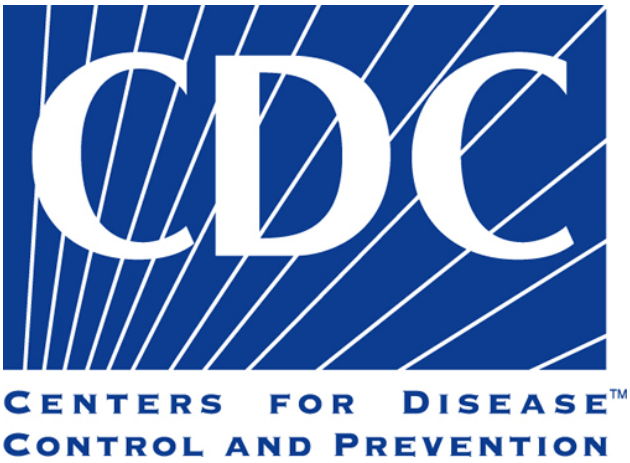


Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

Enhancing Regional Capacity for Vector Surveillance and Control in the US territories in the Caribbean

CDC-RFA-CK21-2103

05/07/2021

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-CK21-2103. 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:

Enhancing Regional Capacity for Vector Surveillance and Control in the US territories in the Caribbean

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-CK21-2103

E. Assistance Listings Number:

93.084

F. Dates:

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

N/A

2. Due Date for Applications:
05/07/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
N/A

G. Executive Summary:

1. Summary Paragraph
CDC funds are available to control mosquitos (i.e, *Aedes aegypti*) that transmit arboviruses (dengue, chikungunya, and Zika) in Puerto Rico, and provide support for vector control efforts in the US Caribbean. This NOFO will support the established Vector Control Unit (VCU) to strengthen its current capacity and strategic partners. In addition, this NOFO will build upon the relationship between the VCU and the USVI Department of Health (VIDOH) to support VIDOH vector control program activities. The program intends to reduce the morbidity and mortality caused by vector-borne diseases by addressing three areas: mosquito surveillance, community mobilization/outreach, and mosquito control. Analysis and interpretation of mosquito surveillance data will identify regions of higher mosquito infection. Outreach activities will communicate best protection practices against mosquito bites. Control strategies will be implemented in vulnerable communities. The recipient will need to collaborate with stakeholders, build local awareness and capacity and evaluate new mosquito control tools. All activities will be evaluated using appropriate methods to determine best practices for the control of *Ae. aegypti*. **The expected outcome is the development of models based on integrated mosquito management that suppress *Ae. aegypti* and reduce human arboviral infection. The programmatic and public health evaluation infrastructure in the VCU will also be leveraged to control other emerging threats.**

a. Eligible Applicants:
Single

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
1

d. Total Period of Performance Funding:
$ 25,000,000

e. Average One Year Award Amount:
$ 5,000,000

f. Total Period of Performance Length:
5

g. Estimated Award Date:
September 30, 2021

h. Cost Sharing and / or Matching Requirements:
No

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

The burden of vector-borne diseases is a growing worldwide public health problem. The island of Puerto Rico has suffered cyclical epidemics of dengue for a number of decades and in recent years chikungunya and Zika arboviruses caused major epidemics from 2014 through 2017, respectively. Currently, dengue virus (DENV-1) transmission is increasing and is expected to become an epidemic. Historically, efforts to control mosquitoes were implemented as standalone interventions and were not incorporated into an integrated vector management program that controls *Aedes aegypti* and viruses transmitted by this mosquito. Successful control of dengue, chikungunya, and Zika viruses requires sustainable and comprehensive mosquito control strategies with activities housed within a centralized organization with the capacity to surveil and control *Aedes aegypti* using the best practices currently available.

Within the continental U.S., neighboring Caribbean islands and other *Aedes* infested countries, 'mosquito districts' or control units exist (either within government or autonomously managed) whose sole purpose is to control mosquito populations to reduce nuisance biting and prevent vector-borne disease. With specialized staff, coordinated programs of integrated mosquito management (IMM), and appropriate budget many of these programs are able to keep vector-borne disease burden to a minimum.

The presence of the VCU in Puerto Rico provides an opportunity to develop, implement, and evaluate mosquito control strategies based on the principles of IMM resulting in evidence-based models that can be scaled up within Puerto Rico and USVI to control of *Aedes aegypti* and control of vector-borne diseases. For almost 5 years, the VCU has provided leadership and services in this area and is the institution identified by the PR government to conduct these sorts of activities. In USVI, the VCU has provided support for mosquito surveillance and source evaluations, through a collaboration with the USVI Department of Health (VIDOH). VIDOH is the organization that has the authority to implement a vector control program in USVI.

This NOFO seeks to continue implementation of a program that integrates mosquito surveillance, community outreach and mobilization, and mosquito control in PR and USVI. The recipient will collaborate with national and local stakeholders, build local awareness and capacity and implement and evaluate new mosquito control tools. The expected outcome is the development of preventative models based on integrated mosquito management, that suppress the mosquito burden of *Ae. aegypti* and reduce human arboviral infection.

b. Statutory Authorities

Public Health Service Act, Sections 317(k)(2) [42USC 247b(k)(2)] and 1703 [42 USC 300u-2] as amended

c. Healthy People 2030

This NOFO supports the following Healthy People 2030 objectives:

Emergency Preparedness:
Increase the proportion of adults who prepare for a disease outbreak after getting preparedness information — PREP-D02

Community:
Increase the number of community organizations that provide prevention services — ECBP-D07

Health Communication:
Increase the health literacy of the population — HC/HIT-R01

Neighborhood and Built Environment:

Increase the proportion of schools with policies and practices that promote health and safety — EH-D01

Global Health:
Increase the number of globally important public health events that are tracked and reported — GH-D02

Global Health:
Increase laboratory diagnostic testing capacity, surveillance, and reporting globally — GH-D03

d. Other National Public Health Priorities and Strategies
Assistant Secretary for Preparedness and Response's National Health Security Strategy 2019-2022: Objective 2: Protect the Nation from Emerging and Pandemic Infectious Diseases and CBRN Threats. https://www.phe.gov/Preparedness/planning/authority/nhss/Documents/NHSS-Strategy-508.pdf

Centers for Disease Control and Prevention's The Public Health Preparedness Capabilities: National Standards for State and Local Planning. http://www.cdc.gov/phpr/capabilities/

Centers for Disease Control and Prevention's A National Public Health Framework for the Prevention and Control of Vector -Borne Disease in Humans https://www.cdc.gov/ncezid/dvbd/framework.html

e. Relevant Work

- This NOFO builds on the work performed under CK16-1608. That cooperative agreement funded vector control activities in Puerto Rico through the Puerto Rico Vector Control Unit. Activities included vector surveillance, community engagement and vector control. This cooperative agreement builds on that work, expands the scope to include USVI and provides a more robust evaluation framework for vector control activities.
- This NOFO also builds on work done through cooperative agreement OT18-1804, through which the VCU served as a contractor to perform mosquito identification, build a database for mosquito surveillance, and conduct an evaluation of mosquito breeding sources (specifically water cisterns).

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-Term Outcomes 1-2 yr	Intermediate Outcomes 3-4 yr	Long-Term Outcomes 5 yr
Develop, implement, evaluate, and disseminate findings on mosquitoes and arboviral surveillance in high priority areas, insecticide resistance (IR) and best practices to manage IR in Puerto Rico (PR).	Identify geographic areas and population groups at increased risk for arboviruses transmission. **Mosquito and arbovirus surveillance in high priority areas identified, selected and implemented.** **Increased understanding of IR heterogeneity in PR and causes for IR in *Ae. aegypti*.** Increased acceptance of mosquito surveillance, IR testing, and control programs among general public.	**Enhanced, adaptation, and implementation by the recipient of best practices for mosquito and arbovirus surveillance while increasing monitoring sites.** Increased mosquitoes IR testing to more municipalities and improve dissemination of findings, and improve collaborations with PRDH, CDC, and partners by sharing findings and resources through meetings and publications.	**Findings from mosquito and arbovirus surveillance sites direct operational control of Ae. aegypti in PR.** **Results from IR surveillance activities are used to produce recommendations for the insecticidal control of Ae. aegypti and management of IR in PR.**
Develop a professional network with Puerto Rico Department of Health (PRDH), CDC, USVI Department of Health (VIDOH), and partners to provide training and resources for	Developed agreements with USVI Department of Health (VIDOH) on what technical assistance the VCU will provide. Professional network of partners is used to	Developed a technical assistance program with VIDOH.	

mosquito control activities and mosquito-borne diseases.	understand and control other emerging infectious diseases or natural disasters in PR.		
Develop, implement, and evaluate integrated (traditional and novel) mosquito control programs in high priority areas in Puerto Rico and USVI.	**Improved understanding of effective mosquito control interventions and expansion to high priority areas.** Evidence collected on how vector control strategies impacts Ae. aegypti populations. **Expanded collaborations established with regulatory partners, municipal and jurisdiction governments, including those in PR and USVI, academic institutions and others.**	**Evaluation of effective mosquito control interventions findings are incorporated into the *Ae. aegypti* mosquito control Program.** Expanded validated strategies and models to control Ae. aegypti island-wide are identified. **Established collaborations with VIDOH.**	Improved detection and response to mosquito-borne diseases leading to decreased prevalence, morbidity, and mortality in PR. **The Mosquito Control Program makes operational decisions based on data from vector control evaluation results, arbovirus surveillance, and IR testing activities.**

Establish new and continue existing relationships with CDC Centers of Excellence (COEs), Mosquito Control Associations (MCAs), and regulatory partners to facilitate environmental changes required to reduce the source of aquatic habitats of Ae. aegypti.	Increased and improved collaboration and training with personnel in municipalities, CDC, COEs, and MCAs.	Improved dissemination of effective mosquito control methods with PRDH, CDC, partners, and mosquito control organizations. Regulatory approval pathways are established for novel and traditional vector control strategies.	Improved and consistent collaborations with CDC, PRDH, VIDOH, COEs, and MCAs on evaluations of integrated vector control and available public health interventions.
Develop, implement, and evaluate an educational tool kit and outreach program on mosquito control and personal protective actions against mosquito bites and disease exposure for local organizations and schools.	Improved general public awareness on mosquito-borne diseases personal protective actions. Improved public knowledge of effective innovative mosquito control strategies.	Identification of strategies for improving adoption of personal protection actions.	General public is knowledgeable on the protection strategies against *Ae. aegypti*. **Reduction of prevalence, morbidity, and mortality of mosquito-borne diseases in PR as a result of improved detection, response, and personal protective measures.**
Leverage the established infrastructure including community engagement, community based surveillance, laboratory surveillance and stakeholder involvement to control other emerging infections of epidemic potential.	Established collaborations with municipal and jurisdiction government, academic institutions and other partners use the vector control unit infrastructure to understand and control other emerging infectious diseases.	Established community outreach infrastructure is being be leveraged to understand and control other emerging infectious diseases or natural disasters in PR and USVI. A pilot project has been implemented using the surveillance and community	The collective knowledge of the community of practice has been leveraged to develop and implement applied research and public health evaluation of an emerging infectious disease.

		engagement infrastructure to control other threats of epidemic potential.	

i. Purpose

This NOFO seeks to sustain the operations of the vector control unit (VCU) of Puerto Rico to implement activities in vector surveillance, community mobilization and mosquito control to protect the residents of Puerto Rico from vector-borne diseases such as dengue, chikungunya, and Zika. It also promotes the development of a model strategy employing the best practices to effectively suppress *Aedes aegypti* to low levels that prevent local transmission of arboviruses. It also seeks to provide subject matter support and training support to the USVI Department of Health vector control program through collaboration with the VCU.

ii. Outcomes

As depicted in the logic model, the recipient will be expected to show progress on the following outcomes:

Short Term Outcomes (1-2 years):

- Mosquito and arbovirus surveillance in high priority areas identified, selected and implemented.
- Increased understanding of IR heterogeneity in PR and causes for IR in *Ae. aegypti*.
- Improved understanding of effective mosquito control interventions and expansion to high priority areas.
- Expanded collaborations established with regulatory partners, municipal and jurisdiction governments, including those in PR and USVI, academic institutions and others.

Intermediate Outcomes (3-4 years):

- Enhanced, adaptation, and implementation by the recipient of best practices for mosquito and arbovirus surveillance while increasing monitoring sites.
- Evaluation of effective mosquito control interventions findings are incorporated into the *Ae. aegypti* mosquito control Program.
- Established collaborations with VIDOH.

Long-Term Outcomes (5 years):

- Findings from mosquito and arbovirus surveillance sites direct operational control of Ae. aegypti in PR.
- Results from IR surveillance activities are used to produce recommendations for the insecticidal control of Ae. aegypti and management of IR in PR
- The Mosquito Control Program makes operational decisions based on data from vector, arbovirus surveillance, and IR testing activities.
- Reduction of prevalence, morbidity, and mortality of mosquito-borne diseases in PR as a result of improved detection, response, and personal protective measures.

iii. Strategies and Activities

- Develop, implement, evaluate, and disseminate findings on mosquitoes and arboviral surveillance in high priority areas, insecticide resistance (IR) and best practices to manage IR in Puerto Rico (PR).
- Develop a professional network with Puerto Rico Department of Health (PRDH), CDC, USVI Department of Health (VIDOH), and partners to provide training and resources for mosquito control activities and mosquito-borne diseases.
- Develop, implement, and evaluate integrated (traditional and novel) mosquito control programs in high priority areas.
- Establish new and continue existing relationships with CDC Centers of Excellence (COEs), Mosquito Control Associations (MCAs), and regulatory partners to facilitate environmental changes required to reduce the source of aquatic habitats of Ae. aegypti.
- Develop, implement, and evaluate an educational tool kit and outreach program on mosquito control and personal protective actions against mosquito bites and disease exposure for local organizations and schools.
- Leverage the established infrastructure including community engagement, community based surveillance, laboratory surveillance and stakeholder involvement to control other emerging infections of epidemic potential.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:
Recipient should maintain local collaborations with vector control program staff, surveillance staff, CDC-funded health department program staff, and other CDC-funded surveillance or prevention program staff, as appropriate for the successful implementation of strategies.

b. With organizations not funded by CDC:
Recipient is required to build or maintain collaborations with community partners and stakeholders when performing strategies and activities. Community partners and stakeholders may include but are not limited to municipalities, government offices, community based organizations, and environmental groups. As part of these collaborations, recipient should incorporate feedback from community partners and stakeholders into activities. Recipient has the option to collaborate with academic and public health partners with expertise in vector control, surveillance activities and evaluation. Where applicable, recipient should work with local health departments and vector control programs to carry out program strategies and activities. Recipient may convene community advisory boards to assist with planning activities (optional).

2. Target Populations
This guidance targets the population and the public health system within the U.S territories in the Caribbean. Funding awarded for vector-borne disease programs is intended to support the needs of jurisdictions impacted by vector-borne diseases and to ensure that they are ready and capable to mitigate the impacts of endemic and new introductions or discoveries of vector-borne diseases.

a. Health Disparities
The majority (~92%) of the population at risk for dengue in U.S. states and territories is located in Puerto Rico, with 95% of reported locally-acquired cases from Puerto Rico from 2010-2019. Limited data is available on dengue burden among different racial/ethnic groups in dengue-

endemic regions. Recent evidence gathered by CDC has shown that low-income neighborhoods have larger production of *Aedes aegypti* mosquitoes that may increase exposure to infection. This NOFO emphasizes mosquito control in urban areas with traditionally high incidence and persistence of dengue and other arboviral diseases. These areas usually have higher human population density and have substandard public services.

iv. Funding Strategy
NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy
Strategy: Develop, implement, evaluate, and disseminate findings on mosquitoes and arboviral surveillance in high priority areas, insecticide resistance (IR) and best practices to manage IR in Puerto Rico (PR).

Performance measures:
Short-term Outcomes:

- Mosquito surveillance dashboard is accessible to relevant public health officials and reports on mosquito abundance are kept up to date. (addresses priority outcome)
- Dashboard, database structure and presentation are discussed and approved by CDC SMEs. (addresses priority outcome)
- Findings from mosquito surveillance and insecticide resistance testing are entered into Mosquito Net. (addresses priority outcome)
- Insecticide resistance testing in major urban areas and municipalities with active adulticiding programs to monitor for the evolution of resistance in Aedes aegypti. (addresses priority outcome)
- Recipient defines along with CDC SMEs the selection of sites with historical arbovirus transmission (hotspots) and vulnerable human populations.

Intermediate Outcomes:

- Findings from insecticide susceptibility testing are analyzed and recommendations are shared with territorial, municipal, and CDC SMEs on best practices to slow the evolution of insecticide resistance. Reports include recommendations on which adulticides are most effective in killing mosquitoes, and if adulticiding is recommended given current arbovirus transmission. Findings presented on the dashboard twice a year, prior to the start of the wet season and an updated report during peak mosquito season. (addresses priority outcome)

Strategy: Develop a professional network with Puerto Rico Department of Health (PRDOH), CDC, and partners to provide training and resources for mosquito control activities and mosquito-borne diseases.

Performance measures:
Short-term Outcomes:

- Recipient develops a training program for vector control workers in collaboration with CDC.
- There is an annual meeting of the vector control association in Puerto Rico for the duration of the project.

Strategy: Develop, implement, and evaluate integrated (traditional and novel) mosquito control programs in high priority areas.

Performance measures:
Short-term Outcomes:

- Recipient monitors control program through virologic mosquito surveillance.

Intermediate Outcomes:

- Recipient validates entomological outcomes of mosquito control activities. Recipient uses surveillance activities (adult and immature mosquito) to direct mosquito control activities. (addresses priority outcome)
- Recipient implements effective interventions through an integrated vector management program and evaluates for reduction in adult mosquito abundance and arbovirus infection. (addresses priority outcome)

Strategy: Establish new and continue existing relationships with CDC Centers of Excellence (COEs), Mosquito Control Associations (MCAs), and regulatory partners to facilitate environmental changes required to reduce the source of aquatic habitats of Ae. aegypti.
Performance measures:
Intermediate Outcomes:

- Recipient implements a project in the first 24 months of the cooperative agreement that includes a collaboration with a vector control associations, CDC COEs, governmental and non-governmental organizations, or territorial health department. (addresses priority outcome)
- Organization educates local decision makers to inform legislative processes on implementation of traditional and novel vector control strategies.

Strategy: Develop, implement, and evaluate an educational tool kit and outreach program on mosquito control and personal protective actions against mosquito bites and disease exposure for local organizations and schools.

Performance measures:
Short-term Outcomes:

- Agreements are established with Department of Education to include mosquito control in the school curriculum.

ii. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance

Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

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

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

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

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

The DMP is included in the report table.

c. Organizational Capacity of Recipients to Implement the Approach

The applicant must demonstrate the capacity to successfully implement the required strategies and activities and achieve the period of performance outputs and outcomes. Applicant should demonstrate experience administrating public health interventions, conducting surveillance, conducting community engagement strategies and engagement with the media and stakeholders. Applicant should demonstrate experience and capacity to implement the evaluation plan. Applicant should also have experience collaborating with local organizations that work with environmental issues and vector control. In addition, applicant should have the capacity to conduct analysis of surveillance data and report findings. Applicant must also be fully capable of financial reporting, budget management and administration. This includes managing the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations. This also includes submitting a budget with resources for all required activities.

Applicant should have a clear staffing plan and project management structure to include a principal investigator , project coordinator, field supervisor, data manager/data analyst and sufficient number of field and community staff to conduct the required activities. Please include CVs for key staff or note whether hiring new staff will be required. Please name the file KeyStaffCV and upload as a pdf at www.grants.gov. Please also include an organizational chart and upload it as a PDF at www.grants.gov with the file name: Organizational Chart. Applicant should state whether key staff members have the following capacity and experience:

- Principal investigators must be able to assume responsibility for overseeing that program outputs and outcomes are achieved, and that awarded funds are used in compliance with the terms and conditions of this cooperative agreement.
- Project coordinators should have considerable knowledge of vector control strategies, surveillance activities, strong leadership and supervisory skills and high attention to detail
- Field supervisors should have considerable knowledge of the communities in which the project is conducted and surveillance activities.

d. Work Plan

Applicant should include a high-level 5-year work plan with this application. Applicant is expected to submit a more detailed workplan for the first year of the cooperative agreement and yearly work plans thereafter.

A workplan example is included below.

Period of Performance Outcome: from outcome section and/or logic model		Outcome Measure: from Evaluation and Performance Measurement section	
Strategies and Activities	Process Measures	Responsible Position/Party	Completion Date
1.			
2.			
3.			
4.			

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.

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

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

Recipient is required to collaboratively partner with the CDC program funding this agreement. If the recipient is performing at a less than sufficient level to achieve program activities and outputs within stated timeframes will be placed on a time-phased Corrective Action Plan (CAP) developed by the CDC project officer in collaboration with the recipient. The CAP is a comprehensive tool used to assist recipient to improve program performance through identifying factors contributing to less than sufficient performance and developing specific action steps to address areas in need of improvement.

B. Award Information

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

2. Award Mechanism:
U50 - Special Cooperative Investigations/Assessment of Control/Prevention Methods

3. Fiscal Year:
2021

4. Approximate Total Fiscal Year Funding:
$ 5,000,000

5. Total Period of Performance Funding:
$ 25,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$ 25,000,000

6. Total Period of Performance Length:
5
year(s)

7. Expected Number of Awards:
1

8. Approximate Average Award:

$ 5,000,000
Per Budget Period

9. Award Ceiling:
$ 5,000,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$ 100,000
Per Budget Period

11. Estimated Award Date:
September 30, 2021

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.

The recipient is eligible to apply to host a Public Health Associate Program participant. For more information to this program please visit: CDC - Public Health Associate Program (PHAP).

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

C. Eligibility Information

1. Eligible Applicants

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

2. Additional Information on Eligibility

Puerto Rico Science, Technology and Research Trust

3. Justification for Less than Maximum Competition

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Vector-Borne Diseases (DVBD) provided direct leadership and technical assistance to Puerto Rico during its Zika outbreak response. One of the major outcomes of this response was to develop and provide funding to the Puerto Rico Vector Control Unit (PRVCU) under the Puerto Rico Science, Technology and Research Trust (PRSTRT). PRSTRT occupies a unique niche in the 501(c)(3) environment in Puerto Rico in that it was established in 2004 by the Commonwealth Government to promote innovative science and technology research and development in Puerto Rico. The organization's business structure, financial stability, and administrative systems enables it to start up programs and projects within a short time frame to better impact the local island community.

The government of PR established the PRVCU because PR lacked the capacity to conduct activities necessary for integrated vector management (IVM), community engagement and evaluation of vector control best practices and strategies to effectively mitigate the impact of arboviral diseases on the PR community. This was a multimillion-dollar capacity building investment in PR that has provided major wins for the jurisdiction. For the first time, PR has been able to conduct IVM with state-of-the-art GIS capability, as well as mosquito surveillance. This improved capacity for surveillance also allows the PRVCU to perform molecular diagnostic tests in mosquitos to identify viruses that might be circulating in the mosquito population. In addition, the PRVCU aided municipalities by increasing accessibility to receiving wide area larvicide spraying. The PRVCU has developed collaborations with a strong and wide number of main municipalities on the island and would benefit from receiving continued funding to maintain these relationships. The PRVCU has also been successful in evaluating novel mosquito control interventions and is getting ready to launch a Wolbachia suppression field trial, where millions of male mosquitos infected with Wolbachia are released, mate with females and the eggs produced never hatch. This is the first trial of this sort that will be conducted in a US jurisdiction where arboviral diseases, such as Zika, dengue and chikungunya, are endemic. The importance of this trial and the impact for this U.S. jurisdiction cannot be overstated. This cutting edge work will also lead to larger impacts on the greater mosquito control community and for translatable, public health work in the contiguous U.S.

Reasons to justify sole source competition: Additionally, the PRVCU has been a successful subcontractor for the National Association of City and County Health Officials (NACCHO) in their work done in the US Virgin Islands as part of the crisis cooperative agreements funded to respond to the 2017 hurricanes, Irma and Maria. As part of this work, the PRVCU has developed a database to track mosquito surveillance, has provided mosquito identification services and will be conducting an evaluation of water cisterns and if they are major sources of mosquitos on the island. The PRVCU has developed a great working relationship with the USVI Department of Health (VIDOH) and is well versed in their needs and capabilities.

The PRSTRT is the only organization that has the capacity in Puerto Rico to conduct IVM and implement novel vector control strategies. It was established to do so by the Governor of Puerto Rico in 2016. The Puerto Rico Department of Health does not have the expertise, administrative capacity nor entomological lab capacity to be able to perform the vector work that is currently being done by the PRVCU. There is no other local organization that can perform vector

surveillance or molecular testing in mosquitos. The local exterminating companies do not do mosquito work. The same is true for USVI.

Building this capacity again from zero will be very detrimental to the efforts to control the mosquito that transmits arbovirus diseases. It took a considerable amount of time for the PRVCU to recruit and build up local staffing expertise and capacity and begin performing field activities. The PRVCU also had to work diligently to develop and nurture relationships with several other PR organizations, such as the Puerto Rico Department of Health, the PR Department of Agriculture, local academic institutions, and many more. They have established a Technical Advisory Board and an Executive Advisory Board. The Trust has a dynamic network of partnerships and extensive connections that include a broad range of private, educational and government organizations with key subject matter experts vital in assembling and managing the VCU. Furthermore, it has demonstrated connection, confidence and experience from local and international experts in vector control management. Losing this connection with and funding for the PRVCU will immensely impact the PR community and will lead to a massive gap in local expertise for these endemic arboviral diseases. Dissolving these important relationships with other PR stakeholders and agencies will be a disservice to the PR community and in DVBD's mission to decrease morbidity and mortality of Vector-Borne diseases in the U.S. and with its territories. We need to maintain support for the PRVCU to ensure that the vector community maintains its readiness to prevent and respond to these endemic arboviral diseases.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Cost sharing or matching funds are not required for this program. Although there is no statutory matching requirement for this NOFO, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

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 https://www.sam.gov/SAM/.

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 https://www.sam.gov/SAM/ 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	Same day but can take 8 weeks to be fully registered and approved in the system (note,	Register early! Log into grants.gov and check AOR status

		organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	until it shows you have been approved

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.

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)

b. Application Deadline

Due Date for Applications 05/07/2021

05/07/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

N/A

Due Date for Information Conference Call
N/A

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include

an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

LOI is not requested or required as part of the application for this NOFO.

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

(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 45 CFR 75 which include, but are not limited to, the following:

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

14. 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.

15. 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.

16. 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.

17. Data Management Plan

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

18. 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.

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

- Presents outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model.
- Describes an overall strategy and activities consistent with the CDC Project Description and logic model.
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).

ii. Evaluation and Performance Measurement **Maximum Points:** 35

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.

- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 25

- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Provides an organizational chart.

Budget **Maximum Points:** 0

i. Approach **Maximum Points:** 0

ii. Evaluation and Performance Measurement **Maximum Points:** 0

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 0

Budget **Maximum Points:** 0

c. Phase III Review
Field Reviewer

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

- 3/23/2021 – Estimated Post Date
- 5/07/2021 – Estimated Application due date
- 9/30/2021 – Final award date

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

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

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	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 than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).

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

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

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

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

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

e. Final Performance and Financial Report (required)

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

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the 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).

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

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

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

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

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

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

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

and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Vera

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

Address:
1324 Calle Cañada San Juan, PR 00920

Telephone:
787-706-4244

Email:
EEU4@CDC.GOV

Grants Staff Contact

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

First Name:
Wayne

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

Address:

Telephone:
770-488-2948

Email:
kuv1@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Organization Charts

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.

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

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

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

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

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

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

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

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

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

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal

grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOFO-specific Glossary and Acronyms