

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Behavioral Risk Factor Surveillance System (BRFSS): Impact in Population Health
CDC-RFA-DP20-2007
Application Due Date: 06/05/2020

Behavioral Risk Factor Surveillance System (BRFSS): Impact in Population Health
CDC-RFA-DP20-2007
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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 "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP20-2007. 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:

Behavioral Risk Factor Surveillance System (BRFSS): Impact in Population Health

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)).

New - Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP20-2007

E. Assistance Listings (CFDA) Number:

93.336

F. Dates:

1. Due Date for Letter of Intent (LOI):	**04/30/2020**
2. Due Date for Applications:	**06/05/2020**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

LOI is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The LOI must be sent via U.S. express mail, delivery service, fax, or email to:

Rosalyn Matthews

CDC, National Center for Chronic Disease Prevention and Health Promotion

4770 Buford Hwy, MS - S107-6

Atlanta, GA 30341

Telephone number: (770) 488-4588

Fax: (770) 488-5965

Email address: aii9@cdc.gov

3. Date for Informational Conference Call:

Friday, April 3, 2020. 1:00 pm - 2:00pm EST.

Join by phone

(770) 488-3600, 9209340# (Chamblee Dial-in Conference Region) (United States)	English
(855) 644-0229, 9209340# (Chamblee Dial-in Conference Region) (United States)	English

Conference ID: 9209340

Frequently asked questions for the NOFO can be found at: https://www.cdc.gov/chronicdisease/about/foa/brfss/index.htm

G. Executive Summary:

1. Summary Paragraph:

CDC announces the availability of fiscal year (FY) 2020 funds to implement CDC-RFA-DP20-2007, the Behavioral Risk Factor Surveillance System (BRFSS): Impact in Population Health. CDC established the BRFSS in 1984 with 15 states participating in monthly data collection. Since that time, the BRFSS has grown to be the only continuous, state-based health surveillance system that is conducted nationwide. The purpose of this Notice of Funding Opportunity (NOFO) is to provide financial and technical assistance to recipients to conduct health-related behavioral surveillance through the BRFSS and increase the use of BRFSS data to inform public health actions to improve health. The period of performance for this NOFO is three years with a 12-month budget period and an anticipated award date of August 1, 2020.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	57
Approximately Core and Optional 57	
Approximately Asthma Call Back 40	
d. Total Period of Performance Funding:	$70,500,000
Core and Optional Module: $66,000,000	
Asthma Call back: $4,500,000	
e. Average One Year Award Amount:	$422,500
Core and Optional Module: $385,000	
Asthma Call back: $37,500	
f. Total Period of Performance Length:	3
g. Estimated Award Date:	08/01/2020
h. Cost Sharing and / or Matching Requirements:	N

Although no statutory matching requirement for the 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

Although monitoring of health risk behaviors is conducted at the national level, these surveillance systems do not provide state-level data that public health and health care professionals need to improve population health. In addition, there is growing demand for data that corresponds with smaller, sub-state geographic areas such as metropolitan statistical areas and counties. Therefore, state and territorial (state) and sub-state level surveillance data are needed to better understand and address the health status, health risk behaviors, and health disparities within states and across the nation.

State and local governments are charged with the responsibility to protect the health of residents. Targeting health prevention efforts, evaluating those efforts to determine effectiveness and cost efficiencies and ultimately reducing health disparities and morbidity and mortality, demands high quality, valid surveillance systems. Accurate, timely surveillance information is essential to inform decision makers to guide strategic approaches to improving population health status. At the same time, there is growing demand for robust data on a variety of individual health concerns that is more responsive to time and cost constraints, particularly related to emerging public health issues or emergencies.

This NOFO will fund recipients to collect and analyze surveillance data using a sample of telephone numbers, to monitor the prevalence of health risk behaviors that are associated with chronic health problems, preventable injuries and help respond to current and emerging health threats.

While not covered in this NOFO, CDC will work with internal sponsoring programs and recipients to simplify and expedite decision making and governance, reduce the number of core questions, and reduce the time and resources needed to deliver the core questionnaire.

b. Statutory Authorities

301 of the Public Health Service Act”

c. Healthy People 2030

Data collection activities within this NOFO align with several Healthy People 2030 focus areas, including Cancer, Social Determinants of Health, Access to Health Services, and Health-Related Quality of Life and Well-Being for all Individuals. Of the Healthy People 2030 objectives, BRFSS data is used to monitor progress towards Diabetes (D-9, D-11, D13, and D-14), Disability and Health (DH-17) and Older Adults (OA-2.1 and OA-2.2) targets.

d. Other National Public Health Priorities and Strategies

This NOFO aligns with HHS Strategic Goal 4, Objective 4.1: "improve surveillance, epidemiology, and laboratory services." https://www.hhs.gov/about/strategic-plan/strategic-goal-4/index.html#obj_4_1

e. Relevant Work

The work in this NOFO will build upon previous random digit dialing collection and analysis of BRFSS as outlined in CDC-RFA-DP15-1513 to increase access to data and resources that support state and local public health prevention efforts. Other current CDC activities and Divisions that use this data include but are not limited to the Division of Population Health; Division of Nutrition, Physical Activity, and Obesity; Office on Smoking and Health; Division of Cancer Prevention and Control; Division for Heart Disease and Stroke Prevention; Division of Oral Health; Division of Diabetes Translation; Arthritis; Epilepsy; Alzheimer's Disease; Chronic Obstructive Pulmonary Disease; Asthma; and the National Center for Injury Prevention and Control.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-*DP20-2007* Logic Model: *Behavioral Risk Factor Surveillance System (BRFSS): Impact in Population Health*

Bold indicates period of performance outcome

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Actions to improve the availability, quality, and timeliness of BRFSS data collection Actions to improve dissemination, access to, and employment of quality BRFSS data to drive public health policy and programs Actions to improve	**Jurisdiction has increased access to more quality and timelier BRFSS data collected and analyzed by organizations.** Increased dissemination to health professionals and public health stakeholders to determine population health risk behaviors	**BRFSS data are used by public health organizations to identify health risk behaviors and health status of populations** BRFSS data inform development of effective prevention and disease management programs, policies, services	Increase public policy decisions that improve the U.S. population health, resulting from using BRFSS data to support public health programs

number of interviews to allow for sub state and demographic comparison	and health status Increased number of completed interviews from survey responders		

i. Purpose

The purpose of this NOFO is to provide financial and technical assistance to recipients to conduct health-related behavioral surveillance through the BRFSS and increase the use of BRFSS data to inform public health actions to improve health.

ii. Outcomes

During the period of performance, recipients are expected to implement the strategies to achieve the bolded short and intermediate outcomes outlined in the logic model.

Short term outcome:

- Jurisdiction has increased access to more quality and timelier BRFSS data collected and analyzed by organizations.

Intermediate outcomes:

- BRFSS data are used by public health organizations to identify health risk behaviors and health status of populations.

iii. Strategies and Activities

Recipients are expected to conduct the following strategies and activities for the :

Core and Optional Modules

Applying for the core and any optional modules of the applicant's choosing is required. Actions to improve the availability, quality, and timeliness of BRFSS data collection:

- Maximizing the size of the sample to achieve a sufficient cross-tabulation cell size to permit analyses by demographic categories of age, sex, race/ethnicity, education level and sub-state geography
- Ensure the range of sample sizes is based on state population. If the state population falls within the ranges below, then the state or territory is encouraged to collect the targeted sample size. If the targeted sample size is not reached, then below is the minimum acceptable sample size for weighting and inclusion in the public-use data set. See table below.

Population	Target	Minimum Sample Size
Less than 200,000	2000	1500
200,001 to 900,000	4000	2500
900,001+	6000	4000

Actions to improve dissemination, access to, and employment of quality BRFSS data to drive public health policy and programs:

- Ensuring data collection throughout the calendar year, to account for seasonal variation in health status;
- Completing a cell phone/land-line distribution of interviews that corresponds to state level phone use statistics,

Actions to improve number of interviews to allow for sub state and demographic comparison:

- Use of a Random Digit Dialing Computer Assisted Telephone Interviewing (RDD CATI)-supported interviews with over 400,000 respondents annually Providing a sample design that accounts for sub-state geography (i.e. public health districts, counties, Metro/non-metro areas).

The following strategies and activities also may affect selection and funding an applicant:

1. *Maximizing the size of the sample to achieve a sufficient cross-tabulation cell size to permit analyses by demographic categories of age, sex, race/ethnicity, education level and sub-state geography;*
2. *Ensuring data collection throughout the calendar year, to account for seasonal variation in health status;*
3. *Completing a cell phone/land-line distribution of interviews that corresponds to state level phone use statistics*

All applicants must review the scope and operations of the BRFSS which may be found at https://www.cdc.gov/brfss/data_documentation/pdf/UserguideJune2013.pdf.

This document describes the annual standard core, the biannual rotating core, optional modules and any recipient added questions for the BRFSS questionnaire.

Asthma Call-Back Survey

Applying to implement the Asthma Call Back Survey (ACBS) is optional.

Funds are available for the ACBS from the Asthma Community Health Branch (ACHB)

through the BRFSS cooperative agreement. Any applicant can apply for funds to implement the ACBS. Applicants must include both the child asthma prevalence module and random child selection module to include children in the call-back survey. The BRFSS sample size will not be increased for the ACBS. In order to produce a sufficient number of respondents for detailed analysis, it is recommended that a recipient conduct the ACBS for 2 consecutive years at the very least.

Recipients will collect in-depth information on asthma (e.g., symptoms, environmental factors, medication use) and their experiences (e.g., activity limitation, missed school or workdays, health system use, self-management education) among eligible BRFSS respondents who report ever being diagnosed with asthma. ACBS data can serve as an important resource for state's asthma prevention and intervention programs to improve populations with asthma.

Successful recipients should collect and submit the ACBS data for adults and children to the Population Health Surveillance Branch at CDC by adhering to the BRFSS/ACBS surveillance methods and protocols available at: https://www.cdc.gov/brfss/data_documentation/index.htm

The applicant should plan to cover the entire state, as only one award within a state will be funded.

1. Collaborations

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

Recipients are expected to develop and maintain collaborative relationships with other CDC-funded projects, when available within their states, to achieve the outcomes shown in the logic model. Specifically, all applicants must describe how it will share BRFSS data with the Centers for Disease Control and Prevention. If the applicant is not a State Public Health Agency, the applicant must also describe how the data will be shared with the State Public Health Agency.

These collaborations are required by applicants and can greatly increase the quality and effectiveness of BRFSS. When relevant, applicants are encouraged to document how these collaborations will assist their implementation of activities, as well as file a copy of Memorandums of Understanding (MOUs), Memorandum of Agreement (MOAs), Data Use Agreements (DUAs), or letters of support with their application if available.

Applicants must file the MOU or MOA, Data Use Agreement, or letters of support as appropriate, name the file MOUs/MOAs, DUAs, or "letters of support" and upload it as a PDF file at www.grants.gov.

In the case where the State Public Health Agency is not the applicant, the applicant must submit a description of previous and current collaborations with the State Public Health Agency and, at a minimum, should outline the roles and responsibilities that the State Public Health Agency has agreed to in writing, including:

- Level of access to specific public health data (beyond of Vital Records) necessary to complete the analysis of current BRFSS data, e.g., previous BRFSS data, to construct trend analyses
- Reporting and disseminating BRFSS findings and recommendations

- Any budgetary and/or in-kind support provided to the applicant for BRFSS efforts

Applicants should include any MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "SPHA_MOU" to www.grants.gov

b. With organizations not funded by CDC:

In the case where the State Public Health Agency is not the applicant, the applicant should submit a description of previous and current collaborations with the State Public Health Agency and, at a minimum, should outline the roles and responsibilities that the State Public Health Agency has agreed to in writing, including:

- Level of access to specific public health data (beyond of Vital Records) necessary to complete the analysis of current BRFSS data, e.g., previous BRFSS data, to construct trend analyses
- Reporting and disseminating BRFSS findings and recommendations
- Any budgetary and/or in-kind support provided to the applicant for BRFSS efforts

Applicants should include any MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named SPHA_MOU to www.grants.gov

2. Target Populations

a. Health Disparities

iv. Funding Strategy

This NOFO provides up to $23,500,000 to fund up to 57 applicants which includes $1,500,000 for the Asthma Call-back Survey.

Only one award will be made within a state or territory. Where there are multiple applicants interested in applying for this NOFO within a state or territory, we encourage coordination on a single NOFO application.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will work with recipients to develop and implement jurisdiction-specific evaluation plans and ensure accurate evaluation and performance measurement reporting.

Recipients are expected to report on the following performance measures:

- Jurisdiction has increased access to more quality and timelier BRFSS data collected and analyzed by organizations.

- Increase the number of organizations using BRFSS data to develop evidence-based, cost-effective programs and policies to address chronic health issues

Applicants are required to submit a Data Management Plan (DMP) that is as complete as possible and includes:

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

The DMP may be submitted as a checklist, paragraph, or other format. Below are DMP examples to help guide applicants in the development of the DMP:

- University of California: http://dmp.cdlib.org/
- USGS: http://www.usgs.gov/datamanagement/plan/dmplans.php
- ICPSR: http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html

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.

Applicant Evaluation and Performance Measures

In addition to performance measures, recipients will be expected to engage in some evaluation of their activities and outcomes. Evaluation plans should include process and outcome evaluation questions such as the following:

- What were the challenges and barriers in implementing each of these activities?
- To what extent has implementation and performance of these activities improved?
- To what extent did the planning process contribute to the utility of BRFSS data?

Process evaluation results will be used by CDC and recipient to monitor the extent to which planned activities were successfully completed and to inform quality improvements in questionnaire construction, data collection and submission, partnership building, data dissemination, and/or data use tracking.

Outcome evaluation results and recipient reporting on performance measures will be used to demonstrate program impact during the project period. BRFSS recipient will be required to conduct an evaluation and report on performance measures annually.

In addition, applicants must provide an overall jurisdiction-specific evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy as stated above and answers the following 8 questions:

1. To what extent has the program increased organizational capacity to support and sustain BRFSS?
2. To what extent has the program monitored the impact and performance of program activities?
3. To what extent did the program improve a sufficient number of interviews to allow for sub state and demographic comparison
4. To what extent has the program improved the availability, quality, and timeliness of BRFSS data?
5. To what extent has the program improved dissemination, access to, and employment of quality BRFSS data to drive public health policy and programs?
6. To what extent has the program conducted program marketing and outreach?
7. To what extent has the program initiated, maintained, and expanded partnerships?
8. To what extent has the program increased sound public policy decisions that improve the U.S. population health, resulting from using BRFSS data to support public health

programs

To answer these questions, CDC will use a standardized evaluation approach that all recipients will be required to follow. Recipient's will be required to 1) collect and report required process and outcome measures on a quarterly or annual basis, specified in the table below; 2) develop and implement jurisdiction-based evaluation plans and share findings with CDC if necessary; 3) participate in refining CDC's evaluation and performance measurement strategy as necessary. The following performance measures should be collected for each budget year and reported to CDC by the end of the budget year. The format for submission will be specified in post-award guidance. CDC will work with recipients in the first year of the cooperative agreement to establish and implement the required performance measures. Recipients may develop additional measures as necessary, but it is not required.

c. Organizational Capacity of Recipients to Implement the Approach

Applicant should provide a staffing plan, including an organizational chart, CVs, position descriptions and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles and reporting structure.

Applicant should demonstrate past experience managing data collection and analysis efforts at the population level ensuring the administrative, financial, and staff support necessary to sustain activities.

Applicant should show past evidence of effectively gathering, analyzing, interpreting, and using evidence-based or evidence-informed strategies.

Applicant should demonstrate experience administering and analyzing results of sub-national-level population-based surveys examining health risk and health status.

Applicant should describe their history of working with CDC or other large, national organization to collect, clean, analyze, and report population-level health status survey data.

Applicant should demonstrate recent experience collecting population-based survey data within a state or sub-national level.

Applicant should demonstrate experience maintaining, cleaning, and analyzing population-based survey data.

Applicants should file the CVs/resumes, organizational chart, and staffing plan, as appropriate, and name the file CVs/resumes, organizational chart or staffing plan and upload it as a PDF file at www.grants.gov

d. Work Plan

Applicants should develop a work plan that provides a detailed plan for the first year of the period of performance and a high-level plan for the subsequent years. Applicants should clearly describe how the sections in their work plans crosswalk to the strategies, activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative

sections of the NOFO.

Applicants who choose to apply for funding for ACBS must include it in the Work Plan.

A sample work plan format is presented below. Applicants should complete **the table for each period of performance outcome**. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

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

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of

outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

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

Technical assistance will be provided in the form of regular one-on-one monthly conference calls, a monthly all funded recipient conference call, Data collector's technical conference calls, in person and remote (webinar) trainings and presentations, Conferences, Annual questionnaire meetings, and on site and reverse site visits. This support will allow CDC to:

- Provide resources, training, technical assistance, and consultation to develop, maintain, and enhance monitoring and surveillance systems.
- Provide resources, training, and technical assistance, and consultation to support and facilitate collection and use of data.
- Maintain electronic mechanisms for information sharing, program planning, and progress reporting.
- Maintain Web sites that provide links to databases (such as the State Activities Tracking and Evaluation System and BRFSS) that contain state-specific information and comparable measures that are critical to chronic disease prevention and health promotion activities.
- Serve as a convener and resource for the continued expansion of the science base of chronic disease prevention and health promotion programs

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U58
3. Fiscal Year:	2020
4. Approximate Total Fiscal Year Funding:	$23,500,000
5. Approximate Period of Performance Funding:	$70,500,000

This amount is subject to the availability of funds.

Core and Optional Module: $66,000,000

Asthma Call back: $4,500,000

Estimated Total Funding: $70,500,000

6. Approximate Period of Performance Length: 3 year(s)

7. Expected Number of Awards: 57

Approximately Core and Optional 57

Approximately Asthma Call Back 40

8. Approximate Average Award: $422,500 Per Budget Period

Core and Optional Module: $385,000

Asthma Call back: $37,500

9. Award Ceiling: $500,000 Per Budget Period

This amount is subject to the availability of funds.

Core and Optional Module: $450,000

Asthma Call back: $50,000

10. Award Floor: $125,000 Per Budget Period

Core and Optional Module: $125,000

Asthma Call back: $30,000

Core and Optional Module plus Asthma Call back: $155,000

11. Estimated Award Date: 08/01/2020

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:

State governments
County governments
City or township governments

Special district governments
Independent school districts
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Public housing authorities/Indian housing authorities
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
For profit organizations other than small businesses
Small businesses
Others (see text field entitled "Additional Information on Eligibility" for clarification)
Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall

Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

1. Applicants must be physically located and operate in the state or territory for which work is proposed. Applicants must specifically identify the state or territory in which they will work. Applicants with locations in multiple states or territories must select one state or territory, the state or territory in which that applicant is located. Applicants must provide a statement that identifies the state or territory in which the applicant will do the proposed work. **This documentation must be labeled "Proposed Work Statement" and uploaded as a PDF file at www.grants.gov.** Applicants proposing to work in states or territories other than where the applicant is physically located and operates will be considered non-responsive and will not receive further review.

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2. CDC will not accept and review applications with budgets greater than the ceiling of the award range. Applications with budgets that exceed the ceiling of the award, which includes both direct and indirect costs, will be considered non-responsive, and will not be entered into the review process.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Although no statutory matching requirement for the 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 https://www.sam.gov/SAM/.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at

		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		(http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	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 account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated

with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **04/30/2020**

b. Application Deadline

Due Date for Applications: **06/05/2020** , 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.

LOI is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The LOI must be sent via U.S. express mail, delivery service, fax, or email to:

Rosalyn Matthews

CDC, National Center for Chronic Disease Prevention and Health Promotion

4770 Buford Hwy, MS - S107-6

Atlanta, GA 30341

Telephone number: (770) 488-4588

Fax: (770) 488-5965

Email address: aii9@cdc.gov

Date for Information Conference Call

Friday, April 3, 2020. 1:00 pm - 2:00pm EST.

Join by phone

(770) 488-3600, 9209340# (Chamblee Dial-in Conference Region) (United States)	English
(855) 644-0229, 9209340# (Chamblee Dial-in Conference Region) (United States)	English

Conference ID: 9209340

Frequently asked questions for the NOFO can be found at: https://www.cdc.gov/chronicdisease/about/foa/brfss/index.htm

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

Submission of a LOI is optional. This will allow CDC program staff to estimate the number of, and plan for, the review of submitted applications. The LOI must be sent via U.S. Priority Mail Express, fax, or email to:

Rosalyn Matthews, Team Lead, BRFSS State and Coordination Team

Department of Health and Human Services

Centers for Disease Control and Prevention

Telephone: (770) 488-4588

Email: aII9@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.

The target population for this NOFO is noninstitutionalized adult population ages 18 years of age and older. In addition, the analysis, interpretation, and utilization of BRFSS data aims to identify adult populations who may face greatest risk for chronic disease to prioritize and tailor planning and implementation of corresponding public health programs.

The Behavioral Risk Factor Surveillance Survey plays a key role in assessing health disparities among U.S. adults and targeting efficient use of resources for disease prevention and health promotion activities as well as supporting programmatic efforts.

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA
  see https://www.cdc.gov/od/science/integrity/reducePublicBurden/.

- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories

- Contractual costs
- Total Direct costs
- Total Indirect costs

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

Applicants who chose to apply for funding for ACBS must include the funding amount and justification in the line item budget and budget narrative.

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).

No research, clinical service, direct service or person-centered interventions will be supported. The overarching expectation for all activities performed through this mechanism is that of systematic, population-based efforts based in a public health model.

No funds shall be used for construction.

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.

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:25

i. Approach

Outcomes (10 points) Evaluate the extent to which the applicant:

- Presents program-specific achievable and appropriate outcomes that are consistent with the outcomes described in the CDC Project Description and logic model (2).
- Describes overall program-specific strategies and activities consistent with the CDC Project Description, logic model, and outcome and that are achievable and appropriate for the project. (3).
- Presents an approach that addresses how BRFSS data findings will be incorporated into the state or sub-national public health surveillance plan and public health strategic plan to inform state or sub-national population-based public health initiatives. (5)

Collaboration (10 points) Evaluate the extent to which the applicant:

- Adequately describes how they will collaborate with CDC-funded programs and organizations not funded by CDC, and how those collaborations will assist in achieving the NOFO period of performance outcomes. (2)
- Describes how they will share data with CDC and units of the state health department. (2)
- Describes how they will work with units of the state department of health to respond to BRFSS data processing requests and inform the state public health strategic plan. (3)
- Describes how they will coordinate and process ongoing BRFSS data analysis and interpretation requests across the state health department to ensure effective data utilization to inform public health program efforts. (3)

Work plan (5 points) Evaluate the extent to which the applicant:

- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures described in the approach. (5)

ii. Evaluation and Performance Measurement Maximum Points:25

ii. Evaluation and Performance Measurement

Evaluation Plan (25 points) Evaluate the extent to which the applicant:

- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (10)
- Describes an evaluation plan that clearly identifies key evaluation questions, type(s) of evaluations to be conducted, how and by whom data will be reported, and how evaluation and performance measurement findings will be used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (10)
- Provides an evaluation plan that is methodologically sound, demonstrates program successes, measurable impact and engages key stakeholders. (5)

iii. Applicant's Organizational Capacity to Implement the Approach Maximum Points:50

iii. Applicant’s Organizational Capacity to Implement the Approach

History of Experience (43 points) Evaluate the extent to which the applicant:

(State-specific Question Development) (5 points)

- demonstrates at least 5 years of experience leading sub-national public health surveillance question development, prioritization, inclusion, and data collection. (5)

(Directing Surveillance Plan and Strategic Plan development) (10 points)

- demonstrates at least 5 years of experience working with the state department of health to respond to public health surveillance data processing requests to inform public health program development. (10)

(BRFSS administration) (16 points)

- applicant shows evidence of at least 5 years of experience effectively gathering,

analyzing, and interpreting public health surveillance or similar data using evidence-based or evidence-informed strategies. (4)

- demonstrates at least 5 years of experience administering state or sub-national-level adult population-based public health surveys examining health risk and health status. (4)
- demonstrates at least 5 years of experience administering population-based public health survey data to each sub-national target population to accomplish activities and outcomes listed in this NOFO, and to reduce health disparities. (4)
- demonstrates at least 5 years of experience maintaining, cleaning, and analyzing population-based public health surveillance data. (2)
- demonstrates at least 5 years of experience sampling and weighting public health surveillance or similar data to improve data quality. (2)

(Outcomes- healthy policies, systems, strategic plan, population-based health programs) (12 points)

- describes the ability to improve population health related to BRFSS health risk factors by implementing strategies that inform the development or revision of health-related policies or systems. (3)
- demonstrates at least 5 years of experience leading public health surveillance plan development and implementation at the sub-national level (2)
- demonstrates at least 5 years of experience contributing to the state public health plan and chronic disease plan based on public health surveillance or similar data and developing corresponding sub-national initiatives in the state public health plan. (3)
- demonstrates at least 5 years of experience managing population level public health programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities. (2)
- demonstrates at least 5 years of experience planning, implementing, and monitoring performance and evaluating population-based public health disease programs. (1)
- demonstrates at least 5 years of experience working with state health departments to respond to BRFSS data or similar public health surveillance data processing requests within and across the state health department. (1)

Organizational Infrastructure (5 points)

- provides a staffing plan, including an organizational chart, CV's, position descriptions and project management structure that will be sufficient to meet the goals of the

proposed project and which clearly defines staff roles and reporting structure. (5)

Collaboration (2 points)

- has at least 5 years of experience working with CDC or other federal funding organizations to collect, clean, analyze, and report population-level survey data. (2)

Budget

The extent to which the applicant provides a strong justification for budget activities and whether they align closely with activities described in the work plan.

The extent to which the applicant shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes.

c. Phase III Review

All applications will be evaluated by an objective review panel. Applications for core/optional and Asthma Call back will be funded in order by score and rank determined by the review panel.

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 by the issuance of a Notice of Award. The anticipated date is Aug1, 2020.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45

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

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

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes

Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative

reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

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

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:

Rosalyn Matthews, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
BRFSS State and Coordination Team

Department of Health and Human Services

Centers for Disease Control and Prevention

Mail to: brfssnofo2020@cdc.gov

Telephone: (404) 488-4588
Email: aII9@cdc.gov

Grants Staff Contact

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

Natasha Jones, Grants Management Specialist, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
CDC Office of Financial Resources (OFR), GA

Telephone: (770) 488-1649
Email: NJones6@cdc.gov

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- 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

Required attachments include:

- Resumes/CVs
- In responding to this NOFO, applicants "Project Narrative section is expanded to a total limit of 25 pages.
- Proposed Work Statement

Optional Attachments

- MOU's
- MOA's
- DUA's
- Letters of Support

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/

grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

Assistance Listings (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 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
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