

Centers for Disease Control

National Center on Birth Defects and Developmental Disabilities

Enhancing Public Health Surveillance of Autism Spectrum Disorder through the Autism and Developmental Disabilities Monitoring (ADDM) Network

CDC-RFA-DD19-1901

Application Due Date: 10/01/2018

Enhancing Public Health Surveillance of Autism Spectrum Disorder through the Autism and Developmental Disabilities Monitoring (ADDM) Network

CDC-RFA-DD19-1901

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DD19-1901. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Enhancing Public Health Surveillance of Autism Spectrum Disorder through the Autism and Developmental Disabilities Monitoring (ADDM) Network

C. Announcement Type: New - Type 1

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

Amendment 1: For more information, including frequently asked questions, please visit https://www.cdc.gov/ncbddd/autism/addm-funding.html

Amendment 2: The work plan and prevalence results from this surveillance system are acceptable attachments.

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DD19-1901

E. Assistance Listings (CFDA) Number:

93.998

F. Dates:

1. Due Date for Letter of Intent (LOI):	**08/17/2018**
2. Due Date for Applications:	**10/01/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

An informational call for potential applicants will take place on August 16, 2018, at 1:00pm Eastern Time, Toll-Free Number: 800-779-0645, Participant passcode: 5270319. Please go to https://www.cdc.gov/ncbddd/autism/addm-funding.html to download the slide presentation.

G. Executive Summary:

1. Summary Paragraph:

The purpose of this NOFO is to enhance the capacity of surveillance programs to implement a population-based, multiple source surveillance program for autism spectrum disorder (ASD). The project will fund sites to participate in the Autism and Developmental Disabilities Monitoring (ADDM) Network and will enhance surveillance activities at both prior and newly

participating sites through two funding components. Component A is required for all applicants, while applying for Component B funding is optional. Component A funds surveillance of autism spectrum disorder (ASD) among 4-year-old and 8-year-old children. Component A activities include: adhere to standardized ADDM Network methodology; renew or establish agreements for access to BOTH health and education data sources (electronic and paper records); staff training and continued education; report clean, de-identified data with vital records/census linkages to CDC; submit at least two manuscripts; engage partners and stakeholders in activities aimed at increasing use of ADDM data; and create and implement a strategic plan for performance monitoring and evaluation. Component B funds conducting follow-up at age 16 years of children abstracted for ASD at age 8 years in 2010 and 2012, including collecting data on characteristics, functioning, and educational service delivery (including transition planning). These data will inform public health strategies to improve identification and services for children with ASD.

a. Eligible Applicants: Open Competition
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 10
Up to 10 Component A awards and up to 2 Component B awards. Only applications that are funded under Component A will be considered for Component B funding.

d. Total Period of Performance Funding: $20,400,000

e. Average One Year Award Amount: $600,000
Average: Component A: $600,000; Component B (optional):$125,000

f. Total Period of Performance Length: 4
g. Estimated Award Date: 01/01/2019
h. Cost Sharing and / or Matching Requirements: N
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Since the early 1990s, the number of children identified with autism spectrum disorder (ASD) has risen markedly. The uncertainty regarding the causes of this increase and the need for medical and educational services among this population has created a substantial level of concern among stakeholders and the general public. Since 2000, the ADDM Network has conducted ongoing surveillance of ASD prevalence and characteristics based on expert review

of children's health and education records, a validated, feasible method of population-based ASD surveillance. Monitoring ASD among successive birth cohorts in the ADDM Network provides critical information to monitor trends and disparities in prevalence, plan services and allocate resources, improve early identification of ASD, and suggest areas for further research. Key information reported by the ADDM Network includes, a rise in documented ASD prevalence based on a consistent methodology over time, a decrease in the proportion of children with ASD who also have intellectual disability, and little evidence of a decrease in the age at ASD evaluation and diagnosis.

Through 2014, the ASD surveillance case definition was based on diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR). Beginning in surveillance year 2014, a new surveillance case definition incorporated the revised DSM-5 diagnostic criteria, allowing for a comparison of ASD prevalence and characteristics based on the old and new surveillance case definitions in 2014 and 2016. Since the long-term effect of this change is not yet known, it is important to continue to monitor the prevalence and characteristics of ASD based on the new case definition moving forward.

ADDM Network ASD surveillance has been conducted among children aged 8 years since 2000, and surveillance among children aged 4 years in selected sites was added in 2010. ASD surveillance based on review of health and education records may be more complete among 8-year-old than 4-year-old children. Other co-occurring developmental disabilities (DDs) such as intellectual disability, an important indicator of functional level among children with ASD, can also be reliably assessed among 8-year-olds. ASD surveillance among 4-year-old children may provide timely information on evaluation and diagnostic patterns that can inform public health strategies to improve early identification of ASD. In addition, ASD surveillance among 4-year-old children can be linked to subsequent ASD surveillance among 8-year-old children to allow for comparisons of ASD prevalence and characteristics at different ages among children in a single birth cohort. Previous ADDM data suggest that access to children's education records is essential to ensure complete ascertainment of children with ASD as well as obtain information on intellectual ability.

ASD stakeholders show substantial interest in obtaining more information on the characteristics of ASD among adolescents, including services related to the transition to adulthood. Transition planning for adulthood is crucial for ensuring that children with ASD reach their developmental potential and receive appropriate educational, vocational, and residential services to allow integration into their communities. Monitoring 16-year-old children with ASD can provide valuable information on transition planning in special education services, the planned trajectory for the immediate post-high school years, and detailed population-based data on the phenotype of ASD in adolescence.

b. Statutory Authorities

Sections 301(a) and 317C of the Public Health Service Act, as amended [42 U.S.C. §§ 241(a) and 247b-4, as amended].

c. Healthy People 2020

N/A

d. Other National Public Health Priorities and Strategies

Data from the ADDM Network are used to inform the strategic planning of the Interagency Autism Coordinating Committee (IACC, http://iacc.hhs.gov/index.shtml), a Federal advisory committee charged with coordinating work regarding autism spectrum disorder (ASD) across federal agencies.

e. Relevant Work

This is the fifth funding cycle announcement for the ADDM Network, which CDC has funded since 2000 (http://www.cdc.gov/ncbddd/autism/addm.html). Estimates of ASD prevalence and characteristics have been reported biennially for 2000-2014, in addition to dozens of scientific publications from analyses of characteristics of children with ASD. Specific focus areas have included time trends in ASD prevalence and a comparison of prevalence and characteristics based on updated surveillance case criteria aligned with current ASD diagnostic criteria. Community education and outreach activities aim to foster activities to increase ASD awareness and reduce barriers to ASD identification.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DD19-1901

Logic Model: Enhancing Public Health Surveillance of Autism Spectrum Disorder through the Autism and Developmental Disabilities Monitoring (ADDM) Network

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
S1: Component A (4 and 8-year-old ASD surveillance) A1: Adhere to standardized ADDM network methodology A2: Renew or establish agreements for requests for and access to BOTH health and education data sources A3: Staff training and continued education A4: Report clean, de-identified data w/linkages to	**OC1: Improved understanding of ASD, including trends & disparities in ASD prevalence over time and by demographic factors** **OC2: Strengthened ASD surveillance among 4-year-old children** **OC3: Improved understanding of differences in ASD**	OC7: Increased contribution of ADDM data to the scientific understanding of ASD OC8: Increased contribution of ADDM data to improving early identification of ASD	OC9: Decreased disparities in ASD identification and service delivery OC10: Decreased age of ASD identification **OC11: Improved policies & plans that address ASD research agendas & services for children with ASD**

CDC	**characteristics by age** **OC4: Stronger relationships between recipient and partners/ data sources** **OC5: Increased dissemination of ADDM data** **OC6: Improved reliability & efficiency of ADDM surveillance**		
S2: COMPONENT B (optional) 16-year-old ASD SURVEILLANCE A5: Conduct follow-up at age 16 years of children abstracted for ASD at age 8 years in 2010, collecting data on behavioral characteristics, associated features, test scores, and educational service delivery (including transition planning)			
S3: SITE-INITIATED ANALYSES A6: Submit at least two manuscripts based on analyses in two of three topic areas 1. Use a variety of state-level administrative data to estimate an administrative ASD prevalence among children aged 0-21 years			

2. Compare characteristics of children with ASD identified at different ages 3. Conduct analyses of disparities by sociodemographic factors for outcomes of interest (e.g. prevalence, age at identification)			
S4: COMMUNITY EDUCATION & OUTREACH A7: Engage partners and stakeholders in activities aimed at increasing practical use of ADDM Network data, including addressing gaps in ASD identification and service delivery, particularly in underserved populations			
S5: MONITORING/EVALUATION A8: Create & implement a strategic plan A9: Complete a site evaluation plan A10: Conduct ongoing quality assurance & control activities (QA/QC)			

i. Purpose

The purpose of this Notice of Funding Opportunity is to develop and enhance the capacity of programs to implement a population-based, multiple-source surveillance program for autism spectrum disorder (ASD) in order to provide estimates of the prevalence and characteristics of children with ASD, track prevalence and characteristics over time, monitor disparities by race/ethnicity and socioeconomic status, suggest areas for future research, and provide data to inform planning for resource and service needs and guide public health programs to promote

ASD identification as early as possible.

ii. Outcomes

ADDM Network sites are expected to demonstrate measurable progress toward addressing short- and intermediate-term outcomes depicted in the logic model.

The short term and intermediate outcomes for Components A and B include the following:

- Outcome 1 (OC1): Improved understanding of ASD, including trends and disparities in ASD prevalence over time and by demographic factors (e.g., sex, race/ethnicity, rural/urban).
- Outcome 2 (OC2): Strengthened ASD surveillance among 4-year-old children through collection of ADDM data for 4-year-olds in all sites.
- Outcome 3 (OC3): Improved understanding of differences in ASD characteristics by age through comparisons of children aged 4 years, 8 years, and 16 years.
- Outcome 4 (OC4): Stronger relationships between recipient and partners/data sources through community events and data sharing.
- Outcome 5 (OC5): Increased dissemination of ADDM data through presentations, publications, online communications, and community events.
- Outcome 6 (OC6): Improved reliability and efficiency of ADDM surveillance through adherence to standardized data collection methods, assessment of performance measures, ongoing training, and sharing of best practices among sites.

The long term outcome for Component A and B includes:

- Outcome 11 (OC11): Improved policies and plans that address ASD research agendas and services for children with ASD.

iii. Strategies and Activities

Applicants must select Component A (Strategy 1) or both Component A (Strategy 1: 4-year-old and 8-year-old ASD Surveillance) and the optional Component B (Strategy 2: 16-year-old ASD Surveillance). All applicants are responsible for addressing Strategies 3 (Site-initiated analyses), 4 (Community education and outreach), and 5 (Monitoring/Evaluation). The outcomes to be achieved during the period of performance will be the result of the following strategies and activities:

Strategy 1 (S1): [Component A] – 4-year-old and 8-year-old ASD Surveillance

Applicants must address the following activities in their application:

- **Activity 1 (A1):** Adhere to standardized ADDM methodology & case definitions

ADDM Network Surveillance Methodology and Case Definitions –

Applicants must describe the surveillance methodology they plan to use for their proposed project site. It is the responsibility of each recipient in the ADDM Network to conduct surveillance of autism spectrum disorder (ASD) using a common methodology modeled after the Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP) (Rice

CE, Baio J, Van Naarden Braun K, et al. A public health collaboration for the surveillance of autism spectrum disorders. Paediatric Perinat Epi 2007; 21: 179-90. Yeargin-Allsopp M, Rice C, Karapurkar T, Doernberg N, Boyle C, Murphy C. Prevalence of autism in a US metropolitan area. JAMA 2003; 289: 49-55).

ADDM is an active surveillance system that does not rely solely on professional or family reporting of an existing diagnosis or classification to ascertain ASD case status. Case determination is completed in two phases. The first phase involves screening and abstraction of records at multiple data sources in the community. All abstracted evaluations then are compiled and reviewed by trained clinicians to determine ASD case status in the second phase of the study. In the first phase, a broad net is cast to screen thousands of records and identify a subset of children with general symptoms of ASD, whereas a much more strict case definition is applied during the second phase of the study.

Because children's records are screened at multiple data sources, developmental assessments completed by a wide range of health and education providers are included. Data sources are categorized as either 1) education source type, including evaluations to determine eligibility for special education services or 2) health source type, including diagnostic and developmental assessments from psychologists, neurologists, developmental pediatricians, physical therapists, occupational therapists, speech/language pathologists, and other providers. When possible, agreements to access records are made at the institutional level in the form of contracts, memoranda, or other formal agreements. In rare cases, permission to access children's records may be based on parent or guardian consent; however, using individual consent for public health surveillance may introduce bias into prevalence estimates.

In the first phase of ADDM surveillance, ADDM Network sites identify source records to review based on a child's year of birth and either 1) eligibility classifications in special education or 2) International Classification of Diseases, Ninth (ICD-9) or Tenth (ICD-10) Revision billing codes for select childhood disabilities or psychological conditions. Children's records are screened to confirm year of birth and residency in the surveillance area at some time during the surveillance year. For children meeting age and residency requirements, the source files are screened for certain behavioral or diagnostic descriptions defined by ADDM as "triggers" for abstraction (e.g., child does not initiate interactions with others, prefers to play alone or engage in solitary activities, or has received a documented ASD diagnosis). If abstraction "triggers" are found, evaluation information from birth through the current surveillance year is abstracted into a single composite record for each child.

In the second phase of ADDM surveillance, the abstracted composite evaluation files are de-identified and reviewed systematically by trained clinicians to determine ASD case status. Clinicians use a surveillance case definition operationalized from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for autism spectrum disorder. A child could meet the surveillance case definition for ASD under one or both of the following criteria, as documented in abstracted comprehensive evaluations: 1) behaviors consistent with the DSM-5 diagnostic features; and/or 2) any ASD diagnosis documented in a comprehensive evaluation. A child might be disqualified from meeting the surveillance case definition for ASD if, based on the clinical judgment of one or more clinician reviewers, there is insufficient or conflicting information in support of ASD, sufficient information to rule out ASD, or if one or more other diagnosed conditions better

account for the child's symptoms.

Co-occurring Intellectual Disability Criteria -

Intellectual disability (ID) is defined as a condition marked by an intelligence quotient (IQ) of 70 or lower on the most recently administered psychometric test (Decouflé P, Boyle CA. The relationship between maternal education and mental retardation in 10-year-old children. Ann Epidemiol 1995;5(5):347-53). In the absence of an IQ score, a written statement by a psychometrist that a child's intellectual functioning falls within the range for intellectual disability is acceptable, provided this statement is based on intellectual testing administered or attempted. The severity of intellectual disability is defined according to the following International Classification of Disease, Tenth Edition, Clinical Modification (ICD-10-CM) categories: mild (IQ of 50-70), moderate (IQ of 35-49), severe (IQ of 20-34), and profound (IQ below 20). NOTE: a concurrent impairment in adaptive functioning is not required to meet the surveillance criteria for co-occurring intellectual disability.

Data Management -

All sites funded under this cooperative agreement will conduct data collection for core surveillance activities using a CDC-provided data collection and management system. CDC will provide technical support for installing the system and upgrades, and CDC will provide tools for data cleaning and closeout. At the conclusion of each surveillance cycle, data for scientific analysis will be exported from the system using a program furnished by CDC. The program strips all identifiers from the site's data and creates summary tables to be used for analysis. These files are provided from all ADDM sites to CDC, and CDC appends data from all sites into a pooled analysis dataset for each surveillance cycle. These datasets are used for the combined ADDM Network prevalence report(s) for each surveillance cycle, and they are furnished to all participating sites for further analysis on special topics of interest. A subset of this dataset may be requested by outside investigators in the form of a public-use dataset containing no personally identifying information and constructed to minimize the possibility of identification of individuals. CDC and the ADDM sites will agree on which data elements to make publicly available, but it is a requirement of all federally-funded programs to comply with the CDC Data Management and Sharing Policy (http://www.cdc.gov/maso/Policy/ReleasingData.pdf) and furnish data for public use, so all funded sites are required to make these data available in an established manner.

Additional Activities for Strategy 1 (S1): [Component A] – 4-year-old and 8-year-old ASD Surveillance

- **Activity 2 (A2): Renew or establish agreements for data requests and access to data sources:** Applicants must describe what types of data sources they anticipate will be available for surveillance in their proposed project area. Note that all possible sources within the surveillance area should be included, in addition to sources that are outside the surveillance area but may provide evaluations for a significant number of children who reside within the surveillance area. Sources should include a range of facilities that provide evaluation and treatment services for children with developmental disabilities, particularly ASD.
    - Health Sources (including diagnostic and developmental assessment information) (*required*)

    - Education Sources (including evaluations to determine eligibility for special education services under Part B of IDEA, e.g., psychological evaluations to determine special education eligibility, physical therapy and occupational therapy evaluations, speech/language pathology assessments) (*strongly preferred*)
    - Early Intervention Sources (including evaluations to determine eligibility for Early Intervention services under Part C of IDEA, physical therapy and occupational therapy evaluations, speech/language pathology assessments) (*strongly preferred*)
- **Activity 3 (A3): Staff training and continued education**
    - Initial training of staff on ADDM methodology and case definitions per the ADDM training guidelines and ADDM protocols with technical assistance provided by CDC
    - Continued education for staff based on Quality Assurance/Quality Control (QA/QC) results and training needs of sites and the ADDM Network
    - Each site must appoint a Confidentiality Officer and conduct initial and annual (refresher) training with staff on the ADDM confidentiality guidelines and any additional local requirements
- **Activity 4 (A4): Report clean, de-identified data with linkages to CDC**
    - Routine data cleaning edit checks per CDC ADDM data cleaning manual in CDC-provided web-based database
    - Run data cleaning programs and conduct final edit checks prior to submitting data to CDC for the ADDM pooled dataset
    - Perform data linkages to birth certificates and community indicators (e.g., socio-economic status) based on residency geocoding
    - Report data according to the established timeline
    - CDC will use pooled de-identified data to create the ADDM pooled dataset

Note: Any pooled data with other ADDM projects will be grouped as individual, de-identified data. All surveillance reports and results will be disseminated in non-personally identifiable, aggregate form. Applications must include a copy of the applicant's Data Management Plan.

Strategy 2 (S2): [Component B] – 16-year-old ASD Surveillance

Applicants may choose to apply for additional funding for 16-year-old ASD surveillance (follow-up of children born in 2002 and 2004 who were abstracted for the 2010 and 2012 surveillance years, respectively). Because there is substantial overlap in the activities for Component A and Component B, applicants for Component B need only address the following additional activities for Component B when describing activities under this strategy in their application.

- **Activity 5 (A5):** Conduct follow-up through age 16 years of children born in 2002 and 2004 who were abstracted as pending ASD cases for the 2010 and 2012 ADDM surveillance years, collecting data on behavioral characteristics, associated features, co-occurring conditions, IQ and adaptive test scores, and educational service delivery (including transition planning), and determining ASD case classification.

The purpose of this activity is to obtain information on the characteristics of children aged 16

years who were previously abstracted at an ADDM Network site during ASD surveillance among 8-year-old children in 2010 and 2012, including children classified as ASD cases and non-cases. This information will provide information on how the characteristics of children with ASD differ at age 8 years and age 16 years, including behavioral characteristics, cognitive and adaptive function, co-occurring conditions, and special education services. It will also allow collection of data on post-graduation transition planning mandated for children with an Individualized Education Plan (IEP) through Part B of the Individuals with Disabilities Education Act (IDEA) beginning no later than age 15 years. In addition, this information will allow comparison of ASD case classification through the ADDM Network at two different ages, and differences in case classification using ADDM Network surveillance case definitions based on the DSM-5 and DSM-IV-TR diagnostic criteria.

Similar to the methodology for Component A, ASD surveillance among 16-year-old children will occur in two phases, with some differences as described here. In Phase I, applicants identify all children whose records were abstracted at an ADDM Network site during ADDM Network surveillance for ASD in 8-year-old children in 2010 and 2012. Applicants identify data sources serving these children at age 16 years including health and education sources, and identify source records to review based on a child's year of birth and either 1) eligibility classifications in special education or 2) International Classification of Diseases, Ninth Revision (ICD-9) or Tenth (ICD-10) Revision billing codes for select childhood disabilities or psychological conditions. Applicants look for initial matches between children identified at age 8 in 2010/2012 and children whose records were provided through the data requests from health and education sources, based on matching the child's first and last names and date of birth. For successful initial matches, children's records are screened to confirm year of birth and residency in the surveillance area at some time during the surveillance year and to confirm the match based on an additional variable such as address, mother's name, or birth certificate number. For confirmed matches, evaluation information from birth through the current surveillance year is abstracted into a single composite record for each child. If feasible and practical, the information abstracted can be limited to that contained in evaluations that were not previously abstracted, provided that the information that was previously abstracted can be imported into the composite record to ensure completeness of information from birth through age 16 years. Optionally, when no match is identified at age 16 years for a child that was abstracted at age 8 years, the information can be checked against the National Death Index. The second phase of surveillance will be conducted as described in the previous section describing activities for Component A, with the exception that ASD case classification will use ADDM Network surveillance case definitions based on both DSM-5 and DSM-IV-TR diagnostic criteria. Data linkages, submission of de-identified data to CDC, and the data management plan will also be the same as that described for Component A.

Strategy 3 (S3): [Component A] - Site-initiated analyses

Activity 6 (A6): Submit at least two manuscripts based on analyses in two of three topic areas

1. Use a variety of state-level administrative data to estimate an administrative ASD prevalence among children aged 0-21 years, including comparisons by ADDM/non-ADDM areas, and by demographic factors such as sex, race/ethnicity, SES, and rural/urban residence.
2. Compare characteristics of children with ASD identified at different ages.

3. Conduct analyses of disparities by sociodemographic factors for outcomes of interest (e.g. prevalence, age at identification).

Strategy 4 (S4): [Component A] - Community education and outreach

- **Activity 7 (A7):** Each ADDM site must engage partners and stakeholders by conducting community education and outreach activities aimed at increasing practical use of ADDM Network data, including addressing gaps in ASD identification and service delivery, particularly in underserved populations. These education and outreach activities directly support surveillance activities by helping to ensure continuous access to community data sources and fostering community use of ADDM data needed for public health practice and to track progress toward community goals.
    - Stakeholder Meetings *(required):*
        - A required activity for this focus area is stakeholder meetings. ADDM sites must host and/or participate in either one-on-one or group meetings with data sources (e.g., state/local health departments, pediatric healthcare facilities, and school systems), partner organizations (e.g., local disability service providers, autism advocacy organizations) or/other local stakeholders (e.g., policymakers). These meetings may involve a presentation of the ADDM methodology and ADDM data.
    - Participation in ADDM education & outreach calls and ADDM communications workgroups *(required):*
        - A required activity for this focus area is participation in the ADDM education and outreach workgroup and in the ADDM communication workgroup. ADDM sites must participate in the ADDM education and outreach workgroup and attend education and outreach conference calls. In addition, at least one staff member per ADDM site is required to actively participate in the ADDM communication workgroup during which the ADDM sites will collaborate on the development of community reports, site success stories, and other materials for community stakeholders.
        - Education and outreach activities should also attempt to address disparities in identification of children with ASD and co-occurring DDs as indicated by ADDM data. For that reason, at least one education and outreach activity MUST be implemented in a way that targets under-identified populations (e.g., racial/ethnic minorities).

In addition to the required activities above, applicants must include in their application at least two additional activities. Additional activities that support education and outreach-related outcomes may be chosen from the following or proposed by the applicant.

Additional activities may include:

- Community awareness events
    - ADDM sites may choose to organize community events to raise awareness about developmental disabilities. These events can be successful in numerous formats and should be tailored to the community audience and needs of the program.

These events can also be a platform for increasing visibility and recognition of an ADDM site. Successful events are implemented through collaborations between ADDM sites and community partners. Sites can also participate in existing events (e.g., host information booths at health fairs, give lectures or presentations on ADDM data, or provide information about developmental screening). Applicants should describe the proposed event and potential community partners in their application.

- Trainings/presentations for community stakeholders (e.g., local clinicians or educators)
    - ADDM sites may choose to serve as a local educational and training resource, particularly in the area of ASD and co-occurring DD population-based surveillance. Trainings might include, but are not limited to, workshops for local service providers (e.g., special educators, pediatricians, or early intervention specialists), mentoring and internships.

- Strategic outreach to identify program champions or supporters
    - ADDM sites may choose to reach out to leaders within state/local governments, universities, or relevant non-profit organizations in their project area to encourage interest and support for the surveillance program. Support from leaders in key positions is critical to program activities such as establishing data access agreements.

- Participation/coordination/leadership in local health community groups (e.g., state autism consortium, medical advisor to local partner organization, board of local children's hospital)
    - ADDM sites may choose to be involved in local community groups. Involvement is beneficial to the surveillance program and the community. Engagement with such groups raises situational awareness and offers information about the context of the surveillance program. Participation can range from presentations of data at local meetings to serving a leadership or facilitative role.

- Development and dissemination of additional site-specific materials
    - Applicants may choose to develop and disseminate materials beyond those created by the ADDM communications workgroup (e.g., community reports, site success stories). Examples of site-specific materials might include a project website; an electronic and/or printed newsletter for data sources and community partners; or a webinar series for data sources, community partners, or other community stakeholders. Applicants must specify in their application which additional materials will be developed and disseminated and the target audience(s) for each.

- Engagement in local news and social media
    - Applicants may choose to proactively engage with local news and social media. Examples of engagement include, but are not limited to, conducting project-related interviews for local print, radio, and television and disseminating ADDM materials or messages via project specific or host (e.g., university, health

department) social media accounts.

- Collection of structured feedback from community stakeholders on community data needs or uses and/or on ADDM materials and dissemination channels.
    - Applicants may choose to collect structured feedback from community stakeholders. The feedback should focus on community data needs and uses as it relates to ASD and co-occurring DD surveillance and evaluating ADDM materials and dissemination channels. Such feedback could be used internally to better understand the data needs and uses of the community and to improve future ADDM materials and dissemination channels. Applicants should specify in their application how and from whom structured feedback will be collected.

Strategy 5 (S5): [Components A and B] - Monitoring and Evaluation

Activities for Components A and B include:

- Applicants must describe their plans to (A8) create and implement a site strategic plan based on the CDC ADDM Logic Model and the strategies/activities described above. The strategic plan must be submitted to CDC within six months of the award. Recipients must plan to have monthly meetings to track efforts toward achieving strategic plans, and send semi-annual reports of strategic plan progress to CDC.
- Additionally, applicants must describe the activities they propose to use for monitoring and performance measurement, including plans to (A9) complete a site-specific, non-research evaluation plan. Details of the CDC Evaluation and Performance Measurement plan (and expectations for applicants/recipients) are provided in the Evaluation and Performance Measures section below.
- In order to achieve and maintain reliability of the ADDM Network and methodology, applicants must agree to (A10) conduct ongoing quality assurance and control activities (QA/QC) per the ADDM QA/QC protocols for abstractors, clinician reviewers and project coordinators.

1. Collaborations

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

(REQUIRED)

Applicants must describe how they plan to work with other CDC-funded ADDM sites in order to achieve the outcomes of the NOFO. Examples of anticipated collaborations:

- Collaboration with other ADDM sites and CDC to implement datasharing policies and pooling of data across sites. Pooled datasets will be shared among participating ADDM investigators and ultimately released as both open and restricted access public use datasets. For CDC's policies on releasing and sharing data see http://www.cdc.gov/maso/Policy/ReleasingData.pdf.
- Collaboration with other ADDM sites to coordinate methods for data collection, case determination, evaluation, analysis and dissemination for multiple source surveillance.

Participation on ADDM committees (e.g., Project Coordinators/Abstractors, Principal

Investigators, Clinician Reviewers, Abstraction Quality Assurance, Education and Outreach, and Scientific Issues), collaborative meetings, and surveillance publications and reports, as appropriate.

b. With organizations not funded by CDC:

(REQUIRED)

- Sites must develop and maintain collaborative relationships with appropriate professionals and organizations that may be sources for data or stakeholders.
- Agreements to access evaluation records of potential case children should be made at the institutional level in the form of a contract, memorandum of understanding (MOU) or other formal agreement allowing access to source records. Each applicant must address relevant issues for their access to records. In some cases passive or active authorization may be required of parents to access their child's records. It is the site's responsibility to ensure any appropriate assurances/approvals are received prior to accessing children's records, even if parental active or passive authorization is required. Data requests should include a range of diagnoses and special education exceptionalities in order to access records of children that may have ASD, including those with co-occurring ID. Additionally, data requests should include service years from birth (for 8-year-olds, 2010 and 2012; for 4-year-olds, 2014 and 2016) through 2018 (for SY2018) and 2020 (for SY2020) in order to access records from throughout a child's life that may include relevant information to establishing case status. Previous ADDM reports have indicated that access to education sources is essential to ensure as complete a count of children with ASD as possible. Therefore, it is strongly preferred that sites have access to education records for the entire surveillance area. Access to early intervention records is also strongly preferred. Formal agreements related to access to records must be included with the application. Applicants must provide a letter of support, Memorandum of Understanding (MOU), or other documentation to indicate the applicant has access to source records. The file should be named "MOU" or "letter of support" and place this documentation in Appendix A and attach with "Other Attachment Forms" when submitting via www.grants.gov.

2. Target Populations

Component A (required): surveillance of autism spectrum disorder among children aged 4 and 8 years in 2018 and 2020

- Sites will identify a core surveillance area composed of populations of 12,000 (minimum) - 25,000 (strongly recommended maximum) for both 4-year-old and 8-year-old children during the most recent calendar year included in bridged-race postcensal population estimates published by CDC/NCHS/NVSS.
- The core surveillance area must be comprised of a contiguous geographic sector lying entirely within one US state or territory, defined by clear state, county, or school district boundaries. Additional geographic areas may be included, provided that the contiguous portion satisfies the minimum population requirement for the core surveillance area.
- The first surveillance year will include children born in 2010 or 2014 who resided in the

surveillance area during 2018. The second surveillance year will include children born in 2012 or 2016 who resided in the surveillance area during 2020.

Component B (optional): Optional 16-year-old ASD follow-up surveillance for 2018 and 2020.

- For the first surveillance year, sites will identify children born in 2002 who were abstracted for ASD at an ADDM Network site that participated in the 2010 surveillance year. The second surveillance year will include children born in 2004 who were abstracted for ASD at an ADDM Network site that participated in the 2012 surveillance year.

a. Health Disparities

This NOFO will provide data on the prevalence, age at identification, and other characteristics of ASD among sub-populations (e.g., by sex, race/ethnicity, and urban vs. rural areas). Understanding of these differences helps to target education and outreach activities as well as inform policies that address services for individuals with ASD.

iv. Funding Strategy

This cooperative agreement provides multiple options that applicants can select for development and action. Component A funds surveillance of autism spectrum disorder (ASD) among 4-year-olds and 8-year-olds. Component B funds follow-up at age 16 years of children abstracted for ASD at age 8 years in 2010 and 2012. Component A is required for all applicants, while Components B is optional. The annual awards range from $525,000-$625,000 for Component A and $100,000-$150,000 for Component B.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

This section outlines evaluation and performance measures for successful implementation and outcome assessment of ADDM activities.

Evaluation and performance measurements will focus on 1) surveillance process, including training, data acquisition, cleaning, linking, and reporting, and 2) program outcomes, including efficiency improvements, community education and outreach, analyses, and dissemination of results. Outcome measures will correspond to outcomes as presented in the logic model.

CDC and recipients will use findings from these measures to: 1) ensure program implementation and continuous system improvement, 2) demonstrate achievement of program outputs and short-term outcomes, 3) provide an evidence base for potential future changes to the ADDM Network surveillance methodology, and 4) assess the usefulness, scalability, and effectiveness of community education and outreach strategies. Information will lead to improvements in implementation of current and future ADDM activities, and demonstrate progress toward reaching ADDM program goals. Findings may be disseminated to sites, the whole ADDM Network, or in publications to improve upon or report on the ADDM Network's performance in achieving strategic and scientific objectives.

Evaluation and performance measures must be tracked by sites and reported to CDC as requested. Key questions and performance measures apply to Component A (4 year and 8-year-old surveillance). Sites should track measures separately for 4 year-old and 8-year-old surveillance. Sites applying for Component B should present a plan for performance measurement of these additional components.

Key Questions and Performance Measures—

a.PROCESS questions and measures

Sites should report the following questions and measures to CDC:

Activity 1: Adhere to standardized ADDM Network methodology and case definitions

- Did site install data collection/management system within 1 month of notice of funding opportunity?
- Number of health records in tracking
- Number of education records in tracking
- Number of health records abstracted
- Number of education records abstracted
- Number (%) of records with abstraction batch edits
- Number of records assigned to clinician reviews within 2 weeks of availability of compiled record
- Number (%) of records with clinician review batch edits
- Number of clinician reviews completed

Activity 2: Renew or establish agreements for data requests and access to data sources

- Number of health data sources identified and with data use agreements in place within three months of notice of funding opportunity
- Number of education data sources identified and with data use agreements in place within three months of notice of funding opportunity
- Number of data requests received
- Number of health sources imported into data collection/management system for current surveillance year
- Number of education sources imported into data collection/management system for current surveillance year

Activity 3: Staff training and continued education

- Did project coordinator complete CDC orientation?
- Number of trained data abstractors

Activity 4: Report clean, de-identified data with vital records/census linkages to CDC

- Resolve all data edits before transmission to CDC
- Link surveillance case data to census data prior to transmission to CDC

- Link surveillance case data to birth certificate data prior to transmission to CDC

Activity 5: Conduct follow-up at age 16 years of children born in 2002/2004 who were abstracted as pending ASD cases for the 2010/2012 ADDM

- Number of health data sources identified and with data use agreements in place
- Number of education data sources identified and with data use agreements in place
- Number of children whose records were abstracted at an ADDM Network site during ASD surveillance among 8-year-old children in surveillance year 2010/2012

Activity 6: Submit at least two manuscripts based on analysis in two of three topic areas

- Number of site-led analyses proposed
- Number of site-led abstracts presented at conferences
- Number of site-led publications submitted for CDC review or publication

Activity 7: Community Education and Outreach

- Number of presentations and outreach events
- Approximate number of people reached through presentations and outreach events
- Number of new partnerships or collaborations established
- Number of "hits" to site websites containing ADDM data

Activity 8: Create and implement a strategic plan

- Strategic plan submitted to CDC within six months of notification of award

Activity 9: Complete a site evaluation plan

- Site evaluation plan developed and submitted to CDC within six months of notification of award

Activity 10: Conduct ongoing quality assurance and control activities (QA/QC)

- Number of clinician reviewers that submit reliability scoring to CDC
- Percent agreement on decision to abstract based on 10% sample
- Number of clinician reviewers meeting initial reliability
- Percent agreement for site ongoing clinician review reliability

b.OUTCOME questions and measures

Sites should report the questions and measures listed below to CDC. These questions and measures correspond to outcomes in the logic model.

Outcome 1: Improved understanding of ASD, including trends and disparities in ASD prevalence over time and by demographic factors

- Did site transmit final dataset to CDC by established deadline?

- Did site use a multiple-source methodology to conduct ASD surveillance?
- Proportion of surveillance area population living in school districts where sites have permission to access education records

Outcome 2: Strengthened ASD surveillance among 4-year-old children

- Proportion of surveillance area population of 4-year-old children for which early identification records were available

Outcome 3: Improved understanding of differences in ASD characteristics by age

- Number of analyses and submitted manuscripts addressing differences in ASD characteristics by age

Outcome 4: Stronger relationships between recipient and partners/data sources

- Number of new programs or projects resulting from ADDM network collaboration or data

Outcome 5: Increased dissemination of ADDM Network data

- Approximate number of inquiries/requests for ADDM data
- Number of submitted publications using ADDM Network data
- Number of presentations on ADDM Network data

Outcome 6: Improved reliability and efficiency of ADDM surveillance

- Does site have a written plan to address concordance rates that are at or near 80%? If yes, describe plan.
- Does site have a written plan to address clinician reliability that falls <90%? If yes, describe plan
- Did site propose methods to improve efficiency of data abstraction or clinician review? If yes, describe.

Outcome 11: Improved policies and plans that address ASD research agendas and services for children with ASD

- Is site aware of any new or updated state policies that address services for children with ASD that were informed by ADDM data? (Yes/No) If yes, describe these policies.

In addition to the activities described above, sites should participate in site-specific and all-network ADDM calls, working groups for the community report, evaluation and performance measurement, project coordination, and clinician review, and attend the ADDM bi-annual meeting.

Data Management Plan:

All sites funded under this cooperative agreement will conduct data collection for core

surveillance activities using a CDC-provided data collection and management system. CDC will provide technical support for installing the system and upgrades, and CDC will provide tools for data cleaning and closeout. At the conclusion of each surveillance cycle, data for scientific analysis will be exported from the system using a program furnished by CDC. The program strips all identifiers from sites data and creates summary tables to be used for analysis. These files are provided from all ADDM sites to CDC, and CDC appends data from all sites into a pooled analysis dataset for each surveillance cycle. These datasets are used for the combined ADDM Network prevalence report(s) for each surveillance cycle, and they are furnished to all participating sites for further analysis on special topics of interest. A subset of this dataset may be requested by outside investigators in the form of a public-use dataset containing no personally identifying information and constructed to minimize the possibility of identification of individuals. CDC and the ADDM sites will agree on which data elements to make publicly available, but it is a requirement of all federally-funded programs comply with the CDC Data Management and Sharing Policy (http://www.cdc.gov/maso/Policy/ReleasingData.pdf) to furnish data for public use, so all funded sites are required to make these data available in an established manner.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

All applicants must demonstrate their existing or potential capacity to successfully execute all proposed strategies and activities to meet the project requirements of each funding component. Applicants should address infrastructure (the applicant organization's physical space and equipment), partnership development, evaluation and performance monitoring, financial reporting, budget management and administration, personnel management (including developing staffing plans, and developing and training workforce), and expertise and experience related to all component-specific project focus areas. Furthermore, applicants must be fully capable of managing the required procurement efforts, including the ability to write and award contracts in accordance with 45 CFR Part 75.

Key capacity considerations to address in the application:

- Applicants must describe their experience related to the content area, and provide documentation of current operational capacity to conduct multiple source surveillance utilizing a record review methodology.
- Applicants must describe their resources and staffing levels for this project. The exact personnel and percentage of time allotted varies by each ADDM site. However, there are basic project staff requirements, including having actively involved Principal Investigator(s), a Project Coordinator (at least 75% effort on project), an Epidemiologist (at least 20%), Record Abstractors (at least two full-time equivalent), Clinician Reviewers (at least two part-time), and at least 15% data management/programmer support.
- Each applicant must provide evidence from the state government or governing body that they would have access to health records, if funded.

Applicants must demonstrate that they have adequate technical and facility resources to meet the project's goals, including informational technology (IT) infrastructure to utilize and maintain CDC-developed database applications. This includes the capacity to maintain a database application (e.g., SQL Server) on a local network server and the capacity to host a web-based database application through both a web server and a network data storage server.

d. Work Plan

Applicants are required to provide a work plan that provides both a high-level overview of the entire four-year period of performance and a detailed description of the first year of the award for Components A and B, as applicable. The work plan must demonstrate how the outcomes, strategies, activities, timelines, and staffing/collaborations work together. Information on performance measures should be included in the work plan.

For each component, the First-Year Work Plan should include:

- Program strategies
- Program activities
- Performance Measures
- Timeframe
- Persons responsible
- Activity completion date

For each component, the Four-Year Overview of the Project Work Plan should include:

- Intended strategies, activities, outputs, and outcomes for the entire four-year period of performance

An example work plan is shown below (for Strategy 1):

Strategy	**Activity**	**Performance Measure**	**Person Responsible**	**Timeframe**	**Activity Completion Date**
S1: Component A 4 and 8-year-old ASD Surveillance	A1: Adhere to standardized ADDM Network methodology				
	A2: Renew or establish agreements for requests for and access to BOTH health and education data sources				
	A3: Staff training and continued education				
	A4: Report clean, de-identified data with linkages to CDC				

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.

CDC will provide a standardized performance measurement template for sites to complete. Emphasis will be placed on process measures for monthly and quarterly reporting and on outcome measures for yearly and bi-yearly reporting. CDC will provide feedback on process measures during site-specific monthly calls and on aggregated (all-site) outcome measures during all-site ADDM calls and through yearly summary reports.

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

In a cooperative agreement, CDC and recipients share responsibility for successfully implementing the award and meeting identified outcomes. In order to ensure the success of the cooperative agreement, CDC will facilitate information sharing among recipients and provide technical assistance to recipients who are in full compliance with the CDC Data Management and Sharing policy and make a request.

i.Technical Assistance

CDC provides the following technical assistance to:

- Assist recipients with surveillance activities including the development of a standardized surveillance case definition and operationalization based on the collaborative use of the ADDM model by the ADDM Network.
- Provide technical consultation regarding surveillance methods including data collection and abstraction, quality assurance, evaluation, case review, analyses, and reporting.
- Share with recipients the CDC ADDM data collection systems used by the ADDM Network for tracking, abstraction, and data management for ASD and other DD

surveillance.

- Provide technical support to qualified data management/programmer staff on the standard operation of data collection systems for surveillance.
- Provide tools and guidelines for extracting de-identified data to be submitted by sites contributing to the ADDM pooled datasets.
- Compile datasets and distribute to investigators at participating ADDM sites.
- Provide updated information on relevant CDC, US Department of Health and Human Services (HHS), and other policies and regulations that affect the programs.
- Conduct initial training in surveillance procedures for abstraction, clinician review and data management personnel.
- Facilitate the initial prevalence reports from each surveillance year.
- Develop an ADDM Network strategic plan for education and outreach (at the national level).
- Provide technical assistance for the development, implementation and evaluation of site strategic education and outreach activities.
- CDC will provide technical assistance and other support to those recipients who are in full compliance with the CDC Data Management and Sharing Policy and demonstrate a request.

ii. Information Sharing among Recipients:

CDC provides the following technical assistance to:

- Facilitate the development and update of the ADDM Data Sharing Guidelines.
- Manage the ADDM data sharing proposal system. This system fosters collaboration and information sharing among sites.
- Maintain a SharePoint site which allows documents and other key project materials to be shared among sites.
- Maintain several listservs to facilitate communication among sites (e.g., Project Coordinator listserv, Abstractor listserv, Clinician Reviewer listserv).

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	UR3

UR3 Health Investigations and Assessments of Control, Prevention, and Testing Methods - Cooperative Agreements

3. Fiscal Year:	2019
4. Approximate Total Fiscal Year Funding:	$5,100,000
5. Approximate Period of Performance Funding:	$20,400,000

This amount is subject to the availability of funds.

Estimated Total Funding: $20,400,000

6. Approximate Period of Performance Length: 4 year(s)

7. Expected Number of Awards: 10

Up to 10 Component A awards and up to 2 Component B awards. Only applications that are funded under Component A will be considered for Component B funding.

8. Approximate Average Award: $600,000 Per Budget Period

Average: Component A: $600,000; Component B (optional):$125,000

9. Award Ceiling: $775,000 Per Budget Period

This amount is subject to the availability of funds.

Ceiling: Component A: $625,000; Component B (optional): $150,000

10. Award Floor: $350,000 Per Budget Period

Floor: Component A: $350,000; Component B (optional): $100,000

11. Estimated Award Date: 01/01/2019

12. Budget Period Length: 12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

The award ceiling for this NOFO is $775,000. CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

		AOR to submit applications on behalf of the organization	account before applying on grants.gov)	

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **08/17/2018**

b. Application Deadline

Due Date for Applications: **10/01/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

An informational call for potential applicants will take place on August 16, 2018, at 1:00pm Eastern Time, Toll-Free Number: 800-779-0645, Participant passcode: 5270319. Please go to https://www.cdc.gov/ncbddd/autism/addm-funding.html to download the slide presentation.

5. CDC Assurances and Certifications

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

- Complete the applicable assurances and certifications with each application submission,

name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov

- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

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

Risk Assessment Questionnaire Requirement

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. A letter of intent is requested, but not required.

The letter of intent should include the following information:

- Descriptive title of proposed project
- Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both
- Name, address, telephone number, and email address of the primary contact for writing and submitting this application
- Number and title of this Notice of Funding Opportunity (NOFO)

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

Anita Washington

CDC, National Center on Birth Defects and Developmental Disabilities

Address: 4770 Buford Highway NE, Room 4116.6, MS E-86, Atlanta, GA 30341

Telephone number: 770-488-4104

Fax: 770-488-1541

Email address: addm@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description.

Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

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

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

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and

performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

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

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

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

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

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

18. Data Management Plan

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

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

19. Other Submission Requirements

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

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

b. Phase II Review

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

i. Approach	Maximum Points:40

Approach:

Component A: (40 points)

- To what extent does the applicant's problem statement describe how the applicant's response to the NOFO will address the public health problem and support public health priorities as it relates to the jurisdictions or populations they serve? (4 points)
- To what extent does the applicant's 2-3 sentence purpose describe specifically how their application will address the problem as described in the CDC Project Description? (4 points)
- To what extent does the applicant describe the short-term outcomes for the period of performance? (4 points)
- To what extent does the applicant propose strategies and activities consistent with the logic model that demonstrate ability and intent to adhere to standardized ADDM methodology? (6 points)
- To what extent does the applicant propose appropriate community education and outreach activities consistent with the logic model? (6 points)
- To what extent does the applicant propose two site-initiated analyses consistent with the logic model? (4 points)
- To what extent does the applicant describe the specific target populations in their jurisdiction including:
- To what extent does the applicant: 1) identify a surveillance area that represents a contiguous geographic region clearly defined by county or school-district boundaries, with populations of at least 12,000 and not more than 25,000 for both 4-year-old and 8-year-old children (according to latest available postcensal estimates http://www.cdc.gov/nchs/nvss/bridged_race.htm); 2) when applicable, identify a surveillance area maintaining as much consistency with earlier 8-year-old surveillance years as possible; 3) demonstrate how their base geographic area will include a diverse population (including socio-economic, racial/ethnic or other groups (e.g., rural)); and 4) provide a written description of how the chosen geographic area compares to the state overall with respect to the same characteristics? (8 points)
- To what extent does the applicant describe how the chosen surveillance area allows for inclusion of information about children among particularly vulnerable or high-risk groups (e.g. by race/ethnicity, socioeconomic status, rural/urban) whenever possible (and as appropriate to the geographic area), such that data may be used to better understand disparities in ASD prevalence, characteristics and age at identification? (4 points)

Component B: (40 points)

- To what extent does the applicant's problem statement describe how the applicant's response to the NOFO will address the public health problem and support public health priorities as it relates to the jurisdictions or populations they serve? (5 points)
- To what extent does the applicant's 2-3 sentence purpose describe specifically how their application will address the problem as described in the CDC Project Description? (5 points)

- To what extent does the applicant describe the short-term outcomes for the period of performance that are relevant to Component B? (2 points)
- To what extent does the applicant respond to the strategies and activities consistent with Activity A5 in the logic model that demonstrate ability and intent to adhere to standardized ADDM methodology? (10 points)
- To what extent does the applicant describe how they will identify all children born in 2002/2004 who were abstracted for ASD at an ADDM Network site in 2010/2012, including the information needed to match children to health and education records in 2018/2020? (10 points)
- To what extent does the applicant describe how they will match children born in 2002/2004 and abstracted for ASD at an ADDM Network site in 2010/2012 with children living in the same counties and receiving services at health and/or education sources in 2018/2020? (8 points)

ii. Evaluation and Performance Measurement — Maximum Points:30

Evaluation and Performance Measurement:

<u>Component A:</u> (30 points)

- To what extent does the applicant describe key evaluation questions to be answered? (5 points)
- To what extent does the applicant describe required and optional/additional performance measures? (10 points)
- To what extent does the applicant describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data? (5 points)
- To what extent does the applicant describe how evaluation findings will be used for continuous program and quality improvement? (10 points)

<u>Component B:</u> (30 points)

- To what extent does the applicant describe key evaluation questions to be answered? (5 points)
- To what extent does the applicant describe required and optional/additional performance measures? (10 points)
- To what extent does the applicant describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data? (5 points)
- To what extent does the applicant describe how evaluation findings will be used for continuous program and quality improvement? (10 points)

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

Applicant's Organizational Capacity to Implement the Approach:

<u>Component A:</u> (30 points)

- To what extent does the applicant demonstrate relevant experience and capacity (management, administrative and technical) to achieve the outcomes of project? (7

points)

- To what extent does the applicant provide evidence of current operational capacity to conduct multiple source surveillance? If the currently operational system is not based on the ADDM model, does the applicant provide evidence of the system's ability to be comparable to ADDM? Does the applicant provide evidence in the form of actual prevalence results from this surveillance system in the appendices (if applicable)? (3 points)
- To what extent does the applicant provide a staffing plan and project management structure that will be sufficient to meet the outcomes of the project and that clearly defines staff roles (and provides an organizational chart)? (7 points)
- To what extent does the applicant demonstrate the capacity to maintain a SQL Server database application on a local network server and the capacity to host a web-based SQL Server database application through both a web server and a network data storage server? (3 points)
- To what extent does the applicant describe how they will collaborate with programs and organizations either internal or external to CDC (including letters of support, MOUs or MOAs) - including evidence of the ability to obtain access to key sources of data (health, education, and early intervention) that are necessary to yield an accurate estimate of prevalence and characteristics of ASD consistent with other ADDM sites? (10 points; maximum of 3 points can be awarded for access to education records in less than the full surveillance area)

<u>Component B:</u> (30 points)

- To what extent does the applicant demonstrate relevant experience and capacity (management, administrative and technical) to achieve the outcomes of project specific to Component B? (7 points)
- To what extent does the applicant provide evidence of current operational capacity to conduct follow-up of children previously abstracted for ASD at an ADDM Network site? Does the applicant demonstrate the ability to obtain the necessary records from another ADDM Network site if the applicant did not conduct ADDM Network ASD surveillance in 2010/2012 for children born in 2002/2004? (6 points)
- To what extent does the applicant provide a staffing plan and project management structure that will be sufficient to meet the outcomes of the project specific to Component B and that clearly defines staff roles (and provides an organizational chart)? (7 points)
- To what extent does the applicant describe how they will collaborate with programs and organizations either internal or external to CDC (including letters of support, MOUs or MOAs) - including evidence of the ability to obtain access to key sources of data (health, education, and early intervention) that are necessary to yield an accurate estimate of prevalence and characteristics of ASD consistent with other ADDM sites? (10 points; maximum of 3 points can be awarded for access to education sources in less than the full surveillance area)

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

The budget is reviewed, not scored – Evaluation Criteria:

The extent to which the budget is reasonable, clearly justified, and consistent with the proposed plan. Although the budget is not scored, applicants should consider the following in development of their budget: is the itemized budget for conducting the project, and justification reasonable and consistent with stated objectives and planned program activities?

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel. Components A and B will be scored separately. Only applications that are funded under Component A will be considered for Component B funding. Applications may be funded out of rank order based on proportion of education records expected to be received and on geographic diversity.

The following factors also may affect the funding decision: In order to ensure maximum U.S. coverage, no more than one application per state will be funded. If multiple applicants from the same state apply under this NOFO only the highest scoring applicant from that particular state will be selected for funding.

Review of risk posed by applicants.

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

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

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

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Awards will be announced via electronic copy of the Notice of Award (NOA) from CDC's Office of Grant Services (OGS) by January 1, 2019.

F. Award Administration Information

1. Award Notices

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

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

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

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to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act of 2006 (FFATA) requirements.

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

2. Administrative and National Policy Requirements

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

Generally applicable ARs:

- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- 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: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern
- AR-34: Language Access for Persons with Limited English Proficiency

ARs applicable to Conference Awards:

- AR-27: Conference Disclaimer and Use of Logos

Organization-specific ARs:

- AR-8: Public Health System Reporting Requirements
- AR-15: Proof of Non-profit Status
- AR-23: Compliance with 45 CFR Part 87 (faith-based organizations)

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

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	N/A	No

Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System(PMS) Reporting	Quarterly reports due April 30, 2019; August 30, 2019; December 30, 2019.	Yes

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

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

Performance Measurement

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

Evaluation

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

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

under this Agreement.

b. Annual Performance Report (APR) (required)

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

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

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;

- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and

- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.]

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

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

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

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

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as

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

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

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

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

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

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

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

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;

"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Anita Washington, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: 770.488.4104
Email: addm@cdc.gov

Grants Staff Contact

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

Ferrinnia (Toni) Augustus-High, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Rd., MS E-09

Atlanta, GA 30341

Telephone: (770) 488-2906
Email: wef9@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts

- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

Additional information that may be helpful to applicants:

http://www.cdc.gov/ncbddd/autism/index.html

The work plan and prevalence results from this surveillance system are acceptable attachments.

Project Narrative:

- Applicants applying for Component A only - maximum of 20 pages
- Applicants applying for Component A and Component B - maximum of 30 pages

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assitance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that

information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are

considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

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

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

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

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

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

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

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

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

Outcome: The results of program operations or activitIes; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.
Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.
Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period
Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities,

personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms