared for the continued health impacts from this virus, which will involve persons suffering from ongoing consequences of SARS-CoV-2 infection, referred to as post COVID-19 conditions. Based on initial reports from COVID-19 survivors, the health burden is likely to be substantial (1,2), with millions of Americans impacted across all age groups. However, these initial reports are limited. There is a need to understand longer-term effects among patients who had acute disease, whether severe, mild, or moderate, or asymptomatic infection. Sequelae appear to be related to severity but frequently occur among patients with milder illness as well. Health consequences of infection are highly variable, and effects can persist for many months. Many individuals report being unable to return to work after infection. So far, few studies of the sequelae of SARS-CoV-2 infection have been population-based. It can be challenging to distinguish the effects of SARS-CoV-2 infection from known pre-existing health conditions, the indirect effects of the pandemic such as fatigue and anxiety, and previously undetected chronic conditions prior to the infection. Initial population-based estimates can range from 2% to 20% of persons with history of COVID. Based on the latest case data, this could translate into more than 500,000 persons suffering from persistent effects of SARS-CoV-2 infection in the United States. Characterizing ongoing morbidity from SARS-CoV-2 beyond the acute period is critical to understanding the population health burden, identifying who is most vulnerable, and informing prevention and treatment

efforts. High quality data are needed to estimate and track the burden and impact of post COVID-19 conditions. These data can help identify which groups are most affected, what health disparities exist, and identify geographic regions with greater burden, as well as indicate potential barriers to care. These additional levels of granularity can inform public health action and help direct needed clinical care for patients.

The purpose of this notice of funding opportunity is to track and investigate the burden and impact of post COVID-19 conditions (PCC) in diverse populations, within the United States through surveillance and long-term follow-up of cohorts with PCC in collaboration with public health, academic, or healthcare partners. Post COVID conditions include a wide range of health consequences that occur more than 4 weeks after the initial SARS-CoV-2 infection. Studies will also explore risk factors and mitigating factors as they relate to the development, resolution, and prevention of PCC.

This NOFO has two components:
Component A focuses on a cohort of children (0 – 11 years), adolescents (12- 17 years), and adults (18 years and older) with evidence of SARS-CoV-2 infection for the surveillance of incidence and prevalence of PCC by time since diagnosis, age, sex, race/ethnicity, and geographic area. (4 awards)

Component B serves as a Coordinating Center to provide an infrastructure for standardized approaches, analytical methods, and surveillance measures. It also serves as a repository for the data generated by Component A. Component B provides consolidated estimates by time since diagnosis, age, sex, race/ethnicity and geographic area. (1 award)

b. Statutory Authorities
Public Health Service Act, Section 317(k) [42 U.S.C. §247b(k)(1)], as amended and Public Law 117-2 American Rescue Plan Act.

c. Healthy People 2030
This NOFO supports the Healthy People 2030 topic area on Infectious Diseases to reduce the rates of infectious diseases and improve the health for people with chronic infections.

d. Other National Public Health Priorities and Strategies
This NOFO directly supports CDC Science Agenda Priority III: Natural History of SARS-CoV-2 infection aligns directly with Objective 1 to define the spectrum and clinical course of SARS-CoV-2 infection, including long term sequelae and priority question 14: How do we effectively conduct surveillance for post COVID-19 conditions? This NOFO will help answer the question of what are the prevalence and incidence of the various post-COVID-19 conditions overall and in various populations and settings. CDC Public Health Science Agenda for COVID-19 | CDC

e. Relevant Work
CDC has many surveillance platforms to track/monitor SARS-CoV-2 infections and COVID illness (CDC COVID Data Tracker) and supports many activities to estimate the burden of COVID-19 infections/disease. In addition to national surveillance for COVID-19 cases, CDC is generating estimates of infection numbers through model-based approaches and serologic surveys. CDC continues to work to identify how common longer-term effects are, who is most likely to get them, and whether symptoms eventually resolve through multi-year studies.

Surveillance to estimate the burden of post-COVID conditions is needed to monitor trends over time and identify populations with higher burden of post-COVID conditions.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-IP22-2203 Tracking the burden, distribution and impact of Post COVID-19 Conditions in diverse populations for children, adolescents and adults (TrackPCC)

<table>
<tr><th>Strategies and Activities</th><th>Short-term Outcomes</th><th>Intermediate Outcomes</th><th>Long-Term Outcomes</th></tr>
<tr><td rowspan="2">Data collection and use
Systematically collect, analyze, interpret, and disseminate data to describe, characterize, and detect trends of Post COVID Conditions (PCC) among persons with SARS-CoV-2 infection.

Monitor and use data to guide strategic action and inform future surveillance

Develop surveillance data use plan

Develop surveillance reports and disseminate to public health agencies, organizations, and community; community members; collaborators; health care organizations</td><td rowspan="2">Improved ability of the recipient to provide completeness, timeliness, and quality of PCC surveillance data

Improved accuracy in defining the populations at risk for PCC based on evidence SARS-CoV-2 infection

Improved data exchange and use of data among public health agencies, organizations, and community; community members; collaborators; health care organizations

Improved collaborations and data sharing

Develop and provide training to staff to increase capacity and improve surveillance system</td><td rowspan="2">Improved monitoring of trends in PCC

Increased use of surveillance and epidemiological data by public health agencies and organizations to guide prevention and care efforts.

Increased use of surveillance and epidemiological data to monitor health outcomes including PCC following SARS-CoV-2 infection.

Increased ability of recipients to describe the geographic distribution, social determinants of health, and health disparities related to PCC attributable to SARS-CoV-2 infection.

Increased knowledge of surveillance system among partners through dissemination of surveillance results to public health, scientific and health care communities.</td><td>Track and monitor on-going burden of PCC following SARS-CoV-2 infection.

Increase the ability to track changes in the incidence of PCC in the United States</td></tr>
<tr><td>Enhancements

Maintain and/or enhance integrated</td><td>Increase the ability to track changes in health disparities</td></tr>
</table>

surveillance information systems Enhance health information systems			related to PCC
Partnerships Advance electronic information/data exchange Collaborate with programs supporting similar surveillance systems			
Workforce Capacity Enhance health information systems workforce			

i. Purpose

The project will track and investigate the burden and impact of post COVID-19 conditions (PCC) in diverse populations, in the US through surveillance and long-term follow-up of cohorts with PCC with public health, academic, or healthcare partners. This cooperative agreement has two components (4 Surveillance Sites, Component A; 1 Coordinating Center, Component B). Surveillance sites conduct standardized population-based approach to estimate and track post COVID conditions. Coordinating Center provides infrastructure for standardized approaches and analytic methods for consolidate estimates.

ii. Outcomes

Outcomes from the activities of this NOFO

Short term outcomes:

- Improved ability of the recipient to provide completeness, timeliness, and quality of PCC surveillance data
- Improved accuracy in defining the populations at risk for PCC based on evidence SARS-CoV-2 infection
- Improved data exchange and use of data among public health agencies, organizations, and community; community members; collaborators; health care organizations
- Improved collaborations and data sharing

Intermediate outcomes:

- Improved monitoring of trends in PCC

- Increased used of surveillance and epidemiological data by public health agencies and organizations to guide prevention and care efforts.
- Increased used of surveillance and epidemiological data to monitor health outcomes including PCC following SARS-CoV-2 infection.
- Improved monitoring of trends in PCC
- Increased used of surveillance and epidemiological data by public health agencies and organizations to guide prevention and care efforts.
- Increased knowledge of surveillance system among partners through dissemination of surveillance results to public health, scientific and health care communities.

iii. Strategies and Activities
Data collection and use

All components (A and B) applicant must describe how they plan to:

- **Systematically collect, analyze, interpret, and disseminate data to describe, characterize and detect trends of Post COVID-19 Conditions (PCC) among persons with SARS-CoV-2 infection.** Use CDC or standardized global guidance for identification of SARS-CoV-2 infections and post COVID-19 conditions.
- **Develop surveillance data use plan.** Provide detailed timeline including realistic and measurable milestones for the proposed activities. Include detailed budget plan that is linked to the activities and milestones. Monitor and use data to guide strategic action and inform future surveillance.
- **Develop surveillance reports and disseminate to public health agencies, organizations, and community; community members; collaborators; health care organizations.** Describe plans for data dissemination and production of reports. Describe plans for providing semi-annual estimates of incidence and prevalence of PCC. Data on incidence and prevalence estimates should be provided within 6 months of completion of data collection and cleaning with a final dataset provided at study completion. Reports include interim progress and final reports, technical reports, professional presentations, and publications that will be produced collaboratively with CDC.

Enhancements
Component A:

- **Maintain and/or enhance integrated surveillance information systems.** Describe the method of surveillance for incidence and prevalence of post COVID-19 conditions. Describe the demographics of the population source/denominator. Include details on representativeness to the source population and the general, geographic population. Include information on racial/ethnic minority and socio-economically disadvantaged populations. Describe how the population size will be ascertained for the estimation of incidence, prevalence, and secular trends for the five years of the study.

- **Enhance health information systems.** Describe surveillance infrastructure and summary of site-specific data sources to identify incidence and prevalence of post COVID-19 conditions the population.

Component B:

- **Maintain and/or enhance integrated surveillance information systems.** See Organizational capacity section of this NOFO.
- **Enhance health information systems.** See Organizational capacity section of this NOFO.

Partnerships
Component A:

- **Advance electronic information/data exchange.** Describe partnership/network(s) which will provide information on SARS-CoV-2 cases and post COVID-19 conditions within the population source. Describe expected work with local partners and CDC programs to address data collection processes. Describe plan for partners and collaboration to accomplish goals of surveillance effort including identification of roles, effort, and commitment.

Component B:

- **Advance electronic information/data exchange.** Describe methods for study-wide coordination. Include plans for development and maintenance of central data system or data base, data management and coordination with sites. Describe expected work with funded site partners and CDC programs to address data collection processes. Describe readiness/preparation to coordinate with other sites/recipients on data base development, data management, data sharing, development of data reports, data analysis, protocol development.

All Components (A and B):

- **Collaborate with programs supporting similar surveillance systems.** Describe experience in collaborating with other partners in a multi-center study. Describe readiness/preparation to coordinate with other sites/recipients (Component A), including the Coordinating Center (Component B), on data base development, data management, data sharing, development of data reports, data analysis, and protocol development. Include letters of support, publications, abstracts, and reports demonstrating previous collaborations. Documents reflecting previous experience with partners must be provided in a PDF format as an attachment in the Grants.gov application package. Label the file name as Partner Collaboration.

Workforce Capacity
All components (A and B):

- **Enhance health information systems workforce.** Describe the applicant institutional infrastructure to carry out large, complex, population-based projects. Include information on applicant's physical facilities, data management, and computer resources and facilities for data retrieval and storage. Include description of staffing and management plans.

- Describe training or developing doctoral, post-doctoral, and junior investigators. This may include investigators with a demonstrated interest and history in working with populations with health disparities and planning for training and developing post-doctoral and junior investigators.

1. Collaborations

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

For Component A all applicants are expected:

- To have access to an institutional infrastructure and established access to representative persons with SARS-CoV-2 test results. This should include partnership/networks(s) which will provide information to SARS-CoV-2 cases and post COVID-19 conditions with the population resource. And could include working with state/local public health departments in accordance with the applicable federal, state, and local privancy laws to identify persons tested for SARS-CoV-2.
- To adequately describe their catchment area for surveillance activities.
- To provide evidence of established and well-defined working relationships with organizations and/or outside entities expected to participate in the proposed surveillance project.
- To demonstrate partnerships with health care partners or systems to access information on both initial infection and on post COVID-19 conditions. Applicants should demonstrate experience in working collaboratively with surveillance partners. Letters of support, MOUs, or MOAs can be provided as evidence of collaboration with partnering organization and supporting context of the partnership. Follow instructions below to upload these documents as part of the Grants.gov application package.
- To describe methods for study-wide coordination. Include plans for development and maintenance of central data system or data base, data management and coordination with sites.
- To describe readiness/preparation to coordinate with the CDC programs and other sites/recipients on data base development, data management, data sharing, development of data reports, data analysis, protocol development.

For Component B all applicants are expected:

- To collaborate with the CDC programs and recipients of Components A and other partners to accomplish the goals and objectives of the study.
- To demonstrate experience in coordination of multi-center studies, data management, and analysis. Applicants should demonstrate experience in working collaboratively with surveillance partners.

Applicants must file the MOU or MOA or Letter of support, as appropriate including name of partner organization. MOU documents must be provided in a PDF format as an attachment in the Grant.gov application package. Label the file name as MOUs.

b. With organizations not funded by CDC:

For Component A all applicants are expected:

- To adequately describe their catchment area for surveillance activities.
- To provide evidence of established and well-defined working relationships with organizations and/or outside entities expected to participate in the proposed surveillance project.
- To demonstrate partnerships with health care partners or systems to access information on both initial infection and on post COVID-19 conditions. Applicants should demonstrate experience in working collaboratively with surveillance partners.

For Component B all applicants are expected:

- To collaborate with recipients of Components A and other partners to accomplish the goals and objectives of the study.
- To demonstrate experience in coordination of multi-center studies, data management, and analysis. Applicants should demonstrate experience in working collaboratively with surveillance partners.

Applicants must submit the MOU/MOA or Letter of support, as appropriate, including the name of the partner organization. MOU documents must be provided in a PDF format as an attachment in the Grants.gov application package. Label the file name as MOUs.

2. Target Populations

The target U.S. populations are children (0 – 11 years), adolescents (12-17 years), and/or adults (≥18 years), including populations disproportionately affected by SARS-CoV-2 infections. The population under surveillance at each applicant's site should be demographically and geographically representative of the population included in the applicant's site.

Each site applying for Component A must demonstrate ability to include two or more of the target age populations and/or two or more populations disproportionately affected by SARS-CoV-2 infections.

a. Health Disparities

Applicants should use surveillance data, including social determinants data, to identify communities within their jurisdictions that are disproportionately affected by COVID-19 disease, related diseases, and post COVID-19 conditions, and identify/plan activities to help eliminate health disparities. In collaboration with partners and appropriate sectors of the community, applicants should consider social determinants of health in the development, implementation, and evaluation of specific surveillance efforts and use culturally appropriate interventions and strategies that are tailored for the communities for which they are intended.

iv. Funding Strategy

COVID-19 American Recovery Plan of 2021(ARP) [P.L. 117-2] funding will be used to support this NOFO. A recipient of a grant or cooperative agreement made available under ARP awarded by the Department of Health and Human Services (HHS) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding the control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the conditions of the individual, COVID-19 patient regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g. social distancing, home isolation); and 3) assist the United States Government in the implementation

and enforcement of federal orders related to quarantine and isolation.
An applicant can apply to Component A, Component B, or both Component A and Component B. **Separate applications are required for each component.**

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

All Components (A and B):

A data management plan is required for the proposed project and should include the following:

- Description of the data to be collected or generated in the proposed project
- Standards used for the collected or generated data
- Mechanisms for, or limitations to, providing access to the data, including a description for the provisions of protection of privacy, confidentiality, security and intellectual property, or other rights
- Statement of the use of data standards that ensure all documentation describes the method of collection and what the data represented
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified
- Plans for quarterly data sharing with funding agency.

Component A:

These evaluation/performance measures are expected to include methods to assess SARS-CoV-2 infection and post COVID-19 condition (PCC) identification, and to estimate the contribution of SARS-CoV-2 infection to observed health conditions or symptoms in the population and **to provide completeness, timeliness, and quality of PCC surveillance data. This will include accuracy in defining the populations at risk for PCC based on evidence of SARS-CoV-2 infection and improving data exchange and use of data among public health agencies, organizations, and community; community members; collaborators; health care organizations.** Selected evaluation methods should provide for assessment of whether the accuracy of the methods differ by race/ethnicity, socioeconomic status, insurance coverage or geographic area.

Further, selected evaluation/performance measures should provide an assessment of consistency of methods over time, and measurement of completeness of case ascertainment. Selected evaluation measures are expected to include a description of the population under surveillance and how it will be ascertained for estimation of incidence and prevalence.

Component B:

Evaluation/performance measures are expected to include quality assurance and quality control measures. Description of activities for on-going study progress, oversight, data management, and quality control and assurance measures should include metrics that will be used and methods to ensure high data quality and accuracy of incidence and prevalence results. Performance measurements should include statistical approaches to adjust for data limitations and/or combine

data sources to produce estimates. These measures will evaluate improvement in the **ability of the recipient to provide completeness, timeliness, and quality of PCC surveillance data, and to improve data exchange and use of data among public health agencies, organizations, and community; community members; collaborators; health care organizations, and to improve collaborations and data sharing.**

Process Measures

Strategies and Activities	Measures
Data Monitoring, Use, and Dissemination Strategy Systematically collect, analyze, interpret, and disseminate data to describe, characterize and detect trends in PCC	Data related to post COVID-19 conditions will be reported in monthly dashboard and biannual interim dataset reports. Data will include results by severity of SARS-CoV-2 infection, post COVID-19 condition, laboratory results (including viral sequencing), vaccine history, clinical information, and medical history including chronic underlying medical conditions. This information will be provided by age, sex, race/ethnicity, and geographic area. High level data will be shared with the CDC via dashboard on a semi-annual basis for the duration of the study. The interim dataset reports will be securely transmitted to CDC every six months for the duration of the study.
Monitor and use data to guide strategic action	Ongoing data monitoring focused on results by severity of SARS-CoV-2 infection, post COVID-19 condition, laboratory results (including viral sequencing), vaccine history, clinical information, and medical history including chronic underlying medical conditions. This information will be provided by age, sex, race/ethnicity, and geographic area. Accurate and timely assessment of PCC following SAR-CoV-2 infection Quarterly report on prevalence and incidence of PCC by severity of SARS-CoV-2 infection, laboratory results (including viral sequencing), vaccine history, clinical information, and medical history including chronic underlying medical conditions to track changes over time.
Produce plan for use of surveillance data	Plan for use of findings developed including dissemination, informing overall burden from SARS-CoV-2 infection
Develop surveillance reports and disseminate to key stakeholders	Regular surveillance reports produced and disseminated
Enhancement Strategy	Strong surveillance information system or database

Maintain and/or enhance integrated surveillance information systems Enhance health information systems	Improved data exchange and use among key partners and stakeholders Measures of successful data exchange and transmission of data from Component A to Component B. Integration of data from sites funded in Component A by coordinating center (Component B) to produce estimates. Measures of data standardization and generation of reports (Component B).
Partnerships Strategy Advance electronic information/data exchange Collaborate with programs supporting similar surveillance systems	Improved data exchange and use among key partners and stakeholder. Documented engagement with partners and stakeholders. Improved collaboration and data sharing to track and monitor the on-going burden of post COVID-19 conditions following SARS-CoV-2 infection. Increased knowledge of surveillance systems through dissemination of surveillance results to public health, scientific, and health communities through peer reviewed publications, surveillance reports, web-reports and dashboards.
Workforce Capacity Strategy Enhance health information system workforce Improved data exchange or and use among key partners and stakeholder	Well-trained staff capable of using and improving surveillance system to develop and maintain of central data system or data base, data management and coordination with sites. Expansion of data base development, data management, data sharing, development of data reports, data analysis, protocol development.
Outcomes Measures **Short Term/Intermediate Outcomes** Improved monitoring of trends in PCC Improved completeness, timeliness, and quality of PCC surveillance data Increased used of surveillance and epidemiological data to guide prevention and care efforts, monitor PCC health outcomes, develop policy,	Number of data collection activities that include data on PCC Number and proportion of sites with relevant data in the data system meeting minimum standards Average length of time between data submission and reports Number of public health agencies, community organizations, community members, health care organizations, who received data reports to guide public health actions

allocate resources, and plan and implement services Increased use of data to guide public health actions	

Performance monitoring:
To ensure that the activities have been implemented as expected and that the intended project period outcomes have been achieved and CDC will keep track of some performance measures to demonstrate the effectiveness and/or to suggest ways to improve the program as follows:

- % activities producing preliminary findings within 3 months of data collection
- % activities producing project report within 3 months of preliminary findings

Dissemination of Monitoring Results:
Activities outputs will be disseminated through written reports, online and in-person presentations, and/or professional conferences. Potential audiences include funders, Department of Health and Human Services, Departments of Health across levels, and other key stakeholders. Written reports will be made available in electronic and paper formats.

EVALUATION
Evaluation/performance measures are expected to include quality assurance and quality control measures. Measures should include:

- Completeness of data including percent of missingness by variable
- Timeliness as measured by time from data collection to analysis and reporting of estimates
- Quality of PCC surveillance data including description of demographic variables provided
- Improve data exchange and use of data among public health agencies, organizations, and community; community members; collaborators; health care organizations, and improve collaborations and data sharing as measured by number of organizations.
- Time it takes to make program changes based on the timeliness of reporting and dissemination of data

Dissemination of Evaluation Results:

- Potential evaluation findings will be disseminated through written reports, online and in-person presentations, and/or professional conferences. Potential audiences include: CDC, Departments of Health across levels, and other key stakeholders. Written reports will be made available in electronic and paper formats.

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

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach
All Components (A and B):

- Describe experience in directing and operating a coordinating center for collaborative, population based large scale epidemiologic studies, and/or surveillance projects that include coordination of multiple sites, common protocols, monitoring of site performance, monitoring study progress, and providing logistical governance support. Describe experience with government cooperative agreement/grant management for large and/or muli-site projects.
- Provide staffing plan that defines roles, responsibilities, and qualifications of the team and expected contribution of key/collaborative partners. Resumes/CVs of staff working on this project must be provided in PDF format as a attachment in the Grants.gov application package. Label the file name as Project staff.
- Provide letter (s) of support from the applicant's institution that commits the institution to (a) on-going partnerships for this project; (b) a specified percentage of the staff time to spend on this project; (c) continued access to data source(s)/ data set(s); and (d) approval for travel for required staff and PIs to attend project meetings to CDC Atlanta, in local commute area or Steering Committee-related meetings. Letters of support must be

provided in a PDF format as an attachment in the Grants.gov application package. Label the file name as Letter of Support.

- Applicants have made substantial contributions to characterization of population-based estimates of burdens of infections within the past 5 years, as evidenced by relevant publications. Publications documents must be provided in a PDF format as an attachment in the Grants.gov application package. Label the file name as Publications.

Component A:

- Describe the method of surveillance for incidence and prevalence of post COVID-19 conditions. Describe the population source/denominator. Include details on representativeness to the source population and the general, geographic population. Include information on racial/ethnic minority and socio-economically disadvantaged populations. Describe how the population size will be ascertained for the estimation of incidence, prevalence, and secular trends for the five years of the study.
- Describe applicant infrastructure and summary of site-specific data sources to identify incidence and prevalence of post COVID-19 conditions in the population.
- Describe methods for study-wide coordination. Describe readiness/preparation to coordinate with other sites/recipients including data sharing with Component B.
- Describe the applicant institutional infrastructure to carry out large, complex, population-based projects. Include information on applicant's physical facilities, data management, and computer resources and facilities for data retrieval and storage. Include description of staffing and management plans.

Component B:

- Describe experience in directing and operating a coordinating center for collaborative, population-based large scale epidemiologic and/or surveillance projects that include coordination of multiple sites, common protocols, monitoring of site performance, monitoring study progress, and providing logistical governance support.
- Describe experience in providing data management, analysis, and statistical support to multi-site projects. Include development and management of multi-site database, design, analyses, and interpretation of data and development and disemination of data summaries and statistical reports.
- Describe understanding of surveillance methods and activities including creation of appropriate denominator for incidence and prevalence estimates, potential problems and solutions to address representativeness of estimates and completeness of case identification.
- Describe the applicant institutional infrastructure to carry out large, complex, population-based projects. Include information on applicant's physical facilities, data management, and computer resources and facilities for data retrieval and storage. Include description of staffing and management plans. Resumes/CVs of staff working on this project must be provided in PDF format as a attachment in the Grants.gov application package. Label the file name as Project staff.

- Describe methods for study-wide coordination. Include plans for development and maintenance of a central data system or data base, data management and coordination with sites. Describe readiness/preparation to coordinate with other sites/recipients on data base development, data management, data sharing, development of data reports, data analysis, protocol development.

d. Work Plan

This sample workplan is provided to reflect how the applicant workplan should align with the logic model and narrative.

Period of Performance Outcome: (From Outcomes section or logic model)	**Outcome Measure:** (From Evaluation and Performance Measurement section)			
Strategies and activities	Process Measure		Responsible position/person	Completion date
1				
2				
3				
4				
5				
6				

The table would be completed for each period of performance outcome. Applicants must provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years. Plan should provide detailed timeline including realistic and measurable milestones for the proposed activities and include detailed budget plan that is linked to the activities and milestones.

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

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

Monitoring and feedback information will be provided to recipients in written or verbal comments to award recipients. Recipients are required to address comments by CDC program staff and subject matter experts to work towards the achievement of project outcomes within the timeframes.

f. CDC Program Support to Recipients

CDC will provide general coordination for all sites in Component A, for Component B and the overall study.

Provide coordination on crosscutting activities including quality assurance, validation of SARS-CoV-2 infection, development of common multi-center protocol(s), quality control, interim data monitoring, data analyses, interpretation, reporting, and coordination.

Develop, facilitate, and participate in collaborative multi-site relationships, as needed, to support the successful completion of the project.

NCIRD will serve as a consultant with scientific and programmatic involvement during the conduct of the project, providing management oversight, and scientific consultation as requested by the recipients.

Support the recipients' activities by consulting and providing scientific and public health consultation and assistance in the development of activities related to the cooperative agreement.

Collaborate to produce technical reports and manuscripts for peer-reviewed publications, as appropriate.

Provide consultation and scientific and technical assistance as necessary in operation of the NOFO. This may include:

- Facilitating the development of protocols and procedure manuals
- Development of Data Management Plans
- Assisting the investigators, as needed, in complying with the Investigator responsibilities described in the Policy on Public Health Research and Non-research Data Management and Access
- Analyzing and interpreting data
- Disseminating results
- Coordinating and facilitating communication and information exchange

Assure assessment of the public health impact of the surveillance conducted under this notice of funding opportunity and promote translation of promising practices, programs, interventions, and other results from the surveillance.

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U58

3. Fiscal Year:
2022

Estimated Total Funding:
$45,000,000

4. Approximate Total Fiscal Year Funding:
$9,000,000
This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$45,000,000

6. Total Period of Performance Length:
5

year(s)

7. Expected Number of Awards:
5
Component A: 4 Awards
Component B: 1 Award

8. Approximate Average Award:

$1,800,000
Per Budget Period

Component A individual awards ranging from $1,600,000 to $2,000,000 and for Component B awards range from $900,000 to $1,000,000 for the first year.

9. Award Ceiling:
$2,000,000
Per Budget Period

10. Award Floor:
$900,000
Per Budget Period

11. Estimated Award Date:
May 01, 2022
Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length:
60 month(s)

Five 12-month budget periods. The first budget period is 6/1/2022 through 5/30/2023.

13. Direct Assistance
Direct Assistance (DA) is not available through this NOFO.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

11 (Native American tribal organizations (other than Federally recognized tribal governments))

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

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

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

20 (Private institutions of higher education)

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

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

State controlled institutions of higher education

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities

2. Additional Information on Eligibility

The award ceiling for this NOFO is $2,000,000 for Component A and $1,000,000 for Component B. CDC will consider any application requesting an award amount higher than the ceiling amount as non-responsive and it will recieve no further review.
Additional requirements for review include: Application table of contents, Project Abstract, project narrative (including work plan), budget narrative, letters of support from any proposed partners, CVs/resumes, organization charts, and copy of indirect cost-rate agreement. Required documents must be submitted, if not submitted the application will be considered non-responsive and will recieve no further review.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

1. Required Registrations

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

In preparation for the federal government's April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), **applicants must include a UEI in applications (SF-424, field 8c) due on or after January 25, 2022**. The UEI is

generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and grants.gov. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available at: https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update, SAM.gov, https://www.grants.gov/forms/sf-424-family.html and https://grantsgovprod.wordpress.com/2021/09/14/how-to-find-an-applicants-uei-within-grants-gov/.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number to register in SAM.gov prior to April 4, 2022. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

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

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

b. System for Award Management (SAM):

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

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

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS) (Required until April 4, 2022)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		4. This authorizes the AOR to submit applications on behalf of the organization		

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter Of Intent 01/24/2022

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

LOIs may be sent via email, U.S. express mail or delivery service to:

Elizabeth Sullivan **MS H24-5**
[CDC-RFA- IP22-2203]
CDC/ National Center for Immunization and Respiratory Diseases (NCIRD)
Division of Viral Diseases (DVD)/ Respiratory Viruses Branch (RVB)
1600 Clifton Road, NE
Atlanta, GA 30329-4027
EMB1@CDC.GOV

b. Application Deadline

Due Date for Applications 03/08/2022

03/08/2022
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

January 12, 2022

Due Date for Information Conference Call
CDC-RFA- IP22-2203 *Tracking the burden, distribution, and impact of Post COVID-19 Conditions in diverse populations for children, adolescents, and adults (Track PCC)*

Date: Wednesday, January 12, 2022
Time: 2:00 PM to 3:00 PM Eastern Time

Call information: Phone number **888.994.4478** (toll free)
Conference ID: **958 630 203#**

CDC Staff will provide overview of CDC- RFA-IP22-2203 Notice of Funding Opportunity (NOFO) information followed by a question-and-answer session. A frequently answered question document will be posted after the completion of this informational call.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

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

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another

source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI:
Recommended but not Required
The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

LOIs may be sent via email, U.S. express mail or delivery service to:

Elizabeth Sullivan **MS H24-5**
[CDC-RFA- IP22-2203]
CDC/ National Center for Immunization and Respiratory Diseases (NCIRD)
Division of Viral Diseases (DVD)/ Respiratory Viruses Branch (RVB)
1600 Clifton Road, NE
Atlanta, GA 30329-4027
EMB1@CDC.GOV

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

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

10. Project Narrative

Multi-component NOFOs may have a maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for

Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The

applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

The Paperwork Reduction Act (PRA) does not apply to this NOFO. Section 321 of the National Childhood Injury Act waives application of the PRA to information collections conducted under this NOFO. SEC 321. Waiver of PAPERWORK REDUCTION. Chapter 35 of the title 44, United States Code, shall not apply to information required for purposes of carrying out this title and implementing the amendments made by this title.

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative,

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

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

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

capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file

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

13. Pilot Program for Enhancement of Employee Whistleblowers Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations

(CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

13a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.

- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

13b. Copyright Interests Provisions

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

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

13c. Data Management Plan

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

14. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition andadditional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

15. Other Submission Requirements

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

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

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

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

https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=GetStarted%2FGetStarted.htm

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

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call thewww.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 40

Component A:

- The extent to which the applicant provides a robust approach to identify and validate incident and prevalent post covid conditions in the population under surveillance, including validation of SARS-CoV-2 infection (based on CSTE case definition for confirmed cases or laboratory confirmed evidence of infection)? Does the applicant adequately describe how they will address the surveillance activities for two or more of the target populations required for the NOFO? Does the applicant adequately describe a) population source (including size, age, sex, race/ethnicity, socio-economic status, and geographic distribution); b) partnership/network(s) which will provide access to information on COVID-19 cases; c) data sources that will be used; d) methods for estimating incidence and prevalence and trends over the five years of the study? (0-10 points)
- The extent to which the applicant has access to health information, both hospital and non-hospital sources, to determine SARS-CoV-2 infections and post COVID-19 Conditions at 3, 6, 12, and 18 months post infection? (0-10 points)
- The extent to which the applicant describes a sound approach to optimize the data collection, validation, and quality control? Does the applicant include an assessment of completeness of the data, possibility of multiple entries for an individual patient, flexibility, and timeliness of the system? (0-10 points)
- The extent to which the Principal Investigator or co-Principal Investigator have a history of conducting public health surveillance on the epidemiology of respiratory viruses or chronic diseases or population-based surveillance studies? Is there evidence of prior experience in working collaboratively in a multi-site study or with a standard protocol? (0-10 points)

ii. Evaluation and Performance Measurement **Maximum Points:** 30

Component A:

- The extent to which the applicant describes an approach to provide monthly dashboards on study metrics and disseminate results on an on-going basis within 4 months of data collection? (0-10 points)
- The extent to which the applicant describes methods to enroll and monitor at least 1,000 persons at 3, 6, 12, & 18 months post infection and track the incidence and prevalence of post COVID-19 conditions at the population level at 3, 6, 12, & 18 months? (0-10 points)
- The extent to which the applicant includes approaches and measures of successful data exchange and transmission of data from Component A to Component B, including measures of data standardization, data exchange, and data use among key partners? (0-10 points)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 30

- The extent to which the applicant provides staffing plan with defined roles and qualifications of the team and the applicant's commitment by the institution to (a) ongoing surveillance with this project; (b) a specified percentage of the staff time spent on this research project; and (c) continued access to and use of the dataset(s)? Do the proposed staff reflect sufficient knowledge and expertise with surveillance for respiratory diseases? Does the application includes a letter of support and staffing information? (0-5 points)
- The extent to which the applicant describes an institutional infrastructure to carry out large, complex, population-based projects? Does the applicant provide description of the applicants' physical facilities, data management and computer resources, and facilities for data retrieval and storage? (0-5 points)
- The extent to which the applicant demonstrates their experience assemblying of a team with experience in the surveillance methods proposed, multi-site studies, and a body of work that has contributed to improvement in public health practice and population health? Does the applicant provide evidence of experience with large government cooperative agreements or grants? (0-10 points)
- The extent to which the applicant describes suitable methods to conduct surveillance for COVID-19 and/or post COVID-19 conditions and/or post infection disease sequelae, and the population that will be ascertained for the incidence, prevalance, and trends over the five year period. Does the application describe populations disproportionately affected by SARS- CoV-2 infections in their catchmen area and how these populations will be accessed? (0-10 points)

Budget **Maximum Points:** 0

Although the budget is not scored it is important that the budget information relates directly to the strategies and activities of this project.

- Does the budget include the appropriate personnel, supplies, equipment to support the proposed activities?
- Is the budget aligned with proposed strategies and activities included in the work plan?

i. Approach- Component B **Maximum Points:** 40

Component B:

- The extent to which the applicant adequately describes their approach in directing and operating a coordinating center for collaborative, population based large scale epidemiologic, and/or surveillance projects that include coordination of multiple sites, common protocols, monitoring of site performance, monitoring study progress and providing logistical governance support? (0-10 points)
- The extent to which the applicant describes methods for study-wide coordination, including plans for development and maintenance of central data system or data base, data management and coordination with sites, data sharing, development of data reports, data analysis, protocol development? (0-10 points)
- The extent to which the applicant describes a sound approach to optimize the data collection, validation and quality control? Does the applicant include an assessment of

completeness of the data, possibility of multiple entries for an individual patient, flexibility and timeliness of the system? (0-10 points)

- The extent to which the Principal Investigator or co-Principal Investigator have a history of conducting public health surveillance on the epidemiology of respiratory viruses or chronic diseases or population-based surveillance studies? Is there evidence of prior experience in working collaboratively in a multi-site study or with a standard protocol? (0-10 points)

ii. Evaluation and Performance Measurement - Component B **Maximum Points:** 30

- The extent to which the applicant describes an approach to collect and aggregate data from across the sites to provide monthly dashboards on study metrics and disseminate results on an on-going basis within 4 months of data collection? (0-10 points)
- The extent to which applicant include approaches and measures of successful data exchange and transmission of data from Component A to Component B, including measures of data standardization, data exchange, and data use among key partners? (0-10 points)
- The extent to which the applicant describes an approach to evaluate and monitor surveillance methods and activities conducted by Component A? Does the applicant describes an approach to create appropriate denominator for incidence and prevalence estimates, potential problems, and solutions to address representativeness of estimates and completeness of case identification? (0-10 points)

ii. Organizations Organizational Capacity - Component B **Maximum Points:** 30

- The extent to which the applicant describes their experience and institutional infrastructure to direct and operate a coordination center for a multi-site project to carry out large, complex, population-based projects? Does the applicant provide description of the applicants' physical facilities, data management and computer resources, and facilities for data retrieval and storage? Has letter of support been submitted as part of the application? (0-5 points)
- The extent to which the applicant describes staffing and management plans with defined roles and qualifications of the team to coordinate the development and maintenance of a central data system or data base, data management, and coordination with multiple sites. How well does the applicant discribe their readiness/preparation to coordinate with other sites/recipients? Does application include staff CVs/Resumes that reflect staff experience working on this type of project. (0-5 points)
- The extent to which the applicant provides an understanding of surveillance methods and activities to determine the incidence and prevalance estimates, identifying potential problems, and solutions to address representativeness and completeness of case identification. Does the application include sufficient evidence to demonstrate experience in the surveillance methods proposed, multi-site studies, and a body of work that has contributed to improvement in public health practice and population health? Does the applicant provide evidence of experience with large government cooperative agreements or grants? (0-10 points)
- The extent to which the applicant discribes their experience providing data management, analysis, and statistical support to oversee a multi-site project. How well does the

applicant describe information about the development and management of multi-site database, analyses and interpretation of data and the development of data summaries and statistical reports for distribution. (0-10 points)

Budget - Component B **Maximum Points:** 0

Although the budget is not scored it is important that the budget information relates directly to the strategies and activities of this project.

- Does the budget include the appropriate personnel, supplies, equipment to support the proposed activities?
- Is the budget aligned with proposed strategies and activities included in the work plan?

c. Phase III Review

Applications will be reviewed by an objective review panel and scored and ranked by the criteria as described. Applications may be funded out of rank or score order to allow for national representation for maximum geographic reach of surveillance. The following factors also may affect the funding decision including diversity, addressing two or more target age populations (0-11 years, 12-17 years, and/or ≥18 years), and two or more populations disproportionately affected by SARS-CoV-2 infection. Applicants' geographical location of surveillance may be taken into consideration to ensure surveillance representation for different areas in the United States.

Review of risk posed by applicants.

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

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

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

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

(1) Financial stability;

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

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

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

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

2. Announcement and Anticipated Award Dates

Awards are expected to be announced no later than May 1, 2022.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

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

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

• Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

• For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

• HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

• For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

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

- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

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

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

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).

• The frequency that evaluations will be conducted.

• How evaluation reports will be published on a publically available website.

• How evaluation findings will be used to ensure continuous quality and program improvement.

• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).

• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**

- Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

The recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 120 days prior to the end of the budget period.

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

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

If award recipient submits a request that unexpended funding from the current year be expanded for use in the next budget year, program recipient must submit an FFR that represents the unexpended funding amount available. The financial report must be submitted at the same time as the budget request.

e. Final Performance and Financial Report (required)
The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.

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

No additional reporting.

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign

government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Elizabeth

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

Address:
CDC/ NCIRD/ DVD Respiratory Viruses Branch
1600 Clifton Road NE, MS H24-5
Atlanta, GA 30329-4027

Telephone:
404.639.6220

Email:
EMB1@cdc.gov

Grants Management Office Information

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

First Name:
Kathy

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

Address:

CDC/OFR/OGS
District at Chamblee
2939 Bldg, Room 2141/MS TV-2
Atlanta, GA 30341

Telephone:
770.488.2045

Email:
KCR8@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

H. Other Information

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

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

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I. Glossary

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

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

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

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

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

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

Budget Period or Budget Year: The duration of each individual funding period within the period of performance. Traditionally, budget periods are 12 months or 1 year.

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

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

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

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

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

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally

involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

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

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

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

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

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

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

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the

recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

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

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

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

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

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

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount. Memorandum of Understanding (MOU) or Memorandum of Agreement**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

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

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

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

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

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

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing

NOFOs. **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

PCC Post Covid-19 Conditions: Sequelea of patients after infection with SARS-CoV-2 beyond the acute period.