


**Centers for Disease Control**

Center for Global Health Extramural Research Program Office

Malaria Operations Research to Improve Malaria Control and Reduce Morbidity and Mortality in Malawi

RFA-GH-19-015

Application Due Date: 03/22/2019

Malaria Operations Research to Improve Malaria Control and Reduce Morbidity and Mortality in Malawi

RFA-GH-19-015

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## Part 1. Overview Information

**Participating Organization(s)**

Centers for Disease Control

**Components of Participating Organizations**

Center for Global Health Extramural Research Program Office (CGH ERPO)
Center for Global Health (CGH)

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

Malaria Operations Research to Improve Malaria Control and Reduce Morbidity and Mortality in Malawi

**Activity Code**

U01

**Notice of Funding Opportunity Type**

New

**Agency Notice of Funding Opportunity Number**

RFA-GH-19-015

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

93.326

**Category of Funding Activity:**

Health

**NOFO Purpose**

The purpose of this NOFO is to assist with the implementation of malaria focused operations research, surveillance, and monitoring and evaluation activities, in Malawi. Through this funding announcement, the Division of Parasitic Diseases and Malaria seeks to fund critical operations research and evaluation activities with the potential to yield high impact public health findings and to improve strategies that will decrease the overall burden of malaria and increase the health and well-being of affected populations in Malawi.

**Key Dates**

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| **Publication Date:** | **To receive notification of any changes to RFA-GH-19-015, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.** |
| **Letter of Intent Due Date:**<br>N/A | **N/A** |
| **Application Due Date:** | **03/22/2019** |

On-time submission requires that electronic applications be error-free and made available to CDC for processing from the NIH eRA system on or before the deadline date. Applications

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

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

| | |
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| **Scientific Merit Review:** | **04/23/2019** |
| **Secondary Review:** | **05/17/2019** |
| **Estimated Start Date:** | **08/31/2019** |
| **Expiration Date:** | **03/23/2019** |
| **Due Dates for E.O. 12372:** | **Due no later than 60 days after the application receipt date.** |

**Required Application Instructions**

**ELECTRONIC APPLICATION SUBMISSION VIA ASSIST IS PREFERRED**

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

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

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

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

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

Applicants must use ASSIST at https://public.era.nih.gov/assist to prepare and submit applications electronically through Grants.gov to CDC. ASSIST provides many features to facilitate the application submission process which improves data quality (e.g. pre-population of organization data, pre-submission validation of business rules, and preview of the application image used for review).

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

## Executive Summary

**Purpose:**

The purpose of this Notice of Funding Opportunity (NOFO) is: to assist with the implementation of malaria focused operations research, surveillance, and monitoring and evaluation activities, in Malawi. Through this funding announcement, the Division of Parasitic Diseases and Malaria seeks to fund critical operations research and evaluation activities with the potential to yield high impact public health findings and to improve strategies that will decrease the overall burden of malaria and increase the health and well-being of affected populations in Malawi.

- **Mechanism of Support:** Cooperative Agreement
- **Funds Available and Anticipated Number of Awards:** The estimated total funding available, including direct and indirect costs, for the entire 5-year project period is approximately $10,000,000. The expected number of awards is one.
- **Budget and Period of Performance:** The budget period is anticipated to be 0**9/01/2019 to 08/31/2020**. The project period for is anticipated to run from **09/01/2019 to 08/31/2024**.
- **Application Research Strategy Length:** Page limits for the Research Strategy are clearly specified in Section IV. Application and Submission Information" of this announcement.
- **Eligible Institutions/Organizations:** The University of Malawi, College of Medicine, Malaria Alert Centre
- **Eligible Project Directors/Principal Investigators (PDs/PIs):** Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. **NOTE:** CDC does not make awards to individuals directly. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply.
- **Number of PDs/PIs:** There will only be one (1) qualified PD/PI for each application.
- **Number of Applications:** Only one (1) application per eligible institution (normally identified by a unique DUNS number) is allowed.
- **Application Type:** New
- **Special Date(s):** N/A

- **Application Materials:** See **Section IV.1** for application materials.
- **Hearing Impaired:** Telecommunications for the hearing impaired are available at: TTY: 1-888-232-6348.

## Part 2. Full Text

## Section I. Funding Opportunity Description

### Statutory Authority

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

### 1. Background and Purpose

CDC supports the Global Malaria Programme of the World Health Organization and the Roll Back Malaria (RBM) Partnership to coordinate global malaria scale-up and evaluation efforts under the frameworks of the Global Technical Strategy (GTS) for Malaria, 2016—2030. As a partner, CDC has been building and working with numerous international networks, consortia, and partnerships to achieve the GTS targets. This cooperative agreement is intended to expand CDC's network of collaborating institutes for both research and technical assistance to a targeted malaria-endemic country, Malawi. With a particular focus on research synthesis and malaria operational research aimed at controlling and ultimately eliminating malaria.

The purpose of this cooperative agreement is to 1) conduct strategic and applied research to inform control and elimination activities in malaria endemic countries, particularly in Malawi and sub-Saharan Africa, 2) support the establishment and strengthening of monitoring and evaluation systems for malaria program activities, including those supported by President's Malaria Initiative (PMI) and 3) conduct evaluations to inform feasible and effective opportunities for integration of malaria control activities with other child survival, vector control and infectious disease programs.

The following are specific activities for the recipient to address in collaboration with CDC and the respective Ministry of Health (MoH): a) In coordination with global partners, strengthen the ability of health facilities and community intervention efforts to provide timely and appropriate care and treatment of vulnerable populations by evaluating case management activities and practices, including the use of rapid diagnostic tests and pre-referral rectal artesunate at the community level, and definitive management of severe and complicated malaria; b) Evaluate the efficacy of novel vector control tools and technologies such as insecticide treated materials, including use of combination insecticide-treated bednets, insecticide-treated wall liners, spatial repellents, attractive targeted sugar baits; c) Evaluate the impact of drug-based strategies, including but not limited to, intermittent mass test and treat, reactive case detection and treatment, and mass drug administration on malaria morbidity, mortality and transmission in a targeted geographic area, transmission focus, or segment of a population; d) Evaluate the continued effectiveness of intermittent preventive treatment during pregnancy and alternative strategies and approaches for prevention of malaria in pregnancy; e) Monitor the efficacy of first- and second-line antimalarial drugs; f) Evaluate surveillance as a core intervention; g) Disseminate results from these operational research and prevention activities through written publications, oral presentations, hosting of study tours, or by other means; and h) Assist the

MoH in translating operational research findings into public health policy and practice in sub-Sahara Africa, and ensure sharing of expertise and research findings with other partners and countries.

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

N/A

**Public Health Impact**

The Public Health Impact of this proposed work will be two-fold. Firstly, these evaluations and studies will provide critical scientific knowledge to inform and guide malaria program implementation in malaria-endemic countries, especially in Malawi and other sub-Saharan Africa Countries. Secondly, the ultimate impact of these activities will be reduced morbidity and mortality due to malaria through the identification and scale-up of evidence-based intervention strategies and on-going evaluations of these strategies.

**Relevant Work**

For more than 75 years, the Centers for Disease Control and Prevention (CDC) has been a leader in the fight against malaria since successfully eliminating it in the United States. Building on that success, CDC experts continue to develop and evaluate malaria control interventions to reduce malaria illness and death and ultimately to eliminate malaria globally. CDC's strategic research helped develop and evaluate critical effective tools now used throughout the world to prevent and control malaria including:

- Insecticide-treated bed nets (ITNs)
- Intermittent preventive treatment for pregnant women (IPTp) and infants (IPTi)
- Improved management of malaria illness with rapid diagnostic tests (RDTs) and artemisinin-containing combination therapies (ACTs)
- Indoor residual spraying (IRS)
- Massive scale-up of these proven interventions in the last decade has led to unprecedented gains in the fight against malaria. From 2000 to 2015, 6.8 million lives were saved globally, and malaria deaths in Africa were cut by more than half.

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## 2. Approach

Outcomes to be achieved through activities supported by this program include:

For malaria:

- Increased information about the efficacy of currently deployed malaria control interventions in Malawi, especially those threatened by the development of resistance to insecticides by disease vectors and resistance to drugs by parasites;
- Increased evidence related to innovative interventions addressing key challenges in vector control interventions including insecticide resistance and outdoor transmission,

strategies to improve malaria case management at the health facility and community levels, accessing hard-to-reach populations, reduction of transmission through targeting the parasite reservoir, and development of new tools to improve surveillance, monitoring and evaluation;
- Improved translation of operational research findings into better public health practice globally;

- Improved information about feasibility and impact of transforming surveillance into a key malaria intervention and
- Identification and assessment of improved and cost-effective approaches to monitoring changes in malaria burden;
- Expanded capacity of the Ministry of Health to conduct operational research, surveillance, and monitoring and evaluation of malaria control activities

**Objectives/Outcomes**

Objective 1: Conduct malaria strategic and operations research and monitoring and evaluation activities in Malawi in conjunction with the National Malaria Control Program and other partners to assess the efficacy / effectiveness of currently deployed malaria control tools. Examples may include but are not limited to the following:
• Evaluate the effectiveness of malaria control interventions including long-lasting insecticidal treated nets (LLINs), indoor residual spraying (IRS), and other methods of transmission reduction;
• Evaluate the effectiveness of all aspects of the case management pathway, including appropriate referral, diagnosis, correct prescribing and appropriate messaging at all levels of the health systems;
• Evaluate the therapeutic efficacy of antimalarials to treat uncomplicated and severe malaria; and
• Evaluate the therapeutic efficacy of antimalarials used to address the negative consequences of malaria in pregnancy.

Objective 2: Develop and validate the impact of revised, enhanced, or novel interventions that will contribute to effective malaria control in Malawi and sub-Saharan Africa. Examples may include, but are not limited to, the following:
• Evaluate the use of innovative vector control intervention measures such as insecticide treated materials (including use of combination insecticide-treated bednets and insecticide-treated wall liners), housing modification (including window screens, eaves tubes, etc., to prevent human contact with mosquito vectors), spatial repellents, attractive targeted sugar baits and larval source management;
• Evaluate the use of new strategies that target the malaria parasite reservoir such as mass test and treat and mass drug administration; and
• In collaboration with PMI and other partners, develop or refine approaches to strengthen the ability of health facilities and community intervention efforts to provide timely and appropriate care and treatment of sick children under 5 years of age and adults by evaluating case management activities and practices, including the use of rapid diagnostic tests and pre-referral rectal artesunate at the community level.

Objective 3: Assist the Malawian Ministry of Health in translating implementation research

findings into public health practice, and ensure sharing of expertise and research findings with other partners and countries. Examples of such efforts may include, but not be limited to, the following:
• Disseminate results from these implementation research and prevention activities through written publications, oral presentations, hosting study tours, or by other means; and
• Assist National Malaria Control Programs in developing activities focused on malaria interventions consistent with global and regional initiatives, such as the Roll Back Malaria (RBM) Initiative.

Objective 4: Assist the Ministry of Health in improving malaria surveillance systems and monitoring and evaluation activities. Examples of such efforts may include, but not be limited to, the following:
• Strengthen surveillance systems that can more accurately estimate the burden of malaria and monitor artemisinin resistance and are both timely and inclusive of all malaria cases presenting to all sectors (i.e. community level, private sector, and non-governmental organizations);
• Evaluate enhanced surveillance systems in the collection of real-time case information and data use in identifying populations at increased risk of malaria infection;
• Contribute to the evidence and experience base for transforming surveillance into a core malaria intervention as recommended in the Global Technical Strategy for Malaria, 2016--2030
• Improve monitoring of the entomological impact of current vector control interventions and surveillance for insecticide resistance among malaria vectors; and
• Improve monitoring and evaluation tools for low transmission and pre-elimination settings.

Objective 5: Assist the Ministry of Health in building capacity around operational research, surveillance, and monitoring and evaluation of malaria.

**Target Population**

Target populations should include people living or working in epidemiological defined areas of malaria transmission in Malawi. Sub-population target groups within these malaria transmission zones should include those most at-risk e.g. children under five years of age and pregnant women.

**Collaboration/Partnerships**

N/A

**Evaluation/Performance Measurement**

As part of the application, the PI should include measurable goals and aims based on a **one**-year research project period. The grantee will establish specific, measurable, achievable, realistic, and time-phased (SMART) project objectives for each activity described in the applicant's project plan, and develop and implement project performance measures that are based on specific programmatic objectives.

**Monitoring and Evaluation**

- Work with CDC and other global partners as appropriate to develop and implement an evaluation plan to measure the impact of the activities outlined in this funding opportunity announcement (evaluation framework, evaluation design, indicators, process

and outcome evaluation, and information/data collection plan).

**Program Capacity**

- Establish or retain a full-time staff person with management and technical experience, responsible for managing the planning, implementation, and evaluation of the program and serving as the CDC point of contact.
- Establish or retain a part-time staff person with data management and mobile data collection experience responsible for the programming and trouble-shooting of data collection instruments, cleaning of data, development of data dictionaries and storage of datasets.
- Establish or retain additional staff with demonstrated knowledge, skills, and expertise in administrative and fiscal management to meet the needs of the program.
- Over the course of the project period establish and retain other staff, contractors, and consultants sufficient in number and expertise to ensure project success.

**Fiscal management**

- Programs must use funding to support activities in alignment with requirements of this FOA. Programs must develop and maintain systems for sound fiscal management, including: monitoring the cooperative agreement award and program contracts and grants, ensuring the funds are expended in support of approved activities; tracking expenditures in a timely manner; and preventing excessive unobligated balances.

**Translation Plan**

Applicant should plan for adequate resources to disseminate findings with in-country research and malaria control partners as well as with communities that contributed to the research program. Applicant should use appropriate scientific journals to disseminate research findings to the broader scientific community in conjunction with CDC scientists. Applicant should present important evaluation and research findings at relevant international scientific meetings and conferences.

## Section II. Award Information

| | |
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| **Funding Instrument Type:** | Cooperative Agreement<br>A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities. |

**Application Types Allowed:**

New - An application that is submitted for funding for the first time. Includes multiple

submission attempts within the same round.

**Estimated Total Funding:** $10,000,000

**Anticipated Number of Awards:** 1

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

**Award Ceiling:** $10,000,000 Per Project Period
**Award Floor:** $100,000 Per Budget Period
**Total Period of Performance Length:** 5 year(s)

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

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

## Section III. Eligibility Information

### 1. Eligible Applicants

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

Additional Eligibility Category:

### 2. Foreign Organizations

Foreign Organizations are eligible to apply.

Foreign (non-US) organizations must follow policies described in the HHS Grants Policy Statement (http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf), and procedures for foreign organizations described throughout the SF424 (R&R) Application Guide. International registrants can confirm DUNS by sending an e-mail to ccrhelp@dnb.com, including Company Name, D-U-N-S Number, and Physical Address, and Country. Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https://eportal.nspa.nato.int/AC135 Public/Docs/US%20Instructions%20for%20NSPA%20NCAGE.pdf.

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

For this announcement, applicants may include collaborators or consultants from foreign

institutions. All applicable federal laws and policies apply.

**3. Special Eligibility Requirements**

Foreign Organizations; Foreign components of U.S. Organizations; Collaborators or Consultants

Single source competition. Only the application from The University of Malawi, College of Medicine will be accepted

**4. Justification for Less than Maximum Competition**

The University of Malawi's College of Medicine (COM) is uniquely qualified for this award based on the following experience and capabilities:

The College of Medicine is the only Malawian institution that possesses the requisite scientific and technical expertise, the infrastructure capacity, the teaching and training environment for operations research and which has conducted longitudinal malaria research in areas of high morbidity and mortality in Malawi. The College of Medicine is the only Malawian institution in the country that has an insectary and a proven track record in raising the principal malaria vector, *Anopheles funestus*, from eggs to adults. The College of Medicine is located in the southern region of Malawi in an area of extremely high malaria morbidity and mortality and thus is ideally situated to help evaluate approaches to preventing and controlling malaria, other infectious diseases, and other public health problems. The College of Medicine has been collaborating with various health agencies on priority infectious disease research such as malaria, measles, and HIV/AIDS. The College of Medicine has experienced staff to support these collaborations.

The University of Malawi's College of Medicine has worked with CDC (Division of Parasitic Diseases and Malaria) and the MoHP on the following malaria research projects:

- Evaluation of the effectiveness of insecticide-treated bednets in an area of intense pyrethroid resistance;

- A study of the efficacy of sulfadoxine-pyrimethamine for intermittent preventive treatment of malaria in pregnancy

- Evaluation of preferences for net shape in urban and rural areas of Malawi;

- Evaluation of the roll-out of pre-referral rectal artesunate;

- Use of cell phone reminders to improve case management for malaria and other diseases of childhood;

- Evaluation of coverage after a mass campaign to distribute insecticide-treated bednets

- Malawi's only insectary for entomological monitoring, housed at the Malaria Alert Centre at the COM

Conducted a prospective randomized open-label study on the efficacy and safety of intermittent preventive treatment in pregnancy (IPTp) with Dihydroartemisinin-Piperaquine (DP) versus IPTp with Sulfadoxine-Pyrimethamine (SP)

The College of Medicine also has ongoing projects with other collaborators in which CDC is not directly involved:

- International Centre of Excellence in Malaria (NIH)
- Pilot roll-out of malaria rapid diagnostic tests (UNICEF)
- Pilot roll-out of RTS,S/AS01 malaria vaccine (WHO)

The CDC's Malaria Branch has engaged in a cooperative agreement(s) with Malawi's College of Medicine/Malaria Alert Centre (COM/MAC) since 2004. The College of Medicine is the only medical school in Malawi and was established in 1991. The Malaria Alert Centre, established in 2001 as part of the College of Medicine, was created to provide a foundation and focus for malaria prevention and control activities involving operations research, monitoring and evaluation, and training of health care workers and public heath students. The Malaria Alert Centre has provided a strong foundation and platform for malaria operations research in a highly endemic area. Importantly, the Malaria Alert Centre has successfully engaged a variety of other external collaborators. The collaborations have included CDC's Global Measles Program, National Institutes of Health, the Integrated Vector Control Consortium, Michigan State University, UNICEF, WHO and the Liverpool School of Public Health. The Malaria Alert Centre has developed a close collaboration with the Ministry of Health and in particular the National Malaria Control Program, the Expanded Program on Immunizations (EPI) and the Integrated Management of Childhood Illnesses (IMCI). MAC is a recognized partner of the National Malaria Control Program and as a member of the National Malaria Advisory Committee (NMAC) and the task force overseeing the development and implementation of the malaria plan of action.

## 5. Responsiveness

N/A

## 6. Required Registrations

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

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

All applicant organizations must register with Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

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

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

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

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

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

## 9. Cost Sharing

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

### 10. Number of Applications

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

Number of applications is 1.

Only one application per institution (normally identified by having a unique DUNS number) is allowed.

## Section IV. Application and Submission Information

### 1. Address to Request Application Package

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

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

### 2. Content and Form of Application Submission

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

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

**Mandatory**

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

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

**Optional**

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

## 3. Letter of Intent

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

## 4. Required and Optional Components

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

## 5. PHS 398 Research Plan Component

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

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

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

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

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

Other Research Plan Sections

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

All instructions in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf must be followed along with any additional instructions provided in the NOFO.
Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.
The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:
• Descriptions of the data to be produced in the proposed project
• How access will be provided to the data (including provisions for protection of privacy, confidentiality, security, intellectual property, or other rights)
• Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use
• Plans for archival and long-term preservation of the data, or explaining why long-term preservation and access cannot be justified
Examples of DMPs may be found here: University of California https://dmp.cdlib.org/, or USGS, http://www.usgs.gov/datamanagement/plan/dmplans.php

PHS 398 Research Plan Component

## 6. Appendix

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

(R&R) Application Guide.

Appendix

## 7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 25 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 75 pages for all appendices.

## 8. Format for Attachments

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

## 9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are strongly encouraged to allocate additional time and submit in advance of the deadline to ensure they have time to make any corrections that might be necessary for successful submission. This includes the time necessary to complete the application resubmission process that may be necessary, if errors are identified during validation by Grants.gov and the NIH eRA systems. The application package is not complete until it has passed the Grants.gov and NIH eRA Commons submission and validation processes.
Organizations must submit applications using the ASSIST web-based application preparation and submission process.
ASSIST will validate applications before submission. If the system detects errors, then the applicant must correct errors before their application can be submitted.
**Applicants are responsible for viewing their application in ASSIST after submission to ensure accurate and successful submission through Grants.gov. If the submission is not successful and post-submission errors are found, then those errors must be corrected and the application resubmitted in ASSIST.**
Applicants are able to access, view, and track the status of their applications in the eRA Commons.
Information on the submission process is provided in the SF-424 (R&R) Application Guidance and ASSIST User Guide at https://era.nih.gov/files/ASSIST_user_guide.pdf.
**Note**: HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e. error correction window).
Applicants who encounter problems when submitting their applications must attempt to resolve

them by contacting the NIH eRA Service desk at:
Toll-free: 1-866-504-9552; Phone: 301-402-7469
http://grants.nih.gov/support/index.html
Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on federal holidays)

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

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

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

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

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

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

Due Date for Applications: **03/22/2019**

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

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

Your application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372 (http://www.archives.gov/federal-register/codification/executive-order/12372.html). This order sets up a system for state and local review of proposed federal

assistance applications. You should contact your state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications, and to receive instructions on your state's process. Click on the following link to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

## 11. Funding Restrictions

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

In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

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

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

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

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

Funding Restrictions

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

- Reimbursement of pre-award costs is not allowed.
- Indirect Costs will not be paid (either directly or through sub-award) to organizations located

outside the territorial limits of the United States or to international organizations regardless of their location.
• All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
• Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d). A non-Federal audit is required, if during the grantees fiscal year, the grantee expended a total of $500,000.00 or more under one or more HHS awards (as a direct grantee and/or as a sub-grantee). The grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where the grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.
• A fiscal Grantee Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.
• If research involves human subjects, funds will be restricted until a Federal Wide Assurance (FWA) and Institutional Review Board Approvals (IRB) are in place.
• Projects, if directed by CDC staff and involve the collection of information from 10 or more individuals, and are funded by a grant/cooperative agreement, will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

## 12. Other Submission Requirements and Information

**Risk Assessment Questionnaire Requirement**

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

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

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

**Duplication of Efforts**

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

**Application Submission**

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

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

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

**Important reminders:**

All PD/PIs must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.

The applicant organization must ensure that the DUNS number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in

the SF424 (R&R) Application Guide.
If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

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

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

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

## Section V. Application Review Information

### 1. Criteria

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

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

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

#### Significance

Does the project address an important problem or a critical barrier to progress in the field? If

the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

## Investigator(s)

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

## Innovation

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

- Is the proposed research innovation and yet offer reasonable potential for concrete applications of interest and value to CDC?
- Does the project have the potential to increase efficiency or lead to costs savings?

## Approach

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

## Environment

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

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

## 2. Additional Review Criteria

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

**Protections for Human Subjects**

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

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

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

**Inclusion of Women, Minorities, and Children**

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

**Vertebrate Animals**

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

Review of the Vertebrate Animal Section (https://grants.nih.gov/grants/olaw/VAChecklist.pdf).

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

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

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

## 3. Additional Review Considerations

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

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

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

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

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

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

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

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

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

**Budget and Period of Support**
Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html
The budget can include both direct costs and indirect costs as allowed.
Indirect costs could include the cost of collecting, managing, sharing and preserving data.
Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of modified total direct costs exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of $25,000.
If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

## 4. Review and Selection Process

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

- Will receive a written critique.

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

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

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

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

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

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

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

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

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

### 5. Anticipated Announcement and Award Dates

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

## Section VI. Award Administration Information

### 1. Award Notices

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

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

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

## 2. CDC Administrative Requirements

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

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

Specific requirements that apply to this NOFO are the following:

***Generally applicable ARs:***

*AR-1: Human Subjects Requirements*

*AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research* *AR-3: Animal Subjects Requirements*

*AR-7: Executive Order 12372 Review*

*AR-9: Paperwork Reduction Act Requirements* *AR-10: Smoke-Free Workplace Requirements* *AR-11: Healthy People 2020*

*AR-12: Lobbying Restrictions*

*AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities*

*AR-14: Accounting System Requirements*

*AR-16: Security Clearance Requirement*

*AR-17: Peer and Technical Reviews of Final Reports of Health Studies – ATSDR* *AR-21: Small, Minority, And Women-owned Business*

*AR-22: Research Integrity*

*AR-24: Health Insurance Portability and Accountability Act Requirements* *AR-25: Data Management and Access*

*AR-26: National Historic Preservation Act of 1966*

*AR-28: Inclusion of Persons Under the Age of 21 in Research*

*AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009*

*AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973*

*AR-31: Research Definition*

*AR-32: Appropriations Act, General Provisions*

*AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern*

*AR-34: Language Access for Persons with Limited English Proficiency* *AR-36: Certificates of Confidentiality*

***Organization Specific ARs:***

*AR-8: Public Health System Reporting Requirements* *AR-15: ; ; ; ; ; ; Proof ; ; ; ; ; ; of ; ; ; ; ; ; Non-profit ; ; ; ; ; ; StatusAR 23: Compliance with 45 C.F.R. Part 87*

***ARs applicable to Global Health Assistance Awards:***

*AR-35: Protecting Life in Global Health Assistance*

*For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at: http://www.archives.gov/.*

*To view brief descriptions of relevant CDC requirements visit: https://www.cdc.gov/grants/additionalrequirements/index.htm*

## 3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

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

**Federal Funding Accountability and Transparency Act of 2006** Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252, requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website: https://www.fsrs.gov/.

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

**Pilot Program for Enhancement of Employee Whistleblower Protections** All applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that grantees inform their employees in writing (in the predominant native

language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

**Copyright Interests Provision** This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.
The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

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

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

Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk

mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.

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

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

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

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

The AR-25 https://www.cdc.gov/grants/additionalrequirements/ar-25.html outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.
Certificates of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to this award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at:
https://www.cdc.gov/grants/additionalrequirements/ar-36.html.

## 4. Cooperative Agreement Terms and Conditions

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

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

The PD(s)/PI(s) will have the primary responsibility for:

- **Complying with the responsibilities for the Extramural Investigators as described in the Policy on Public Health Research and Nonresearch Data Management and Access**
  **https://www.cdc.gov/grants/additionalrequirements/ar-25.html ;**

CDC staff has substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

- **Assisting the PI, as needed, in complying with the Investigator responsibilities described in the Policy on Public Health Research and Nonresearch Data Management and Access** https://www.cdc.gov/grants/additionalrequirements/ar-25.html
- Recipients will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies.

## 5. Reporting

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

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

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards

pursuant to this funding opportunity depend upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.

**The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act)**, includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients:
1) Information on executive compensation when not already reported through the SAM Registration; and
2) Similar information on all sub-awards/ subcontracts/ consortiums over $25,000. It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over $25,000. See the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

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

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

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

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

**B. Content of Reports**

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

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

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

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

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

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. Questions to consider in preparing this section include:
- How will this project lead to improvements in public health?

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

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

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

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

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

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

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

- Additional Reporting Requirements:

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

**2. Annual Federal Financial Reporting** The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget period ends. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must

indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.
Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.
The due date for final FFRs will continue to be 90 days after the Period of Performance end date.
Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the end of grant period. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

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

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

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

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

**3. Final Reports:** Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee's final report should include:

- Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a

discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.

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

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

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

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

## Section VII. Agency Contacts

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

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

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939

Email: commons@od.nih.gov
Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

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

***Scientific/Research Contact***

Meghna Desai, PhD
Center for Global Health
Division of Parasitic Diseases and Malaria
Telephone: 404-718-4752
Email: mdesai@cdc.gov

***Peer Review Contact***

Hylan Shoob
Scientific Review Officer CDC/CGH/OD
Telephone: 404-639-4697
Email: hms4@cdc.gov

***Financial/Grants Management Contact(s)***

Angie Williard
Office of Grants Services
Global Health Services Branch
Telephone: 770.488.2863
mail : aen4@cdc.gov

## Section VIII. Other Information

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

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