Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

The CDC Cancer Genomics Program: Translating Research into Public Health Practice
CDC-RFA-DP19-1905
Application Due Date: 04/15/2019

The CDC Cancer Genomics Program: Translating Research into Public Health Practice
CDC-RFA-DP19-1905
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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP19-1905. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

The CDC Cancer Genomics Program: Translating Research into Public Health Practice

C. Announcement Type: New - Type 1

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP19-1905

E. Assistance Listings (CFDA) Number:

93.380

F. Dates:

1. Due Date for Letter of Intent (LOI):	**03/15/2019**
2. Due Date for Applications:	**04/15/2019**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

Informational Conference Call will be held on 03/01/19 at 3:00pm EST. The conference call information is: 888-945-5897, Participant passcode: 8685234

G. Executive Summary:

1. Summary Paragraph:

The CDC Division of Cancer Prevention and Control (DCPC) announces the availability of Fiscal Year 2019 funds to implement DP19-1905, The CDC Cancer Genomics Program: Translating Research into Public Health Practice. This program addresses the utilization of cancer genetic services as a strategy for cancer prevention and control. The primary outcomes of this NOFO are to increase screening of cancer family history and to increase the use of genetic counseling and testing for hereditary cancer syndromes, specifically Hereditary Breast and Ovarian Cancer (HBOC) Syndrome and Lynch Syndrome (LS), among individuals meeting recommendations for referral. This funding opportunity supports the implementation and evaluation of public health activities within four strategies to build the evidence base and disseminate best practices. These priorities will be accomplished by funding up to five

recipients to develop, implement, and evaluate state-level programs in cancer genomics.

Funding will support applicants to:

- Increase organizational capacity to address public health priorities in cancer genomics
- Expand and develop surveillance systems to measure the hereditary cancer burden
- Educate the public on family cancer history as a risk factor for cancer
- Educate providers about family history screening and referring patients to cancer genetic services
- Develop partnerships to facilitate policy and systems changes that increase access to and use of cancer genetic services

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	5
d. Total Period of Performance Funding:	$5,250,000
e. Average One Year Award Amount:	$450,000
f. Total Period of Performance Length:	3
g. Estimated Award Date:	08/30/2019
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Hereditary cancer syndromes increase cancer risk and may present as multiple primaries, cancers diagnosed at advanced stages, and cancers diagnosed at younger ages. Individuals with hereditary breast and ovarian cancer syndrome (HBOC) face a higher risk for developing breast and ovarian cancers by age 70 years than do women in the general population (65/100 vs. 12/100 and 39/100 vs. 1/100, respectively). Similarly, those with Lynch syndrome (LS) have a higher lifetime risk for colorectal cancer than that of the general population (40/100 vs. 4/100, respectively). Individuals with HBOC, LS or a pathogenic variant in other genes have also been shown to have a higher risk of prostate, pancreatic, and uterine/endometrial cancers. In addition to increased cancer risk for the individual, family members have a high probability of carrying the same gene mutations. Individuals with a hereditary cancer syndrome may present with specific patterns of

personal and family history of cancer, which can be evaluated using recommendations by the United States Preventive Services Task Force (USPSTF), National Comprehensive Cancer Network (NCCN), and Evaluation of Genomic Applications in Practice and Prevention (EGAPP). Screening for cancer risk using family history may indicate increased risk for multiple cancer types or varying genetic mutations. While most recommendations focus on genetic testing for a single gene or specific genetic syndrome, the advent of multi-gene panel genetic testing requires new approaches to patient-provider communication, systems and policy change, and patient education. With decision support, individuals who have a high risk of developing cancer can make informed risk management decisions to reduce their cancer risk.

HBOC and LS present opportunities for public health intervention in cancer prevention and control through the evaluation of family history and identification of inherited mutations that increase cancer risk. The goal of this NOFO is to: 1) increase the collection of cancer family history and provider discussion about family history, and 2) increase the rate of genetic counseling and testing for hereditary cancer syndromes, specifically HBOC and LS, in individuals meeting recommendations for referral. These outcomes can be achieved by implementing strategies and activities in surveillance, provider education, public education, and systems and policy change.

The USPSTF found sufficient evidence to recommend the screening of family cancer history for referral to genetic counseling and testing for HBOC. In addition, EGAPP concluded that all newly diagnosed colorectal cancers should be screened for LS. NCCN has released consensus-based guidelines on the evaluation of HBOC and LS for tumor testing and germline testing. In addition, the most recent recommendation from NCCN on Prostate Cancer discusses considerations for genetic testing for patients with a strong family history.

A previous funding opportunity in this area, DP14-1407, funded state health departments to implement activities in education, surveillance and policy. From this funding opportunity, we have learned about the importance of collaborating with state cancer programs and state surveillance systems to implement and evaluate program activities. Other lessons learned include the importance of program structure and capacity to carry out key functions, such as program management, health education, data analysis, and evaluation.

b. Statutory Authorities

This program is authorized under the following sections: Section 317(k)(2) of the Public Health Service Act (PHS Act), Section 42 U.S.C. 247b (k)(2), and Section 301(a) of the PHS Act, 42 U.S.C. 241(a).

c. Healthy People 2020

This cooperative agreement is most closely aligned with HP2020 goals relevant to genomics (https://www.healthypeople.gov/2020/topics-objectives/topic/genomics).

d. Other National Public Health Priorities and Strategies

N/A

e. Relevant Work

This NOFO builds upon the work of a previous funding opportunity in this area, DP14-1407,

which funded state health departments to implement activities in education, surveillance and policy (https://www.cdc.gov/cancer/dcpc/about/genomics/index.htm).

This NOFO primarily relates to the four National Center for Chronic Disease Prevention and Health domains (https://www.cdc.gov/chronicdisease/center/nccdphp/how.htm) of action to transform the nation's health and support Americans to take charge of their own health: 1) epidemiology and surveillance, 2) environmental approaches, 3) health care system interventions, and 4) community programs linked to clinical services.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

<table>
<tr><th>Strategies and Activities</th><th>Short-term Outcomes</th><th>Intermediate Outcomes</th><th>Long-Term Outcomes</th></tr>
<tr><td>Strategy 1: Surveillance</td><td>Improved data on hereditary cancer burden and utilization of cancer genetic services</td><td rowspan="3">Increased proportion of individuals report that they are aware of their family history of cancer and report having discussed their associated cancer risk with a provider

Increased number of providers using family history screening and tumor testing to identify individuals at high risk for hereditary cancer

Improved referral patterns for cancer genetic services

Increased health systems with universal tumor screening protocols for LS among newly diagnosed cancer patients</td><td rowspan="3">Increased appropriate utilization of genetic counseling and genetic testing

Increased proportion of individuals at high risk for a hereditary cancer who are counseled on and utilize risk management strategies</td></tr>
<tr><td>Strategy 2: Public Education and Awareness</td><td>Increased public awareness and knowledge about family history of cancer and benefits of genetic counseling and testing</td></tr>
<tr><td>Strategy 3: Provider Education</td><td>Increased provider knowledge and self-efficacy to apply professional recommendations, clinical communication, record family health history, use referral tools as recommended by USPSTF and to refer to genetic counseling and testing</td></tr>
</table>

Strategy 4: Partnerships	Policy and systems change to improve access to and utilization genetic counseling, testing and risk management for HBOC and LS Reduced system barriers for the access of screening and genetic services		

i. Purpose

Recipients of this NOFO will be asked to implement and evaluate activities and strategies in surveillance, provider education, public education, and the development of partnerships to facilitate policy and systems change in order to increase awareness of family history as a cancer risk factor, and the use of genetic counseling and testing for HBOC and LS.

ii. Outcomes

Intermediate outcomes:

- Increased proportion of individuals report that they are aware of their family history of cancer and report having discussed their associated cancer risk with a provider
- Improved referral patterns for cancer genetic services
    - This outcome relates to health systems and payers having policies and practices that are concordant with recommendations for family history screening and tumor

testing and referral of patients with increased risk to genetic counseling and testing.
    - This could also include health systems and clinics having established referral networks for cancer genetic services, including tele-genetics, or phone-based genetic counseling.
    - In addition, health systems and clinics having policies and practices that help facilitate cascade screening would be included under this outcome.

Long-term outcomes:

- Increased appropriate utilization of genetic counseling and genetic testing

iii. Strategies and Activities

Recipients shall develop or expand programs focused on the implementation of innovative strategies through activities addressing hereditary cancer syndromes, specifically HBOC and LS. Programs shall assist in the development of the public health practice evidence-base describing how to implement genomic-based approaches to cancer prevention and control, which may serve as a model for other state and national work.

Applicants should utilize several activities within each strategy, all of which should be informed by ongoing data collection and surveillance. Applicants should consider approaches at the policy, community, organizational, interpersonal, and intrapersonal levels when developing and proposing activities. Applicants should develop activities consistent with each of the four strategies below. While examples of activities are provided below, applicants should not consider these activities a menu from which to select, unless otherwise indicated. The development and implementation of activities should be driven by local context, partnerships, program capacity, and available data or evidence.

Each applicant should take a state-based approach, meaning that all funded activities should be implemented and evaluated within a particular state's geographic boundaries. However, applicants are allowed to apply jointly for funding across multiple organization types and jurisdictions (e.g., multiple states, multiple local jurisdictions, border areas, Tribes and state/local jurisdictions). Applicants must clarify in their project narrative and work plan which strategies will be implemented by each entity.

All programs are required to exercise strong skills in program management with minimum requirements described below.

Program Management

1. Hire or retain adequate and qualified staff to manage the program. Core staff should include staff with expertise in program management, program evaluation, and epidemiology.
2. Develop an evaluation plan, with CDC guidance, based on the four strategies; plan should be updated, as needed, throughout the period of performance. Plan must include stakeholders, program description, evaluation questions, process and outcome measures, plans for data collection, analytic methods, reporting methods, and dissemination strategies. Evaluation plan is due six months after award.

3. Participate in required CDC meetings and trainings to facilitate the accomplishment of proposed outcomes.

Programs are required to implement activities in alignment with **Strategies 1-4.** If applicants choose to apply jointly for funding, the application must still address strategies 1-4, but each entity may address one or all of the strategies. Applicants must clarify in their narrative which strategies each entity will be implementing.

Strategy 1 - Surveillance

1. All funded programs are required to work with a state cancer registry to conduct surveillance activities. Required surveillance activities include:
    - Analysis of cancer registry data to estimate cancer burden associate with hereditary cancer syndromes (yearly analysis of most recent data available)
    - Mapping or GIS-related analyses to understand overlap between burden and access (completed once in first year of funding)
2. Optional surveillance activities to conduct in collaboration with the state cancer registry may include but are not limited to:
    - Pilot testing of new registry fields
    - Monitoring of cancer genetic testing use or tumor testing (for LS) through laboratory reporting to the registry
3. All funded programs are required to field questions on a state Behavioral Risk Factor Surveillance System (BRFSS) survey at least once during the period of performance. Funding for the fielding of questions on BRFSS must be included in the program budget.
    - Questionnaire content will be consistent across all funded programs. Questions to be fielded will be decided by recipients and CDC within 3 months of funding award.
4. Funded programs are strongly encouraged to use, expand, or develop additional data sources for measuring and monitoring cancer genetic services use (e.g. family history screening, referrals to cancer genetic services, utilization of genetic counseling and testing, use of differing types of genetic tests such as cancer genetic panel tests, universal screening of Lynch Syndrome, and/or cascade screening). This may include, but is not limited to, claims data, clinical or health systems data, or other survey data.
5. All data-related activities and products, including results summaries, data briefs, posters/presentations, or publications should be reported to CDC yearly as part of reporting requirements.
6. All programs should develop dissemination plans for analyses of surveillance or other data. Dissemination plans should address methods for dissemination to all relevant stakeholders.

Strategy 2 - Public Awareness and Education

1. Topics for activities in public awareness and education may include, but are not limited to:
    - Screening of family history for cancer risk

- Benefits of genetic counseling and testing for individuals at increased risk
- Types of genetic testing available, including panel-testing
- Limitations of direct to consumer testing options
- Existing privacy protections for genetic information, such as GINA
- Decision making on genetic testing
- Cancer screening considerations for those at increased risk
- Methods to manage or reduce cancer risk

2. Educational efforts should discuss cancer types associated with hereditary cancer syndromes, specifically HBOC and LS, including breast cancer, ovarian cancer, pancreatic cancer, prostate cancer, colorectal cancer, and uterine/endometrial cancer. Genes associated with HBOC and LS include *BRCA1/2* and the mismatch repair genes. In addition, genes other than *BRCA1/2* and the mismatch repair genes may be included in education efforts, as relevant, such as when discussing additional cancer types, other hereditary cancer syndromes, and multi-gene panel testing.
3. The types of resources that should be developed and disseminated to aid in education efforts may include, but are not limited to: pamphlets, brochures, and fact sheets; decision aids; public service announcements and other campaign materials; websites and other digital/online resources; instructional or educational videos; and family history collection tools.
4. Modes of activity implementation can include, but are not limited to: small media, one-on-one education, group education, mass media or digital media outreach, or multi-component educational approaches.
5. In high-risk populations, programs should explore conducting activities beyond the individual level and consider family-based educational activities that may promote use of cascade screening.

Strategy 3 - Provider Education

1. Topics for provider education, whether addressing primary care or specialty providers, may include, but are not limited to:
   - Conducting family history screening and ordering tumor testing
   - Engaging in shared decision making in the use of genetic counseling and/or testing
   - Appropriately referring to cancer genetic services
   - Working with payers to get cancer genetic services covered
   - Recommending appropriate cancer screening for those with a family history of cancer
   - Interpreting and discussing results of genetic testing, including results of genetic panel tests
   - Recommending risk management practices for high risk patients
2. Educational efforts should discuss cancer types associated with hereditary cancer syndromes, specifically HBOC and LS, including breast cancer, ovarian cancer, pancreatic cancer, prostate cancer, colorectal cancer, and uterine/endometrial cancer. Genes associated with HBOC and LS include *BRCA1/2* and the mismatch repair genes. In addition, genes other than *BRCA1/2* and the mismatch repair genes may be included in education efforts, as relevant, such as when discussing additional cancer types, other

hereditary cancer syndromes, and multi-gene panel testing.

3. Modes of activity implementation may include, but are not limited to CME courses or opportunities; workshops; mentoring programs; tumor boards, case conferences, or journal clubs; webinar or website engagement; or curriculum for trainees.
4. Dissemination of provider resources, including training on how to use these resources is required. Resources could include, but are not limited to paper or digital versions of clinical decision aids, guides to genetic testing options and interpretation, family history collection and screening tools, genetic counseling and testing referral guides, and/or guides on managing high risk patients.

Strategy 4 – Partnerships as a tool for Policy/Systems Change *(see Collaborations section)*

The following partnership activities are required:

1. Collaborations with a state cancer registry and a state BRFSS will be used to implement activities in Surveillance (Strategy 1). These data will be used to evaluate activities, develop health education materials, and for program planning.
2. Collaborations with health systems, academic health centers, community clinics, other clinical locations, and/or private and public payers to facilitate policy and systems change are required. These collaborative activities may include, but are not limited to:
    - Stakeholder education about hereditary cancer syndromes
    - Dissemination of data on hereditary cancer burden to stakeholders and decision makers
    - Reducing structural barriers for access to cancer genetic services through navigation programs, promoting telephone genetic counseling, or tele-genetics, etc.
    - Provider assessment and feedback programs using surveillance data
    - Clinical and patient decision aids on genetic testing options, including panel testing
    - Assessing and disseminating health plan coverage policies, gaps in coverage, and providing model plans for coverage
    - Assessing health systems policies and practices in family history and cancer genomics
    - Assessing health systems needs and priorities in family history and cancer genomics
    - Dissemination of guides for providers on how to work with payers on coverage for cancer genetic services
    - State and federal policy education and analysis
    - Promotion and dissemination on health system or clinic best practices on family history screening and/or tumor screening
3. Collaborations with other state cancer programs, specifically the Comprehensive Cancer Control Program, the Breast and Cervical Cancer Early Detection Program, and the Colorectal Cancer Control program are required. Activities may include, but are not limited to:
    - Meeting regularly for information sharing
    - Cross-promotion of events and activities

- Sharing or providing technical expertise
- Co-sponsoring or jointly implementing activities or events
- Promoting and sharing resources
- Collecting and sharing data
- Leveraging partnerships and other program resources
- Integrating genomics into existing educational materials and resources from other programs

The following partnership activities are strongly encouraged:

1. Developing relationships with community-based organizations (e.g. non-profit organizations, community clinics, advocacy organizations, academic institutions, etc.) to aid in the implementation of activities and dissemination of information.
2. Developing relationships with other relevant chronic disease programs that address topics in genomics, such as Familial Hypercholesterolemia.

1. Collaborations

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

Collaborations with a state cancer registry and the state BRFSS are required, and a letter of support from each must be provided. These letters of support should express willingness to work with the applicant to provide access to data and/or field questions.

Collaborations with other state cancer programs, such as the Comprehensive Cancer Control Program, the Breast and Cervical Cancer Early Detection Program, and the Colorectal Cancer Control Program are required. Letters of support from these programs are strongly encouraged.

All letters of support should be combined into one pdf document, name the "LettersSupport", and upload it as a pdf at www.grants.gov

b. With organizations not funded by CDC:

In order to effectively implement activities within policy and systems change, collaborations and engagement with key stakeholders will be required. Potential collaborators for these activities should be identified in the application. Letters of support from potential collaborators are strongly encouraged.

Applicants are strongly encouraged to collaborate with relevant community-based organizations. Such stakeholders can help develop the necessary partnerships for successful implementation, increase reach of the program, improve dissemination, and provide for sustainability at the end of CDC funding. Applicants should, when possible, provide evidence of prior collaborations or experience working with such partners (e.g. memorandum of agreement, memorandum of understanding, data use agreements) or documentation of intent to work collaboratively (e.g., letters of support, letters of intent).

All letters of support should be combined into one pdf document, name the "LettersSupport", and upload it as a pdf at www.grants.gov

2. Target Populations

If desired, applicants can choose to target populations who have a greater burden of HBOC and/or LS, or populations who have lower levels of access and utilization of cancer genetic services in their jurisdiction. If an applicant elects to target a specific population, data sources used to define and describe the target population(s) should be cited in the justification. Target populations should not be limited to demographic characteristics, e.g. race/ethnicity and gender.

Research has indicated that the following populations may be relevant for targeted efforts in cancer genomics, however additional target populations may be identified and justified by the applicant:

- Ashkenazi Jewish populations
    - Those of Ashkenazi Jewish ancestry are more likely to carry BRCA mutations.
- African American/Black
    - Some research indicates that this population has lower utilization rates of genetic counseling and testing.
    - African American women have higher rates of triple negative breast cancer.
- Cancer survivors
    - Individuals diagnosed with certain cancers may benefit from genetic counseling and testing as part of the diagnostic and treatment process.
- Relatives of high risk individuals (*BRCA1/2* or Lynch carriers)
    - Those with a family history of cancer or with a known mutation in their family are more likely to be mutation carriers and are at increased risk for cancer.
- Rural communities
    - Genetic counselors are most often located in urban centers, and research indicates that rural populations may have less access.

a. Health Disparities

Previous research indicates that those in rural communities and members of minority racial/ethnic groups, particularly African Americans, are less likely to utilize cancer genetic services when clinically indicated. This NOFO encourages recipients to consider these groups when implementing activities. In addition, these groups are among the ones identified in the "Target Populations" section. Recipients may also choose to focus on target populations that are more likely to carry cancer-causing genetic mutations and have a greater need for cancer genetic services.

iv. Funding Strategy

NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement enables CDC and recipients to track implementation of recipient strategies and activities (process evaluation) and determine progress on achieving the period of performance outcomes (outcome evaluation). It will facilitate the CDC in 1) assessing the extent to which the activities and strategies were successfully implemented; 2) demonstrating whether activities produced the expected outputs and the projected outcomes; 3) informing

program planning, decision making, and continuous program quality improvement; and 4) determining the public health impact of implementation of cancer genomics into practice.

CDC will use information collected through review of program documents, recipient surveys, and other reporting requirements to measure recipient progress in the following areas:

- Use of available evidence in the development of new activities;
- Use of surveillance data to further inform program practice;
- Implementation of activities described in the work plan;
- Use of rigorous evaluation methods to record the implementation strategy and to measure progress towards objectives and outcomes for each activity in the work plan;
- Planning program sustainability and resource allocation; and
- Use of dissemination strategies to promote program resources, activities, and outcomes.

Progress made towards addressing short, intermediate, and long-term outcomes described in the NOFO and outputs that affect change described by the Science Impact Framework will be used to measure the overall impact of the Cancer Genomics Program.

As part of activities, recipients may collect and analyze data from multiple sources. Recipients must develop a data management plan (DMP) for all public health data collected as part of this funding opportunity. The DMP should include:

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

While there is no template for a DMP, this link may be a helpful resource and guide as you create your DMP: https://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html. Your CDC Project Officer will work with you to determine if a DMP is needed for any of your data sources.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.

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

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

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

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

Performance measures serve as an integral source of data for CDC's evaluation efforts. The applicant must demonstrate the ability to monitor program performance by establishing a performance measurement strategy, including a description of the data source that will be used and frequency at which it will be measured. The tables below provide the performance measures which recipients will be required to report. In instances where more than one performance measure per outcome is provided, recipients must select at least one of the measures. Since this NOFO does not require recipients to conduct specific activities, measures may be altered to accommodate programs approach to strategy implementation and target population focus, as appropriate, with the approval of the project officer. Required performance measures must be collected and reported to CDC at least once over the period of performance.

Required performance measures:

Outcome	**Performance Measure**
Intermediate outcomes	
Increased proportion of individuals report that they are aware of their family history of cancer and report having discussed it with a medical provider.	1. Number of individuals who report that they have collected their family history of cancer 2. Number of individuals who report that they have discussed their family history of cancer with a medical provider
Improved referral patterns for cancer genetic services	1. Number of health systems and payers that have policies and practices that are concordant

	with recommendations for family history screening and referral of high-risk patients to genetic counseling and testing. 2. Number of health systems and clinics that have established referral networks for cancer genetic services, including tele-genetics, or phone-based genetic counseling. 3. Number of health systems and clinics that have policies and practices that help facilitate cascade screening.
Long-term outcomes	
Increased appropriate utilization of genetic counseling and genetic testing	1. Number of individuals who are referred to, or utilize genetic counseling and/or testing when indicated

While there are no required performance measures for the short-term outcomes presented in the logic model, recipients should monitor progress toward achieving these outcomes. Recipients will work with project officers to monitor progress using the suggested, but not required, performance measures and outputs below.

Outcome	**Performance Measure/Output**
Improved data on hereditary cancer burden and utilization of cancer genetic services	1. Number of data sources used for program planning or resources (such as development of educational materials, use in surveillance, and use to address performance measures/evaluation).
Increased public awareness and knowledge about family history of cancer and benefits of genetic counseling and testing	1. Number of events (in-person, digital, etc.), resources, or products developed, implemented, and/or disseminated to a general audience.
Increased knowledge and self-efficacy to apply professional recommendations, clinical communication, record family health history, use referral tools as recommended by USPSTF and to refer to genetic counseling and testing	1. Number of health care providers who report they are knowledgeable and confident in their ability to evaluate a patient's family history of cancer and refer to cancer genetic services when appropriate 2. Number of specialty providers who report they are aware of universal genetic testing practices or identifying newly diagnosed cancer patients who may benefit from cancer genetic services. 3. Number of providers who participate in educational opportunities, or who receive program materials

Policy and systems change to improve access to and utilization of HBOC and LS genetic counseling, testing and risk management	1. Number of partners and stakeholders engaged in program efforts to create systems and policy change 2. Assessment of policy, systems, and environmental factors that may improve access and utilization of HBOC and LS counseling, testing, and risk management 3. Assessment of health plans to identify policies consistent with recommendations in referral to genetic counseling, testing, and risk management for high-risk patients.
Reduced system barriers for the access of screening and genetic services	1. Assessment of barriers and facilitators for accessing cancer genetic services 2. Dissemination of results of assessment to relevant partners and stakeholders

Recipients will be responsible for developing and implementing a comprehensive formal written evaluation plan that defines both process and outcome (short-term, intermediate, and long-term) measures that will be evaluated during the three-year period. Evaluation efforts should focus both on the implementation of activities and measuring progress towards objectives and program outcomes. Program evaluators may consider using the constructs described in the Consolidated Framework for Implementation Research and the CDC Evaluation Framework to guide their evaluation of key activities. Program outcomes should be measured at the population level in the state in which the activities are occurring. If an applicant will perform activities in multiple states, evaluation should occur in each state in which the activity was implemented. Recipients will be responsible for developing evaluation reports that summarize their implementation and outcomes findings. Through the receipt of evaluation reports, the CDC will be able to identify and disseminate best practices.

In the first 6 months of the period of performance, applicant must provide an initial evaluation and performance plan to indicate how they will identify progress in implementing program strategies, activities, and achieving program outcomes. This evaluation plan should:

- Identify key evaluation stakeholders, how they will be engaged, and their role in program planning and evaluation.
- Describe how evaluation stakeholders will utilize evaluation findings.
- Include a logic model to illustrate program design and its relationship to program outcomes. Programs should start with the logic model in this NOFO. However, the logic model may be adapted or altered to suit program goals with the approval of the CDC project officer.
- Describe specific, measurable, and realistic yearly program objectives that are indicative of progress toward program outcomes.
- Describe plans and processes for data collection for all indicators, performance measures, and/or outcomes.

- Describe how evaluation findings will be used to enhance implementation efforts.

Recipients must provide an evaluation report summarizing key findings at the completion of each budget period and an updated version of the evaluation plan. The annual evaluation report should:

- Report details on the implementation of each activity to the level of detail required for replicability in other public health settings.
- Describe direct costs of developing and implementing each activity described in the work plan, including estimates of staff time.
- Describe the roles of partners to facilitate the implementation of each activity in the work plan, focusing on the provision of additional public health capacity (e.g. improve reach, access to target population, technical skills, data access).
- Report progress toward objectives and outcomes through indicators and process measures, including data sources that were used and methods for primary data collection.
- Describe facilitators, challenges and barriers to implementing activities as described in the work plan
- Describe whether activities have yielded the expected outcomes and what progress has been made in addressing program outcomes.

c. Organizational Capacity of Recipients to Implement the Approach

Recipients must be able to readily implement a cancer genomics program upon receipt of award. To ensure that recipients are able to execute program requirements and meet period of performance outcomes, applicants must demonstrate: 1) a staffing plan and project management structure sufficient to implement activities and achieve the project outcomes with clearly defined staff roles; 2) capacity to implement the program work plan and evaluation plan; 3) relevant experience to implement the activities and achieve project outcomes; and 4) support from organization leadership.

Staffing and Project Management

- Program should describe a staffing plan, as well as a plan to maintain staff to manage the program
- Applicants should submit an Organizational Chart and CVs showing the core staff and their assigned duties
- Core staff should include staff with expertise in program management, program evaluation, and epidemiology
- Programs should also demonstrate access to subject matter expertise in public health cancer genomics and/or clinical genetics

Capacity and Infrastructure

- Demonstrate staff that have experience or organizational experience with conducting activities in cancer genomics
- Demonstrate prior experience collaborating with state-based surveillance systems that

include state cancer registries and state BRFSS
- Demonstrate prior experience building relationships and collaborating with partners to conduct activities in cancer genomics
- Demonstrate capacity and infrastructure by describing any staff, activities, and partners at the state- or organizational-level that will able to plan, prioritize, and implement cancer prevention and control strategies in cancer genomics
- Discuss readiness to implement activities in cancer genomics **(**e.g. currently available staff, existing partnerships, partner commitment to activities, leadership support for program goals, relationships with target populations or program stakeholders, organizational experience conducting similar activities or strategies)

Previous Experience

- Describe experience working with state cancer registry, BRFSS, and other surveillance systems to identify high risk cancer populations, collect program data, or to conduct other programmatic activities
- Describe previous experience using population-level or surveillance data for program planning and assessment
- Describe previous experience working with target populations, if any
- Describe previous experience conducting public education, provider education, and/or systems and policy change activities
- Describe experience collaborating with CDC-funded program and community-based organizations to accomplish goals
- Describe experience developing program evaluation plans and evaluating programmatic activities
- Describe your organization's process for program improvement processes based on continuous assessment and evaluation
- Describe previous experience reporting on program outcomes and activities (e.g. conference presentations or posters, publications, data briefs, etc.)

Support from Organizational Leadership

Applicants should demonstrate support from organizational leaders for conducting work in cancer genomics. This support could come from a relevant organizational leader (such as medical directors, heads of cancer or chronic disease programs, chronic disease directors, department chairs, etc.). Letters of support are encouraged.

d. Work Plan

Applicants must provide a detailed work plan. The work plan must include period of performance outcomes (outcomes to be achieved over the life of the cooperative agreement- see logic model) and annual objectives (yearly objectives that work toward the achievement of the period of performance outcomes) that are specific, measureable, achievable, realistic, and time-phased. Applicants should provide a detailed work plan for the first year, while a high-level plan for subsequent years in support of NOFO outcomes will suffice.

The work plan should be included as an attachment and does not count toward the 20-page limit for the project narrative. Please see "Section H. Other Information" for additional details.

At a minimum the work plan should include:

- Per strategy, applicants should identify their period of performance outcomes.
    - These should reflect the intended outcomes in the program logic model.
    - Applicants should describe the indicator that will be used to measure each outcome.
    - Applicants should include a brief description of how they will monitor and report progress on outcomes.
- Annual objectives should then be developed per period of performance outcome.
    - These annual objectives should also include an indicator to measure progress.
- Activities that will support each annual objective should then be described.
    - Activities described in the project narrative and work plan must be in alignment with the proposed outcomes and the program strategies listed in the NOFO.
    - Activity descriptions should include a brief synopsis of the activity, the population targeted, the staff supporting or responsible for the activity, if any partners will be involved in the activity, and any evaluation measures for the activity or outputs from the activity.
    - If a particular activity leads to multiple outcomes, it should be described under each relevant outcome measure

Work Plan template

Outcome [#]: [*What is the outcome being addressed?]*		
Description: [*Include a brief description of how this outcome will be operationalized. If it was not described in the NOFO, how does it fit within the scope of the NOFO?]* Measure: [*How will this outcome be measured?]* Data source: *[From what data source will you measure changes in this outcome?]*		
Direction of change: [*Increased, decreased*]	Baseline: [*if available, what is the current number of units of this outcome?]*	Target: *[If relevant, how many units do you expect to see change in the period of performance?]*

Annual Objective [#]: [*Based on the activities being implemented in the next twelve months, write a SMART objective describing the expected change in the next twelve months. It should show progress towards a change in the outcome within the period of performance.]*			
Indicator: [*What will be the indicator of success in meeting this objective? If this is a process measure, do not fill out the fields below.]* Data source: *[From what data source will you be able to measure changes in this outcome?]*			
Direction of change: [*Increased, decreased*]	Unit of measure: [*what is the unit you expect to see measurable*	Baseline: [*if available, what is the current number of units meeting this*	Target: *[How many units would you expect to see change in the*

	change?]	*objective?]*	*next 12 months?]*

Activity [#.##] [*should match the identifier in the Project Narrative*]
Strategy: *[Of strategies 1-4 described in the NOFO, which one is being addressed by this activity?]* Brief Activity Description: *[What is being done to affect change? This brief description of the activity should be similar to the complete description provided in the project narrative text.]* Population affected: [*Which population is being targeted by the intervention? If it is a population of convenience, please describe. If it is a target population described in the NOFO, please describe.]* Staff supporting this activity: *[List the staff persons who will be responsible for this activity.]* Partnership: [*Describe the intended contributions of specific partnerships in this activity. Are they providing capacity to facilitate this activity (e.g. improve reach, access to target population, technical skills, data)?]* Process measure: *[What measure will be used to judge whether the activity was completed?]*

It is recommended that recipients use the first six months to collect and summarize baseline measures that describe the health outcomes in cancer genomics, access to care, and use of genetic services in the state(s) in which the program is being implemented. This gives recipients an opportunity to further tailor their activities described in the work plan to the gaps identified. This information will be provided to CDC as part of a Baseline Program Assessment. This assessment will ask recipients to provide specific and detailed information on each strategic area and identify strengths associated with their program in implementing their program plan, weakness they may face in implementing their program plan, opportunities the program may be able to leverage as they implement their program plan, and threats to program implementation. Recipients will receive guidance and a template for the Baseline Program Assessment from CDC at the time of award.

All applicants should include a site visit to CDC in Atlanta, GA for two days in Year 1. This meeting with all recipients will occur within the first three months of award. Funds to cover costs associated with this travel should be included in the budget.

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

Recipients will participate on monthly conference calls to track progress, barriers, unexpected events, activities, successes, and other relevant information to describe the implementation of program strategies. Monitoring will also occur through annual implementation and evaluation reporting.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

CDC will have substantial involvement with recipients. CDC activities to ensure the success of the project will include the following:

- Provide program consultation and technical assistance.
- Provide subject matter expertise on cancer genomics, epidemiology and evaluation.
- Provide guidance on data collection, analysis and program evaluation.
- Provide current information on the status of national efforts as they relate to the implementation of recipient activities.
- Facilitate communication among recipients and other government agencies, and other organizations involved in genomics and cancer programs.
- Investigate and facilitate collaborative opportunities with national partners.
- Collaborate across other CDC programs to support program integration efforts
- Participate in presentation and dissemination of program results and outcomes.
- Evaluate, monitor, and report on progress toward meeting performance standards using interim progress reports, implementation and evaluation reports, annual surveys, and others described in NOFO.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U58

U58 - Chronic Disease Control Cooperative Agreement

3. Fiscal Year:	2019
4. Approximate Total Fiscal Year Funding:	$1,750,000
5. Approximate Period of Performance Funding:	$5,250,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$5,250,000
6. Approximate Period of Performance Length:	3 year(s)
7. Expected Number of Awards:	5
8. Approximate Average Award:	$450,000 Per Budget Period
9. Award Ceiling:	$550,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:	$250,000 Per Budget Period
11. Estimated Award Date:	08/30/2019
12. Budget Period Length:	12 month(s)

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

13. Direct Assistance

Direct Assistance (DA) is available through this NOFO.

In years 2 - 3 of the NOFO, Statistical Analysis Software (SAS) Licensures/SUDAAN will be awarded as direct assistance (DA) and will be deducted from the amount of financial assistance (FA) that would otherwise be available for award.

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

This NOFO is full and open competition.

3. Justification for Less than Maximum Competition

NA

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

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

		create new password 4. This authorizes the AOR to submit applications on behalf of the organization	number and SAM account before applying on grants.gov)	

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **03/15/2019**

b. Application Deadline

Due Date for Applications: **04/15/2019** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

Informational Conference Call will be held on 03/01/19 at 3:00pm EST. The conference call information is: 888-945-5897, Participant passcode: 8685234

5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

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

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.
When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts
Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding

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

6. Content and Form of Application Submission

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

7. Letter of Intent

A Letter of Intent (LOI) is requested, but not required. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. Please submit by 03/15/2019.

LOI must be sent via U.S. express mail, delivery service, or email to:

Juan Rodriguez, MPH, MS

CDC, NCCDPHP, DCPC

4770 Buford Hwy NE, MS F76

Atlanta, GA 30341

Telephone: 770-488-3086

Email: fph4@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)

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

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

See the Strategies and Activities section of the CDC Project Description.

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

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

Recipients will be required to submit a more detailed Evaluation and Performance Measurement

plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation

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

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

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

13. Funds Tracking

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

- Records that identify adequately the source and application of funds for federally-funded activities.

- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional

information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

a. Electronic Submission:
Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.
If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application

submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

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

E. Review and Selection Process

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

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach	Maximum Points:40

To what extent does the applicant…

- Describe the context of their state, including available surveillance estimates? Do they justify the need for the program?
- Describe several proposed program activities to address each of strategies 1-4?
- Clearly describe how proposed program activities are appropriate to achieve program outcomes through theory or based on available evidence from public health practice?
- Identify approaches and activities that are innovative and will add to the evidence base?
- Use sufficient detail to justify that the approaches to their activities are feasible to be implemented and relevant to the context of their state?
- Describes how the applicant will address public awareness and education strategy?
- Describes how the applicant will address provider education strategy?
- Describe the potential reach of activities they propose implementing?
- Describe and justify work with a target population, including details on health disparities, population vulnerability, or cancer burden of their target population?
- Describe work they will conduct in partnership with a state cancer registry? Is a letter of support provided?
- Describe the use of a state BRFSS at least once during the period of performance? Is a letter of support provided?
- Describe the use of other surveillance systems to collect data to address performance measures and outcome measures, if any?
- Describe how the applicant will collaborate with state cancer programs (including Comprehensive Cancer program, Breast and Cervical Cancer, and Colorectal Cancer Program) and other relevant organizations?
- Describe how the applicant will collaborate with health systems, academic health centers, community clinics, other clinical locations, and/or private and public payers to conduct work in health systems and policy change?
- Provide a detailed work plan for Year 1 of funding and a brief summary of the work plan for the remaining period of performance?
- Provide a work plan describing activities for each of strategies 1-4 with indicators to measure progress towards each annual objective(s) and period of performance outcome(s) that is consistent with the required content and format proposed by CDC?
- Present program annual objectives for each activity that are SMART (specific, measurable, actionable, relevant, and time-bound) and related to period of performance outcomes?
- Describe plans for completing a baseline program assessment within the first 6 months of funding?

If an applicant proposes to implement activities in multiple states as part of a joint application, to what extent does the applicant…

- Describes activities being implemented in each state?
- Describes responsible parties for the development and implementation of activities in each state?

- Describes how the outcomes will be measured in each state?

ii. Evaluation and Performance Measurement — Maximum Points:25

To what extent does the applicant…

- Propose both process AND outcome measures to evaluate program activities that were proposed for strategies 1-4?
- Show the applicant has sufficient organizational capacity to collect data, analyze, and report findings on the performance measures specified by CDC in the project description and on the process and outcome measures presented by the applicant in their evaluation plan?
- Describe clear monitoring and evaluation procedures?
- Describe how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities?
- Describe how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement?
- Describe how the measures selected as part of their evaluation and performance measurement will be used to inform program planning and development?
- Describe activity implementation and progress towards achieving outcomes that contribute towards the development of an evidence base for public health practice in cancer genomics?
- Describe plans for completing an evaluation plan within the first 6 months of funding?
- Describe how the required performance measures will be measured, including a description of the data set and data access procedures?
- Provide clear measures and plans for data access for any additional performance measures proposed?
- Provide clear description for data access and use for performance measures related to health disparities, population vulnerability, or cancer burden, and how obtain access to data about priority or target populations, if relevant?
- Describe plans for submitting performance measures at least once during the period of performance?

If an applicant proposes to implement activities in multiple states as part of a joint application, to what extent does the applicant…

- Provide clear evaluation targets for each activity implemented in each state?

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:35

To what extent does the applicant…

- Describe their organization(s) and clearly define the roles of each staff member? Does the applicant provide an organizational chart?
- Have staff that have expertise in program management, program evaluation, and

epidemiology?
- Have staff that have subject matter expertise in public health cancer genomics?
- Have staff that have experience working with high risk populations?
- Demonstrate organizational experience and capacity in management, administrative, and technical areas that is sufficient to implement the proposed activities and achieve outcomes?
- Demonstrate organizational experience and capacity that is sufficient to collect data for and report performance measures and meet surveillance requirements?
- Demonstrate organizational experience and capacity that is sufficient to develop and implement an evaluation plan?
- Describe their prior experience conducting population-level or community-based work in cancer genomics?
- Describe their prior experience building relationships and collaborating with partners to conduct activities in cancer genomics?
- Describe having previously engaged in public health activities that use surveillance, policy and systems change, public awareness and education, and provider education strategies?
- Describe any existing relationships with state cancer registry, state BRFSS, and other state cancer programs?
- Describe previous experience reporting performance measures, surveillance summaries, success stories, and descriptions of program activities and results?
- Demonstrate readiness for implementation based on the descriptions of their program capacity, infrastructure, partnerships, and resources?
- Include documentation of and/or letters of support from organization leadership which support application for funding?

If an applicant proposes to implement activities in multiple states as part of a joint application, to what extent does the applicant…

- Describe organization capacity, previous experience and infrastructure for each entity?

Budget

- Budget aligns with activities described in the work plan.
- Include travel to CDC for site visit in first year budget.

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel. In addition, CDC may fund out of rank order to ensure maximum geographic representation and inclusion of each of the programmatic target populations identified in the "Target Population" section of this NOFO. No more than 1 award per state will be made to avoid duplicity of

working in the same geographic area. CDC will provide justification for any decision to fund out of rank order.

Review of risk posed by applicants.

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

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

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

Awards will be announced between August and September 2019.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

NA

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

3. Reporting

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

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Baseline Assessment Report	6 months into award	Yes
Program Reporting Documents, including Implementation Reports, Resource Catalog, Program surveys or questionnaires, Data Utilization Reports, and Evaluation Reports	Annually (End of Yearly Budget Period)	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

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

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

For year 2 and beyond of the award recipients may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

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

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

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

the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

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

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

- Implementation Report – Recipients must report on the process and lessons learned associated with the implementation of activities.
- Resource Catalog – Recipients must report all resources and tools develop and used as part of their strategies and activities
- Data Utilization Report – Recipients must report on their utilization of data for surveillance, health education, program planning and evaluation.
- Impact Report - Recipients must report on the public health impact their activities have had and their bench marks for success. This could be combined with the evaluation results.

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

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

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

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

5) Contents of Reports: The reports must contain:

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Juan Rodriguez, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Hwy, MS F-76

Atlanta, GA 30341

Telephone: 770.488.3086
Email: fph4@cdc.gov

Grants Staff Contact

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

LaKasa Wyatt, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road, MS MS-E09

Atlanta, GA 30341

Telephone: (770) 488-2728
Email: lgw5@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

- Bona Fide Agent status documentation, if applicable

- Work Plan
- Glossary

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assitance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency

relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for

federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses

a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

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

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

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

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

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

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

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

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

funding period
Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Cancer genetic services: clinical services including family cancer history screening in primary care, tumor screening for affected cancer survivors, cancer genetic counseling and testing, cascade screening of first and second-degree family members, and risk management or risk reduction services for high-risk individuals.

Risk management/Risk Reduction: practices to decrease or manage the increased cancer risk conferred by certain family history patterns or by carrying a pathogenic genetic mutation. Risk management services can include initiating cancer screening at an earlier age or more

frequently, alternative cancer screening (e.g. MRI screening for breast cancer), chemoprevention, prophylactic surgery, and/or health behavior change.