



Centers for Disease Control and Prevention

NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

Community-Based Approaches to Reducing Sexually Transmitted Diseases (CARS)

CDC-RFA-PS23-2306

06/27/2023

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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-PS23-2306. 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:

Community-Based Approaches to Reducing Sexually Transmitted Diseases (CARS)

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 purposes of this NOFO, research is defined as set forth in 45 CFR 75.2 and, for further clarity, as set forth in 42 CFR 52.2 (see eCFR :: 45 CFR 75.2 -- Definitions and <https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf>). In addition, for purposes of research involving human subjects and available exceptions for public health activities, please see 45 CFR 46.102(l) ([https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46/subpart-A/section-46.102#p-46.102\(l\)](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46/subpart-A/section-46.102#p-46.102(l))).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS23-2306

E. Assistance Listings Number:

93.977

F. Dates:

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

05/28/2023

2. Due Date for Applications:

06/27/2023

11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:

Informational conference call for potential applicants will be held Thursday, May 18, 2023 2:00-3:30pm EST via Zoom. See meeting information below.

Topic: CDC-RFA-PS23-2306 CARS NOFO Informational Conference Call

Time: May 18, 2023 02:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/1615332699?pwd=bk1tYlNMdmJpMGFGOW4yNi9BSFBBPQT09>

Meeting ID: 161 533 2699

Passcode: \$q6?.ng@

One tap mobile

+16692545252,,1615332699#,,,*12915272# US (San Jose)

+16468287666,,1615332699#,,,*12915272# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Meeting ID: 161 533 2699

Passcode: 12915272

Find your local number: <https://cdc.zoomgov.com/u/aeElvYpGYL>

Join by SIP

1615332699@sip.zoomgov.com

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 161 533 2699

Passcode: 12915272

G. Executive Summary:

1. Summary Paragraph

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2023 funds for a cooperative agreement supporting organizations with demonstrated experience and capacity of implementing community engagement methods and multi-sector partnerships, to reduce STD disparities, promote personal health, advance community wellness, and improve personal health behavior and practices. The new notice of funding opportunity (NOFO) provides support in five focus areas. The focus areas include:

- Implementation of community engagement methods to achieve health equity;
- Implementation of structural change strategies that promote personal health, support healthy behaviors, and community-clinical linkages to build support for interventions to prevent and reduce STD disparities,
- Enhancement and sustainability of partnerships
- Support for communication strategies to promote STD program successes, and leverage additional resources for STD control and prevention, and
- Evaluation of the efficacy of this approach and intervention implementation.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

4

d. Total Period of Performance Funding:

\$3,900,000

e. Average One Year Award Amount:

\$325,000

f. Total Period of Performance Length:

3 year(s)

g. Estimated Award Date:

August 31, 2023

h. Cost Sharing and / or Matching Requirements:

No

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Sexually Transmitted Diseases (STDs) remain one of the most critical public health challenges facing the United States (U.S.), with approximately 20 million new STD infections occurring every year. Half of these new infections occur in young people ages 15-24. These infections can lead to long-term health consequences, such as infertility; they can facilitate HIV transmission; and they have stigmatized entire population subgroups of Americans. STDs are also an economic drain on the U.S. healthcare system, costing billions annually.

In 2020, almost two-thirds (61%) of all reported chlamydia cases were among persons aged 15–24 years. As chlamydial infections are usually asymptomatic, case rates are heavily influenced by screening coverage. Rates of reported chlamydia are highest among adolescents and young adults.

In 2020, a total of 677,769 cases of gonorrhea were reported to the CDC, making it the second most common notifiable sexually transmitted infection in the United States for that year. During 2019–2020, rates increased among both males and females and in three regions of the United States (Midwest, Northeast, and South). Rates of reported gonorrhea increased in most racial/Hispanic ethnicity groups, with the greatest increases observed among non-Hispanic Black/African American persons and non-Hispanic persons of multiple races.

Since 2013, rates of reported gonorrhea have been higher among men compared to women, likely reflecting cases identified in both men who have sex with men (MSM), and men who have sex with women only. During 2019–2020, rates increased among both men and women, but increases were greater among women (15%) compared to men (6.6%) which may reflect differences in diagnosing and reporting of cases among MSM in 2020.

In 2020, 133,945 cases of all stages of syphilis were reported, including 41,655 cases of primary and secondary (P&S) syphilis, the most infectious stages of the disease. Rates of P&S syphilis increased in most racial/Hispanic ethnicity groups, with greatest increases among non-Hispanic American Indian/Alaska Native persons and non-Hispanic persons of multiple races.

MSM are disproportionately impacted, accounting for a majority (53%) of all male P&S syphilis cases in 2020 and in states with complete information on sex of sex partners for male cases, rates of P&S syphilis among MSM increased in 18 states during 2019–2020.

Over half (53%) of reported cases of STDs were among adolescents and young adults aged 15–24 years. Disparities continue to persist in rates of reported STDs among some racial minority or Hispanic groups when compared with rates among non-Hispanic White persons. In 2020, 32% of all cases of chlamydia, gonorrhea, and P&S syphilis were among non-Hispanic Black persons, even though they made up only approximately 12% of the US population. MSM are disproportionately impacted by STDs, including P&S syphilis and gonorrhea. Centers for Disease Control and Prevention. “Sexually Transmitted Disease Surveillance, 2020.” www.cdc.gov, 12 Apr. 2022, www.cdc.gov/std/statistics/2020/default.htm

Acknowledging inequities in STD rates is a critical step toward empowering affected groups to

collaborate in addressing systemic inequities in the burden of disease, and minimizing the health impacts of STDs on individuals and populations.

This program supports efforts to improve the health of populations disproportionately affected by HIV, Viral Hepatitis, sexually transmitted diseases (STDs) and TB by maximizing the health impact of public health services, reducing disease incidence, and advancing health equity.

b. Statutory Authorities

This program is authorized under the Public Health Service Act, Sections 301(a) [42 U.S.C. Section 241(a)] and 318 [42 U.S.C. Section 247c], as amended. Regulations governing the implementation of this legislation are covered under 42 CFR Part 51b, Subpart A.

c. Healthy People 2030

Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade. This NOFO supports the following topic area:

Sexually Transmitted Infections <https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections>

Goal: Reduce sexually transmitted infections and their complications and Improve access to quality STI care.

d. Other National Public Health Priorities and Strategies

Promoting Health Equity

The program supports efforts to improve the health of populations disproportionately affected by HIV, viral hepatitis, STDs and TB by maximizing the health impact of public health services, reducing disease prevalence, and promoting health equity, aligning with CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention's (NCHHSTP) Strategic Plan Through 2022-2026

(<https://www.cdc.gov/nchhstp/strategicpriorities/default.htm#:~:text=CDC's%20National%20Center%20for%20HIV,influence%20and%20enhance%20our%20programs>).

e. Relevant Work

This NOFO builds upon previous and current STD prevention programs including:

- CDC-RFA-PS11-1114: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=72774>
- CDC-RFA-PS14-1406: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=251204>
- CDC-RFA-PS17-1707: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=290103>
- CDC -RFA-PS20-2008: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=320994>
 - First established in 2011, the Community Approaches to Reducing Sexually Transmitted Diseases (CARS) cooperative agreement supported planning, implementation, and evaluation of innovative projects to reduce STD disparities, promote personal health, and advance community wellness using community engagement methods. In four separate funding phases 2011-2014, 2014-2017, 2017-2020, and 2020-2023, four new recipients received funding in each phase to implement projects and activities.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Logic Model: Community-Based Approaches to Reducing STD Disparities			
Strategies	Short-Term Outcomes (Year 1)	Mid-Term Outcomes (Year 2-3)	Long Term Outcomes (Year 4-+)
Community Engagement Establish and Engage a Community Advisory Board (CAB) representing groups disproportionately affected by STDs	Increased CAB members who actively participate in and are satisfied with the CAB	Increased linkages with and access to groups disproportionately affected by STDs	Decreased risky sexual behavior among disproportionately affected groups most impacted
Identification and implementation of systems and environmental strategies	Increased prioritization of community SDOH by the CAB	Increased existing clinical resources for groups disproportionately affected by STDs identified by the CAB	Decreased STD disparities among disproportionately affected groups most impacted
Conduct Community Needs Assessment	Increased clinical resources identified to address community needs	Expanded and increased sustainability of CAB-designed STD interventions using partner resources and influence	Increased quality and accessibility to STD prevention services
Train CAB and engage CAB in Social Determinants of Health (SDOH) impact/prioritization based on Needs Assessment	Increased effective CAB-designed STD interventions for groups disproportionately affected by STDs		Decreased effect of social issues related to STD transmission
Coordinate CAB design of STD interventions to address SDOH	Increased awareness of STD disparities among groups disproportionately affected by STDs	Increased access to/use of community health resources, STD screening and support services by groups disproportionately affected by STDs	
Develop multi-sectorial partnerships			
Engage partners for intervention implementation	Increased awareness of personal health issues affecting groups disproportionately affected by STDs	Increased access to/use of educational and economic opportunities addressing needs identified by groups	
Establish detailed MOUs			

<p>Leverage resources for intervention implementation</p> <p>Communication</p> <p>Develop and implement effective communication strategies to increase awareness of STD disparities among groups disproportionately affected by STDs</p> <p>Develop and implement communication strategies to promote STD program success and leverage additional resources for STD, HIV, and viral hepatitis prevention.</p> <p>Evaluation/Continuous Quality Improvement (CQI)</p> <p>Evaluate community engagement partnerships, and interventions</p>	<p>and community resources that address needs</p> <p>Increased new stable partnerships to address community needs</p> <p>Increased understanding of effective community engagement and partnership strategies</p>	<p>disproportionately affected by STDs</p> <p>Improved procedures for data collection and data analysis of community engagement, partnerships, and interventions</p>	
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i. Purpose

The purpose of this program is to implement community engagement methods to achieve health equity, via the identification and implementation of structural systems and environmental strategies promoting personal health. Recipients will support healthy behaviors, facilitate community-clinical linkages to build support for interventions to prevent and reduce STD disparities, enhance and sustain partnerships, support communication strategies that promote STD program successes, leverage additional resources for STD, HIV, viral hepatitis control and prevention, and evaluate intervention approach.

ii. Outcomes

Recipients will demonstrate measurable progress in:

Short-Term

Community Engagement

- Increased CAB members who actively participate in and are satisfied with the CAB

Identification and Implementation of systems and environmental strategies

- Increased prioritization of community social determinants of health by the CAB

- Increased clinical resources identified to address community needs
- Increased effective CAB-designed STD interventions for groups disproportionately affected by STDs
- Increased awareness of STD disparities among groups disproportionately affected by STDs
- Increased awareness of personal health issues affecting groups disproportionately affected by STDs and community resources that address needs.

Develop Multi-sectorial Partnerships

- Increased new stable partnerships to address community needs

Evaluation/CQI

- Increased understanding of effective community engagement and partnership strategies

Mid-Term

Community Engagement

- Increased linkages with and access to groups disproportionately affected by STDs

Identification and Implementation of systems and environmental strategies

- Increased existing clinical resources for groups disproportionately affected by STDs identified by the CAB
- Expanded and increased sustainability of CAB-designed STD interventions using partner resources and influence
- Increased access to/use of community health resources, STD screening and support services by groups disproportionately affected by STDs
- Increased access to/use of educational and economic opportunities addressing needs identified by groups disproportionately affected by STDs
- Improved procedures for data collection and data analysis of community engagement, partnerships, and interventions

iii. Strategies and Activities

Recipients will conduct the activities described below in each of the following Program Strategy areas.

Community Engagement:

- Conduct effective community engagement activities (e.g. existing community advisory boards, coalitions, advocates, etc.);
- Within the first 3 months, establish and engage the Community Advisory Board (CAB) where at least 85% of members are directly connected to the community most disproportionately impacted by STD disparities and able to provide direct input and feedback from the priority population (s) and report using the CAB representation table using the template that CDC will provide within the first 30 days of award (CAB members must be community members from the priority population (s), NOT organizations that represent or work with the priority population);

- Ensure the CAB infrastructure is equitable for ALL members and suitable for conducting the business of the board efficiently; and
- Utilize evaluation, meeting facilitation and continuous quality improvement techniques to ensure active CAB meeting participation, member satisfaction and commitment, sense of ownership and decision-making power.

Identification and implementation of structural (systems and environmental) strategies:

- Within the first 6 months, document and analyze via a community needs assessment, the extent of disparities and the effects of social determinants of health (SDOH) on the local community;
- Within the first 12 months, engage the CAB in the identification of community priorities for SDOH and STD, HIV, and viral hepatitis prevention strategies;
- Within the first 12 months, use the CAB feedback and community needs assessment data to design a program plan to reduce disparities that address SDOH;
- Within the first 12 months, ensure the incorporation of public health ethics in the program plan;
- Outline specific strategies planned to ensure public health ethics compliance;
- Implement CAB designed interventions using partner resources and influence; and
- Conduct community outreach events and programs for the priority group most impacted by STD disparities.

Develop Multi-sectorial Partnerships:

- Partner with other health, non-health, and social service providers (e.g. community health centers, faith-based organizations, mental health agencies, middle and secondary schools, community college networks, professional associations, local health departments, correctional facilities, local businesses) to provide STD, HIV, and viral hepatitis prevention information and referrals, behavioral risk counseling, individual-level interventions and community-designed interventions as identified in the program plan. Within the first 12 months, execute Memorandum of Understanding (MOU) for at least 75% of partners. MOUs must detail specific contributions and supporting activities for partnering programs and/or organizations.

Communication:

- Develop and implement effective communication strategies to increase awareness of STD disparities, health issues and community resources among the priority population most impacted by STD disparities; and
- Utilize communication strategies to promote STD program success and leverage additional resources for STD, HIV, and viral hepatitis prevention.

Evaluation:

- Within the first 3 months, develop a logic model describing program inputs, activities, service outputs, immediate outcomes and long-term outcomes;
- Within the first 6 months, develop specific, measurable, achievable, realistic time-phased (SMART) objectives that relate to the overall goal of the project. At least one objective

must outline how the recipient plans to expand or build upon the existing community advisory board; and

- Within the first 6 months, develop an evaluation plan matrix with evaluation questions, indicators related to the SMART objectives, proposed data collection methods, and timeline. Initial plan should include intentions for the three-year funding period.

1. Collaborations

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

CARS recipients will also collaborate with Ending the HIV Epidemic (EHE) and other domestic HIV-funded programs to achieve shared health outcome objectives as appropriate.

b. With organizations not funded by CDC:

Recipients are expected to build and/or continue strategic partnerships and collaborations with other health, non-health sector, and social service providers (e.g., community health centers, faith-based organizations, mental health agencies, schools, community college networks, professional associations, local health departments, correctional facilities), and others that have a role in achieving the outcomes and proposed activities of this NOFO.

2. Population(s) of Focus

This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on the basis of race, color, national origin, disability, age, sex (including gender identity, sexual orientation, and pregnancy) or other constitutionally protected statuses.

a. Health Disparities

The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Broadly defined, social determinants of health are non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. See content below and in other sections (e.g., Approach, Collaborations, Populations of Focus) for information on how this specific NOFO affects social determinants of health.

A health disparity is a preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged. Health disparities are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these diseases and conditions.

This NOFO is inclusive of all disproportionately affected populations including, for example, people with disabilities, non-English speaking populations, LGBTQ populations, people with limited health literacy, and racial/ethnic minority groups.

Applicants must design their program so that it is accessible and available to all priority populations, including but not limited to YMSM of color and YTG persons of color. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status,

disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered when developing the proposed program and identifying the priority population(s). Organizations funded under this NOFO will be required to provide services to the disproportionately affected population(s) specified in their applications. Organizations funded under this NOFO are required to provide services, regardless of their race, ethnicity, or other demographic characteristics. In addition, the priority population described in the work plan and narrative must match the priority population identified in the Proposed Priority Population Worksheet.

The program supports efforts to improve the health of populations disproportionately affected by HIV, Viral Hepatitis, sexually transmitted diseases (STDs) and TB by maximizing the health impact of public health services, reducing disease incidence, and advancing health equity.

A health disparity occurs when a health outcome is seen to a greater or lesser extent between populations. Health disparities in HIV, Viral Hepatitis, STDs, and TB are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these infections and diseases.

Social determinants are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes (<https://www.cdc.gov/socialdeterminants/index.htm>). These include conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and social exclusion. Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic challenges. It requires:

- Continuous efforts focused on elimination of health disparities, including disparities in health and in the living, working, educational, developmental, and other conditions that may influence health, and
- Continuous efforts to maintain a desired state of equity after health disparities are eliminated.

Applicant should use reliable data, including social determinants data, to identify communities within their jurisdictions that are disproportionately affected by HIV, Viral Hepatitis, STDs and TB related diseases and conditions, and plan activities to help eliminate health disparities. In collaboration with partners and appropriate sectors of the community, programs should consider social determinants of health in the development, implementation, and evaluation of program specific efforts and use culturally appropriate interventions and strategies that are tailored for the communities for which they are intended.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC evaluation team will:

- Conduct a comprehensive evaluation, based on the CARS logic model. Data collection methods will include evaluation assessments, observations, document reviews and key informant interviews.
- Collect data on the common evaluation measures listed under the measurable outcomes section of the executive summary. This data will be included in the annual evaluation reports.

Measures and Indicators of interest include:

Community Engagement:

Process: Number of members from priority population attending Community Advisory Board (CAB) meetings; Community Advisory Board members level of satisfaction of meeting stated goals; number of interventions/strategies aimed to address social determinants of health impacting health equity within affected communities; number of social determinants identified by CAB; demonstrated decision-making power of CAB members; demonstrated ownership of membership structure and direction of CAB plans; demonstrated sustainability of community engagement methods; demonstrated improvement in advocacy skills among CAB members.

Outcome: Increased CAB members who actively participate in and are satisfied with the CAB
Measures: Number of members from the priority population attending CAB meetings; level of satisfaction of the participating CAB board members

Identification and implementation of systems and environmental strategies:

Process: Number of existing clinical resources identified; number of trainings available; number of community-designed STD prevention strategies identified by CAB

Outcome: Increased prioritization of community social determinants of health by the CAB
Measure: Number of social determinants of health identified by CAB members

Outcome: Increased clinical resources identified to address needs
Measure: Number of existing clinical resources identified

Outcome: Increased effective CAB-designed STD interventions for priority groups
Measure: Number of implemented community-designed interventions/strategies that address social determinants of health impacting health equity within affected communities; Positivity and treatment rates from community-designed STD prevention interventions; Additional measures will be finalized with recipients

Outcome: Increased existing clinical resources for priority groups identified by the CAB
Measure: Number of existing clinical resources identified by CAB members, number of STD clinical resource listings/info cards disseminated; additional measures will be finalized with the recipients

Outcome: Increased linkages with and access to priority groups
Measure: Measures will be finalized with the recipients

Outcome: Increased number and sustainability of CAB-designed STD interventions using partner resources and influence

Measure: Demonstrated sustainability of CAB-designed interventions, number of sustainable CAB-designed interventions in place, additional measures will be finalized with recipients

Partnerships:

Process: Multi-sector partner participation rate; proportion of partners engaged in community and intervention activities; value of leveraged resources; number of policies adopted or refined

Outcome: Increased new stable partnerships to address community needs

Measure: Number of new partnerships formed by sector of partners; additional measures will be finalized with the recipients

Communication:

Process: Effectiveness of communication efforts

Outcome: Increased awareness of STD disparities among priority populations most impacted
Increased awareness of personal health issues affecting priority populations and community resources that address needs

Measure: Demonstrated increased awareness of STD disparities; additional measures will be finalized with the recipients

Evaluation

Recipients will be required to submit a detailed Evaluation and Performance Measurement plan, including a Data Management and Access Plan (DMP) within the first 6 months of award, as described in the Reporting Section of this NOFO. Data collected is for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The Evaluation and Performance Measurement plan must:

- Identify staff person responsible for conducting and reporting evaluation activities;
- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes;
- Outline the type of evaluations conducted (i.e., process and/or outcome);
- List key evaluation questions;
- Identify potentially available data sources and feasibility of collecting appropriate evaluation and performance data;
- Discuss how evaluation findings will support continuous program and quality improvement;
- Provide one example (as an attachment) of a well-designed evaluation assessment tool used during past evaluation efforts;
- Describe other information, as determined by the CDC program (e.g., performance measures developed by the applicant) that must be included;
- Recipient shall report on process and outcome evaluation measures annually, and directly relate measures to the logic model (service outputs and outcomes) and outcomes listed in this announcement. Measures should be stratified by funding year and include indicators for each funding year.
- Recipient will be required to submit evaluation reports, according to the CDC provided reporting schedule and templates; and

- Recipient shall report and disseminate success stories related to CARS community engagement, partnerships, interventions, and/or evaluation annually.

Evaluation questions recipients are expected to address include:

Community Engagement

- To what extent do CARS recipients develop CABs that reflect the priority community, have a strong sense of power and make decisions about community approaches to reducing STDs and priority social determinants of health?
- To what extent are evidence-based methods used for decision-making and consensus building?
- To what extent are CAB members involved in the development of interventions; prioritization of social determinants of health; planning of evaluation activities; analysis of evaluation data; dissemination of results; and manuscripts and publications?
- What are the barriers and facilitators to developing an efficient CAB that reflects the priority community?

Partnerships

- To what extent do the recipients have the appropriate partnerships in place to help ensure successful implementation of community-designed interventions?
- To what extent are partner resources leveraged to reach intended priority populations and implement and sustain community-designed STD prevention interventions?

Identification and Implementation of Systems and Environmental Strategies

- What types of trainings are offered in the effort to ensure successful implementation of CARS?
- What interventions are proposed and designed by the CAB?
- To what extent are specific community-designed STD prevention interventions being implemented, using existing and partner resources?
- What is the yield of screening and community-designed STD prevention interventions?
- To what extent does this community engagement approach increase access to and awareness of services: STD and specific social services identified as a priority by the CAB?

Communication

- What communication strategies are effective in reaching the priority population(s)?
- To what extent were communication efforts successful in achieving the specific call-to-action?
- What communication strategies, if any, did not work well?
- To what extent did the CAB contribute to the development of effective communication strategies?

ii. Applicant Evaluation and Performance Measurement Plan

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

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement, including, as applicable to the award, how findings will contribute to reducing or eliminating health disparities and inequities.
- 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).
- How evaluation findings will be disseminated to communities and populations of interest in a manner that is suitable to their needs.
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Strong/preferred applicants will have the organizational capacity to carry out the strategies and activities described above. In addition, strong/preferred applicants should describe the following:

- An existing relationship with the priority population in the form of a Community Advisory Board/Council (CAB), and evidence that the CAB is directly connect to and is able to provide direct input and feedback from the priority population (s). Applicants must include evidence via a table or spreadsheet, demonstrating the CAB's direct connection and ability to provide direct input and feedback from the priority population (s). (Applicants must name the file "CAB Representation Table" and upload as a PDF file under "Other Attachment Forms" on www.grants.gov).
- A CAB infrastructure must be suitable for conducting business in an effective and efficient manner.

- Existing multi-sector partnerships to address social determinants of health impacting health equity within the affected community. Provide Memoranda of Understanding or Memoranda of Agreement for all anticipated partners. (Applicants must name this file "Memoranda of Understanding/Agreement") and upload it at www.grants.gov)
- The ability to leverage partner resources and infrastructure.
- A staffing plan and an organizational chart, including proposed staffing, with roles clearly stated. (Applicants must name this file "Organizational Charts" and upload it at www.grants.gov).
- Background, experience, and Curricula Vitae (CV) for key staff to indicate ability to carry out the purposes of the program. (Applicants must include CV or resumes for key staff. Applicants should name the file "Staff CVs/Resumes" and upload as a PDF file under "Other Attachment Forms" on www.grants.gov).
- Proposed project management experience and ability to plan, organize, secure and manage resources to successfully accomplish program activities.
- Identify a project coordinator or similar position responsible for day-to-day management of required and routine tasks.
- A plan for disseminating project findings.
- Willingness and the capacity to collaborate with other recipients and adhere to common protocols.

In addition, applicants must have a financial management system, i.e., an accounting system. At a minimum, this system must:

- permit preparation of required reports;
- allow the tracking of funds;
- have effective internal accountability controls/checks and balances;
- maintain source documents;
- have a cash management system to accurately account for cash transactions; and
- recipients must comply with all financial and other responsibilities in accordance with 45 CFR part 75.

d. Work Plan

Applicants are required to provide a work plan consisting of period of performance goals for the three-year program and Year One outcomes for each program strategy and activity. A detailed description of program activities in each area during the first year of the award is also required. The work plan is part of the Project Narrative, and is included in the Project Narrative's 20-page limit. Applicants are strongly encouraged to use the activities indicated under the "Program Strategy" section. The work plan must include:

- Period of Performance Goals (PPG) for each Program Strategy. The proposed PPGs should describe the goals for the 3-year period of performance.
- Annual Outcomes (AO) for each PPG. The proposed AOs should describe the short-term outcomes for the first year of the period of performance. Each AO must be specific, measurable, achievable, realistic time-phased (SMART) goals and consistent with the intent of the program announcement.

- A description of specific program activities that are undertaken during the first year to meet the proposed Annual Outcomes. The activity descriptions must include (1) timeline for completion; (2) staff responsible for completion of activity, including the level of effort and allocation of time for each proposed activity; and (3) key partners involved in the development, implementation and evaluation of proposed activities, including a description of their role.

Note: Write annual outcomes in SMART format. Provide quantitative baselines for each outcome that leads to an increase, decrease, or maintenance over time. Activities must be in alignment with the proposed objectives and the chosen program strategies and must include those activities the applicant selects as priority, based on the cited evidence, for the first year of the project.

CDC will provide feedback and technical assistance to recipients to finalize the work plan post-award.

No specific work plan format is required; however, a sample work plan format is presented below.

<i>Period of Performance Outcome:</i> <i>[from Outcomes section and/or logic model]</i>		<i>Outcome Measure:</i> <i>[from Evaluation and Performance Measurement section]</i>	
<i>Strategies and Activities</i>	<i>Process Measure</i> <i>[from Evaluation and Performance Measurement section]</i>	<i>Responsible Position / Party</i>	<i>Completion Date</i>
1.			
2.			
3.			
4.			
5.			
6.			

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.

f. CDC Program Support to Recipients

The CDC program that is involved with this NOFO will provide substantial involvement beyond site visits and regular performance and financial monitoring during the period of performance. Substantial involvement means that recipients can expect a federal programmatic partnership during the cooperative agreement.

CDC/DSTDP will ensure the commitment of a project officer and an internal CDC CARS Team to provide technical support. Other CDC staff with subject matter expertise will be available to assist in the planning, implementation, and evaluation of this project. CDC/DSTDP may share project findings, evaluation results, lessons learned, and best practices with the recipient.

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:

U22

3. Fiscal Year:

2023

4. Approximate Total Fiscal Year Funding:

\$1,300,000

5. Total Period of Performance Funding:

\$3,900,000

This amount is subject to the availability of funds.

Estimated Total Funding:

\$3,900,000

6. Total Period of Performance Length:

3 year(s)

year(s)

7. Expected Number of Awards:

4

8. Approximate Average Award:

\$325,000

Per Budget Period

9. Award Ceiling:

\$325,000

Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:

\$250,000

Per Budget Period

11. Estimated Award Date:

August 31, 2023

12. Budget Period Length:

12 month(s)

Throughout the period of performance, 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 (period of performance) 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 not available through this NOFO.

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

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

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

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

State controlled institutions of higher education

Non-government Organizations

American Indian or Alaska native tribally designated organizations

Other

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

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

5. Maintenance of Effort

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.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the [GSA website](#), [SAM.gov](#), and [Grants.gov- Finding the UEI](#).

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

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

b. System for Award Management (SAM):

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

require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at [SAM.gov](https://www.sam.gov) and the [SAM.gov Knowledge Base](https://www.sam.gov/knowledge-base).

c. [Grants.gov](https://www.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	System for Award Management (SAM)	1. Go to SAM.gov and create an Electronic Business Point of Contact (EBiz POC). You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	7-10 Business Days but may take longer and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an account in Grants.gov, then add a profile by adding the organization's new UEI number. 2. The EBiz POC can designate user roles, including Authorized Organization Representative (AOR). 3. AOR is authorized to submit applications on behalf of the organization in their workspace.	Allow at least one business day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

2. Request Application Package

Applicants may access the application package at www.grants.gov. Additional information about applying for CDC grants and cooperative agreements can be found here: <https://www.cdc.gov/grants/applying/pre-award.html>

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)

Number Of Days from Publication 30

05/28/2023

b. Application Deadline

Number Of Days from Publication 60

06/27/2023

11:59 pm U.S. Eastern 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.

Due Date for Information Conference Call

Informational conference call for potential applicants will be held Thursday, May 18, 2023 2:00-3:30pm EST via Zoom. See meeting information below.

Topic: CDC-RFA-PS23-2306 CARS NOFO Informational Conference Call

Time: May 18, 2023 02:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/1615332699?pwd=bk1tYlNMcDmJpMGFGOW4yNi9BSFBPQT09>

Meeting ID: 161 533 2699

Passcode: \$q6?.ng@

One tap mobile

+16692545252,,1615332699#,,,*12915272# US (San Jose)

+16468287666,,1615332699#,,,*12915272# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Meeting ID: 161 533 2699

Passcode: 12915272

Find your local number: <https://cdc.zoomgov.com/u/aeElvYpGYL>

Join by SIP

1615332699@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 161 533 2699
Passcode: 12915272

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 UEI.

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

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The letter of intent is recommended, NOT required. The LOI should include the name of the entity intending to apply for the opportunity, the priority population, and planned jurisdiction for implementation.

LOI must be sent via email to:

Norman A. Hayes

CDC, NHHSTP

Email address: NHayes3@cdc.gov

8. Table of Contents

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

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF, Word, or Excel file format 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 period of performance, 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 period of performance. 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. Population(s) of Focus and Health Disparities

Applicants must describe the specific population(s) of focus in their jurisdiction and explain how to 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 Population(s) of Focus and Health Disparities requirements as described in the CDC Project Description, including (as applicable to this award) how to address health disparities in the design and implementation of the proposed program activities.

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see <https://www.cdc.gov/os/integrity/reducepublicburden/index.htm>.
- 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 or reaccreditation 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 Mariana 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 essential public health services and ensure foundational capabilities are in place, such as activities that ensure a capable and qualified workforce, strengthen information systems and organizational competencies, build attention to equity, and advance 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 can upload it as a PDF, Word, or Excel file format 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/subaccounts 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. Employee Whistleblower Rights and Protections

Employee Whistleblower Rights and Protections: All recipients of an award under this NOFO will be subject to a term and condition that applies the requirements set out in 41 U.S.C. § 4712, “Enhancement of contractor protection from reprisal for disclosure of certain information” and 48 Code of Federal Regulations (CFR) section 3.9 to the award, which includes a requirement that recipients and subrecipients inform employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. § 4712. For more information see: <https://oig.hhs.gov/fraud/whistleblower/>.

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 anti-lobbying restrictions 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/additional-requirements/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. Application attachments can be submitted using PDF, Word, or Excel file formats. 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 review the Applicants section on www.grants.gov.

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 via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach

Maximum Points: 40

To what extent does the applicant: (10 points)

- Describe significant burden of STD and HIV morbidity within the priority community or population (e.g. adolescents, YMSM, MSM, Minority YMSM and MSM);
- Identify and list social determinants of health associated with the disparate burdens in the priority population; and
- Express a comprehensive understanding of the needs of the priority population?

To what extent does the applicant: (10 points)

- Develop and describes a plan to adequately achieve the intended program outcomes and carry out the proposed objectives;
- Develop a complete and comprehensive plan for the first budget period; and
- Describe how the plan focuses on priorities that address the needs of the priority population?

For the first year of the period of performance: (10 points)

- Outcomes: The extent to which the first year outcomes achievable and do they address the purpose of the NOFO?
- Objectives: The extent to which the objectives are SMART and do they address the needs of the priority population and relate to the recipient activities?

- Activities: The extent to which the described activities are achievable, able to build capacity and likely to lead to the attainment of the proposed objectives?

For the three-year period of performance: (10 points)

- Outcomes: The extent to which the three-year period of performance outcomes address the purpose of the NOFO.
- Period of Performance Outcomes: The extent to which the period of performance outcomes are appropriate to achieve the desired program outcomes by the end of the three-year period of performance.

ii. Evaluation and Performance Measurement

Maximum Points: 25

To what extent does the applicant:

- Propose an evaluation plan that addresses the components specified under the program evaluation section (i.e. evaluation stakeholder identification/role, evaluation design, timelines, dissemination and use); (5 points)
- Provide one example (as an attachment) of a well-designed evaluation assessment tool used during past evaluation efforts; and (5 points)
- Provide a clear logic model including the following sections: programmatic context, resources, activities, outputs or products and outcomes (including short, intermediate and long term) (10 points)
- Clearly identify staff who will conduct evaluation activities and how they will evaluate the impact of their activities on their jurisdiction's overall STD surveillance infrastructure and use of their data for public health action, including improving timeliness, completeness and representativeness of routine STD case reporting and addressing information gaps in case reporting data (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 35

Community Engagement (20 points)

To what extent does the applicant:

- Describe an existing relationship with the priority population in the form of a Community Advisory Board/Council (CAB);
- Provide evidence the CAB is directly connected to the priority population(s) and is able to provide direct input and feedback from the priority population(s); and
- Describe a CAB infrastructure suitable for conducting business in a suitable and efficient manner

Multisectorial Partnerships (10 points)

To what extent does the applicant:

- Describe existing multi-sector partnerships to address social determinants of health impacting health equity within the affected community;
- Indicate the intent to develop additional partnerships to support the objectives of the NOFO;
- Describe the ability to leverage partner resources and infrastructure; and

- Provide Memoranda of Understanding or Memoranda of Agreement for all anticipated partners, indicating the specific activities in which the partner will participate

Project Management (5 points)

- Does the applicant identify adequate personnel commitment to proposed activities? (1 point)
- Does the applicant document staff qualifications and experience inclusion of appropriate attachments (CVs/resumes)? (1 Point)
- Does the applicant identify a project coordinator or similar position responsible for day-to-day management of required and routine tasks? (1 point)
- Does the applicant describe a dissemination strategy for project findings? (1 point)
- Does the applicant indicate willingness and the capacity to collaborate with other recipients and adhere to common protocols? (1 point)

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.

Budget

Maximum Points: 0

Applicant's submitted budget will be reviewed but NOT scored.

c. Phase III Review

Full Discussion Panel: A group of objective reviewers will review and score all eligible and responsive applications. Reviewers will apply the specified Review Criteria to score applications based on their merit. Reviewer comments on the strengths and weaknesses will be shared in summary statements with both successful and unsuccessful applicants. Applications will then be put into rank order list according to average scores. The program will use the rank order list to determine which applications will be funded.

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

Successful applicants will receive a Notice of Award (NoA) from the CDC Office of Grant Services (OGS). Additionally, program office will announce the recipients on the CDC STD Health Equity website at <http://www.cdc.gov/std/health-disparities/>
Anticipated Award Date: August 30, 2023

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 annual 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.

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 <https://www.cdc.gov/grants/additional-requirements/index.html>.

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

The following Administrative Requirements (AR) apply to this project:

AR-1: Human Subjects Requirements

AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

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

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-21: Small, Minority, And Women-owned Business

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

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

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

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

AR-31: Research Definition

AR-32: Appropriations Act, General Provisions

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

AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

AR-4: HIV/AIDS Confidentiality Provisions

AR-5: HIV Program Review Panel Requirements

AR-6: Patient Care

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the period of performance. 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?
<i>Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)</i>	<i>6 months into award</i>	<i>Yes</i>
<i>Annual Performance Report (APR)</i>	<i>No later than 120 days before end of budget period. Serves as yearly continuation application.</i>	<i>Yes</i>
<i>Data on Performance Measures</i>	<i>No later than 120 days before end of budget period.</i>	<i>Yes</i>
<i>Federal Financial Reporting Forms</i>	<i>90 days after the end of the budget period.</i>	<i>Yes</i>
<i>Final Performance and Financial Report</i>	<i>90 days after end of project period.</i>	<i>Yes</i>

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 specific 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 publicly 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 period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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 \$30,000.

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:

Norman A.

Last Name:

Hayes

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

1600 Clifton Road, NE, MS U12-3, Atlanta, GA 30333

Telephone:

(404) 639-8991

Email:

NHayes3@cdc.gov

Grants Staff Contact

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

First Name:

Arthur

Last Name:

Lusby

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

2939 Flowers Road, MS TV-, Atlanta, GA 30341

Telephone:
404.955.1677

Email:
cmx3@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 application attachments that can be submitted using PDF, Word, or Excel file formats 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

Position descriptions

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs):

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

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

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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

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

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

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

Community engagement: The process of working collaboratively with and through groups of people to improve the health of the community and its members. Community engagement often involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices.

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. <https://www.cdc.gov/grants/additional-requirements/index.html>.

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment (from Executive Order 13985).

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: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged.

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Health Inequities: Particular types of health disparities that stem from unfair and unjust systems, policies, and practices and limit access to the opportunities and resources needed to live the healthiest life possible.

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: The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people.

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 education, 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 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.

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).

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: The non-medical factors that influence health outcomes. The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. <https://www.cdc.gov/about/sdoh/index.html>

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.

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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