Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

CDC-RFA-CK-24-0002

04/30/2024

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-CK-24-0002. 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)

B. Notice of Funding Opportunity (NOFO) Title:

Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For purposes of this NOFO, research is defined as set forth in 45 CFR 75.2 and, for further clarity, as set forth in 42 CFR 52.2 (see eCFR :: 45 CFR 75.2 -- Definitions and *https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf*. In addition, for purposes of research involving human subjects and available exceptions for public health activities, please see 45 CFR 46.102(l) (*https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46/subpart-A/section-46.102#p-46.102(l)*).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CK-24-0002

E. Assistance Listings Number:

93.323

F. Dates:

1. Due Date for Letter of Intent (LOI):
02/14/2024
Not Applicable
Not applicable

2. Due Date for Applications:
04/30/2024
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call
ELC will hold an information webinar.
Date: February 20, 2024

Time: 3:00 PM Eastern Time (US and Canada)
Topic: Informational Webinar for ELC Cooperative Agreement (CK24-0002)
Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_dzVsHPEJRBqOqZ7HxuttPA

Or an H.323/SIP room system:
H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)
Meeting ID: 160 865 3428
Passcode: 74827076
SIP: 1608653428@sip.zoomgov.com
Passcode: 74827076

After registering, you will receive a confirmation email containing information about joining the webinar.

G. Executive Summary:

Summary Paragraph
The Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Notice of Funding Opportunity (NOFO) builds upon the program that was initiated in 1995 as one of the key activities under CDC's plan to address emerging infectious disease threats. The purpose of this NOFO is to enhance the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (and re-emerging) infectious diseases. This is accomplished by providing financial and technical resources to (1) strengthen epidemiologic capacity; (2) enhance laboratory capacity; (3) improve information systems including public health informatics goals outlined in CDC's Data Modernization Initiative; and (4) enhance collaboration among epidemiology, laboratory, and information systems components of public health departments.

a. NOFO Type:
CA (Cooperative Agreement)

b. Approximate Number of Awards
65

c. Total Period of Performance Funding:
$1,150,000,000

d. Average One Year Award Amount:
$240,000,000
Figure is estimate only.

This amount is subject to the availability of funds.

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

f. Estimated Award Date:
August 01, 2024

g. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
The goal of the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) program is to reduce illnesses, deaths, and related disparities caused by a wide range of infectious disease threats. The ELC Program provides annual funding, strategic direction and technical assistance to domestic jurisdictions for core capacities in epidemiology, laboratory, and health information technology activities. In addition to strengthening core infectious disease capacities nationwide, this cooperative agreement also supports a myriad of specific infectious disease programs.

b. Statutory Authorities
Patient Protection and Affordable Care Act (PL 111-148) (42 USC 300hh-31).

c. Healthy People 2030
The ELC supports the following activities aligned with Healthy People 2030 Topics and Objectives: Food Safety, Health Communication and Health Information Technology, Healthcare Associated Infections, Immunization and Infectious Diseases, Public Health Infrastructure, and Respiratory Diseases.

d. Other National Public Health Priorities and Strategies
Other national public health priorities and strategies are defined in individual program/project guidance.

e. Relevant Work
This ELC funding opportunity builds upon the program that was initiated in 1995 as one of the first key activities under CDC's plan to address emerging infectious disease threats. The program

has grown to become one of CDC's nationwide cooperative agreements for supporting state and local infectious disease capacity for 1) cross-cutting epidemiology, laboratory and health information systems, and 2) specific infectious disease-area Programs and Projects. This also builds upon special one-time funding allocations (e.g., COVID-19) that helped to enhance epidemiology, laboratory, and health information systems to specific disease and health threats.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Abbreviated ELC Logic Model provided below. See Attachments for complete ELC Logic Model.

Strategies	**Short-Term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**
Enhance and sustain a highly skilled, diverse workforce	• Assess public health workforce needs and build workforce capacity • Conduct timely investigations	More effective and integrated public health workforce better prepared to respond to infectious disease threats	More timely, complete, and effective investigation efforts to: • Respond to outbreaks • Investigate outbreaks • Implement control measures
Improve surveillance, reporting, investigation, preparedness, and response	Conduct surveillance and analyze, compile, and disseminate data	Improved understanding of the epidemiology and incidence of infectious diseases, including for people who are at increased risk	Improved use of data to: • Inform public health response and control • Develop and implement public health best practices and/or guidelines • Inform program and policy development
Strengthen laboratory testing for surveillance, detection, preparedness, and response	Utilize modern laboratory techniques for surveillance, detection, and response	Improved surveillance resulting in: •Improved completeness, accuracy, and representativeness of data •Increased use of data and	Reduced morbidity, mortality, and health disparities of infectious diseases

		distribution to public health partners, communities, and other types of partners	
Enhance coordination and collaboration among laboratory network partners	Improve AMD capacity in state and local health departments	Expanded and improved PHL core and surge testing capacity	
Sustain and enhance health information systems, electronic data exchange, and an enterprise infrastructure in line with data modernization efforts	Identify and assess gaps and inefficiencies in public health lab (PHL) operations	Improved efficiency of laboratory operations	
Enhance coordination among epidemiology, laboratory, and health information systems	Improve coordination between PHLs and their partners	Improved operational efficiency between PHLs and their network partners	
Support collection, use, and reporting of actionable data, including data to advance health equity	Increase interoperability and data exchange between public health and key partners	Progression toward development of enterprise infrastructure and shared services	
Implement public health interventions and tools	Integrate surveillance information systems to meet public health needs		
Inform policies using a health equity lens	Develop and implement strong public health interventions, tools, and policies using a health equity lens	Increased awareness of protective actions	
Engage and sustain key partnerships	Engage and sustain multi-level and community partnerships		
Disseminate relevant public health information	Ensure timely, accessible communications and outreach tailored for diverse populations		

i. Purpose

The purpose of this NOFO is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (or re-emerging) infectious diseases. The ELC program is an essential component of CDC's funding strategy to support state, local, and territorial health departments to address infectious disease threats in the U.S.

ii. Outcomes

As reflected in the ELC Logic Model, recipients are expected to show measurable progress, made toward the outcomes for this five-year period of performance. Each of ELC's Programs and Projects focuses on one or more of these outcomes; and are specified in the 'Outcomes' section of the respective guidance.

iii. Strategies and Activities

Note that each Program/Project has a separate guidance (identified below) which details strategies, activities, and other key criteria. The preparation of your response to this NOFO, a subsequent implementation and monitoring/evaluation of funded activities must be coordinated via an ELC Governance Team. All ELC recipients are required to maintain an active ELC Governance Team comprised of a Project Director (PD) and representatives from epidemiology, laboratory, health information systems, and fiscal (the PD may serve as a representative for one of these areas). Representative's positions on the Governance Team may be within the organization to make strategic recommendations and decisions about the activities supported with ELC resources. Members are expected to communicate with other staff regarding various aspects of ELC activities within the jurisdiction.

The framework of the ELC Cooperative Agreement is organized into three major sections of content:

Section I: Cross-cutting Emerging Infectious Disease Capacity, Systems and Leadership

A. Cross-Cutting Epidemiology and Laboratory Capacity

B. ELC Leadership, Management and Administration

C. Health Information Systems Capacity

D. Advanced Molecular Detection (AMD)

E. National Wastewater Surveillance System

F. Emerging Issues

Section II: Emerging Infectious Disease Programs

G. Enteric, Foodborne, Waterborne, and Zoonotic Diseases: Surveillance, Detection, Response, Reporting, and Prevention

H. Healthcare-associated Infections (HAI) and Antimicrobial Resistance (AR)

I. Antimicrobial Resistance Laboratory Network (AR Lab Network)

J. Enhanced Surveillance of Vaccine Preventable Disease (VPD) and Respiratory Diseases

K. Vector-borne Diseases and Tick-Associated Conditions: Building Comprehensive Programs to Identify, Diagnose, Report, Prevent, and Respond

Section III: Disease-Specific Projects

L. Prion Surveillance

M. Mycotics: Detecting and Preventing Fungal Infections

N. Binational Border Infectious Disease Surveillance (BIDS) Program

O. Global Migration, Border Interventions and Migrant Health

P. Parasitic Diseases Surveillance

Q. Combating Antimicrobial Resistant Gonorrhea and Other STIs (CARGOS)

R. Rabies Surveillance and Laboratory Capacity

S. Surveillance for Emerging Threats to Pregnant People and Infants Network (SET-NET)

T. Human Papillomavirus Surveillance Among Men

U. HIV Centers for Cluster and Outbreak Response Enhancement (HIV C-CORE)

As described above, ELC is a complex Cooperative Agreement with cross-cutting and large infectious disease programs, as well as a number of disease-specific projects. Within each program or project section, the activities will be grouped by key strategies that link back to the mid- and long-term outcomes (see below and Logic Model in Section 2.a). Programs and Projects will vary in the number of strategies applied, and specific activities associated with these strategies are described in the program and project attachments within this NOFO.

A. Surveillance, Detection and Response

1a: Enhance and sustain a highly skilled, diverse workforce

1b: Improve surveillance, reporting, investigation, preparedness, and response

1c: Strengthen laboratory testing for surveillance, detection, preparedness, and response

1d: Enhance coordination and collaboration among laboratory network partners

1e: Sustain and enhance health information systems, electronic data exchange, and an enterprise infrastructure in line with data modernization efforts

1f: Support collection, use, and reporting of actionable data, including data to advance health equity

B. Prevention and Intervention Strategies

2a: Implement public health interventions and tools

2b: Improve policies using a health equity lens

C. Coordination and Partnerships

3a: Engage and sustain key partnerships

3b: Disseminate relevant public health information

1. Collaborations

Internal coordination for effective ELC portfolio management

Since 2012, all ELC recipients are required to operate under a governance structure for the management and oversight of the portfolio of ELC activities in their jurisdiction. All ELC recipients are required to maintain an active ELC Governance Team comprised of a Project Director (PD) and representatives from epidemiology, laboratory, health information systems, and fiscal (the PD may serve as a representative for one of these areas). Representative's positions on the governance team may be within the organization to make strategic recommendations and decisions about the activities supported with ELC resources. Members are expected to communicate with other staff regarding various aspects of ELC activities within the jurisdiction. Additionally, and for this new period of performance, there is an expectation that the Governance Team designate a member to work with the Senior Advisory Committee (described in next section).

The role of this Governance Team is to work together to assure sufficient and appropriate oversight and integration of the ELC Cooperative Agreement planning and implementation.

a. With other CDC programs and CDC-funded organizations:
Funding to support the ELC portfolio should complement and be closely coordinated with other CDC programs (e.g., Emerging Infections Program (EIP), Public Health Emergency Preparedness (PHEP), and Public Health Infrastructure Grant (PHIG), etc.) which also provide resources for improving surveillance, preparedness, and response to infectious diseases.

Furthermore, ELC recipients must coordinate with their Senior Advisory Committee, which is described in the Public Health Emergency Preparedness (PHEP) NOFO CDC-RFA-TU-24-0137 and where recipients are required to "describe plans for establishing and maintaining a jurisdictional Senior Advisory Committee or an equivalent entity." This concept and requirement for collaboration is (or will be) referenced in other CDC "Infrastructure" Cooperative Agreements such as the Public Health Infrastructure Grant (PHIG) and Preventive Health and Health Services Block Grant. The Senior Advisory Committee may consist of senior officials from governmental and non-government organizations. The committee's purpose is to enhance the integration of disciplines involved in homeland security, health care, public health, behavioral health, environmental health, emergency management and emergency medical services, and to oversee resource coordination and alignment across federal resources. The advisory committee must include representatives who can facilitate collaboration on plans for key preparedness funding streams, including Public Health Emergency Preparedness (PHEP), Epidemiology and Laboratory Capacity (ELC), and Public Health Infrastructure Grant (PHIG). ELC is asking each recipients' Governance Team to designate a member of the Governance Team, or staff outside the Governance Team with appropriate authority, to coordinate and collaborate with this Senior Advisory Committee.

Each Program or Project has its own description of required or suggested collaborations if applicable. This information may be found in each of the specific attachments.

b. With organizations not funded by CDC:
The financial assistance provided under the ELC cooperative agreement is limited and inadequate to cover the health department capacity needs in a given budget period. When resources are sufficient, the lack of a standard approach prevents ELC from implementing activities at the local level. Another approach to local support can be through direct assistance such as having State Health Department staff dedicated to provide outbreak support or assistance with community outreach or partnership building at the local level. Regardless of the type of

support (fiscal, direct, combination), the goal is for ELC recipients to actively provide leadership, support and collaborate with the LHDs within their jurisdictions. ELC recipients should be able to report on how this support is being provided and demonstrate the benefit to the LHD and populations they serve.

Where appropriate, ELC recipients are encouraged to coordinate with tribal nations while acknowledging and respecting tribal sovereignty. ELC recipients should describe how they support tribes in areas such as testing, data sharing, and providing technical assistance with surveillance or outbreaks. Coordination and collaboration with tribal nations and the federal government should also aim to understand and address public health issues on tribal lands within the recipient geographic area.

Each program or project that appears in Part II of this NOFO has its own program guidance that provides collaboration (if applicable) information specific to that CDC program.

2. Population(s) of Focus

Each program or project that appears in Part II of this NOFO has its own program guidance that provides a population of focus (if applicable) specific to that CDC program.

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

a. Health Disparities

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

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

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

ELC strongly encourages recipients to prioritize understanding the drivers of health inequities in their jurisdictions, and recipients should use their funding to reduce inequities as they address existing and emerging infectious diseases within their respective jurisdictions. Recognizing there are many local strategies, activities, and approaches to advance health equity, ELC recipients have a unique role in advancing health equity within this body of work. ELC recipients are expected to coordinate and collaborate within and external to their agency to assess and understand health inequities and take action to reduce them.

The ELC-funded recipients, which are comprised of state, large local, and U.S. territory and affiliate health departments, serve as the foundation for our national public health infrastructure. Incorporating health equity-centered language, principles, and practices into ELC work is a fundamental step toward further strengthening the infrastructure necessary to protect the health of the overall population, including those in areas where the social vulnerability is high (e.g., rural areas, geographic locations experiencing inequities due to climate change or overall infectious disease).

iv. Funding Strategy

(Amounts and awards are per year averages.)

Section I: Cross-cutting Emerging Infectious Disease Capacity, Systems and Leadership

A. Cross-Cutting Epidemiology and Laboratory Capacity; $24,000,000 per year; 65 awards

B. ELC Leadership, Management and Administration; $5,800,000 per year; 65 awards

C. Health Information Systems Capacity; $28,000,000 per year; 65 awards

D. Advanced Molecular Detection (AMD); $4,000,000 per year; 65 awards

E. National Wastewater Surveillance System; $6,000,000 per year; 20 awards

F. Emerging Issues; $TBD; TBD awards

Section II: Emerging Infectious Disease Programs

G. Enteric, Foodborne, Waterborne, and Zoonotic Diseases: Surveillance, Detection, Response, Reporting, and Prevention; $33,000,000; 58 awards

H. Healthcare-associated Infections (HAI) and Antimicrobial Resistance (AR); $15,400,000; 65 awards

I. Antimicrobial Resistance Laboratory Network (AR Lab Network); $15,300,000; 65 awards

J. Enhanced Surveillance of Vaccine Preventable Disease (VPD) and Respiratory Diseases; $16,700,000; 60 awards

K. Vector-borne Diseases and Tick-Associated Conditions: Building Comprehensive Programs to Identify, Diagnose, Report, Prevent, and Respond; $14,000,000; 60 awards

Section III: Disease-Specific Projects

L. Prion Surveillance; $500,000; 6 awards

M. Mycotics: Detecting and Preventing Fungal Infections; $1,000,000; 40 awards

N. Binational Border Infectious Disease Surveillance (BIDS) Program; $1,200,000; 4 awards

O. Global Migration, Border Interventions and Migrant Health; $150,000; 2 awards

P. Parasitic Diseases Surveillance; $404,000; 11 awards

Q. Combating Antimicrobial Resistant Gonorrhea and Other STIs (CARGOS); $13,000,000; 20 awards

R. Rabies Surveillance and Laboratory Capacity; $200,000; 20 awards

S. Surveillance for Emerging Threats to Pregnant People and Infants Network (SET-NET); $8,000,000; 26 awards

T. Human Papillomavirus Surveillance Among Men; $375,000; 3 awards

U. HIV Centers for Cluster and Outbreak Response Enhancement (HIV C-CORE); $6,900,000; 9 awards

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

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)

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 within the first 6 months of award, as described in the Reporting Section of this NOFO.

If needed, ELC will work with recipients during the first six months of the period of performance to finalize an evaluation and performance measurement plan to monitor the progress of the activities implemented and outcomes achieved. Each ELC Program or Project attachment illustrates its specific requirements for the NOFO.

Performance measures included throughout this NOFO and guidance are representative and may not be final at the time of NOFO publication. Please see the CK24-0002 Performance Measure Guidance document for all final measures and descriptions.

d. Work Plan

Each Program or Project for which the applicant is applying (see Part III) must include a Work Plan. Work Plans should be detailed and should focus on the first year of the period of performance with only a high-level plan for subsequent years. Work Plans should demonstrate alignment among the outcomes, strategies, activities, timelines, and staffing/collaborations. Additional information on performance measures, data sources, and population of focus can also be included. (Note: recipients will incorporate this Work Plan into their Approach for each ELC project they are applying for. See Program and Project Attachments).

c. Organizational Capacity of Recipients to Implement the Approach

The successful ELC recipient must have a demonstrated core organizational capacity in order to effectively conduct the activities for which awards are made. This organizational capacity includes skill sets such as program planning and performance management, partnership development, evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management (including developing staffing plans, developing and training workforce and developing a sustainability plan). Applicants also must be fully capable

of managing the required procurement efforts, including the ability to write and award contracts in accordance with 45 or 74 C.F.R.

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.

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including Work Plans, progress, program performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for 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 resources.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

ELC Cooperative Agreement Management Platform (CAMP) or other systems may be utilized for the programmatic documentation of performance.

B. Award Information

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

2. Award Mechanism:
U51

3. Fiscal Year:
2024

Estimated Total Funding:
$240,000,000

4. Approximate Total Fiscal Year Funding:
$240,000,000
This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$1,150,000,000

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

7. Expected Number of Awards:
65

8. Approximate Average Award:

$3,538,462
Per Budget Period

Figure is estimate only.

This amount is subject to the availability of funds.

9. Award Ceiling:
$0
Per Budget Period

None.

10. Award Floor:
$0
Per Budget Period

None.

11. Estimated Award Date:
August 01, 2024

12. Budget Period Length:
12 month(s)

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

13. Direct Assistance
Direct Assistance (DA) is available through this NOFO.

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

Government Organizations:

State (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

2. Additional Information on Eligibility

To maximize the impact of available funding, the ELC program has chosen to leverage the legislative authorities associated with this funding to limit recipients to those meeting the population thresholds described below. Working with recipients of sizeable populations allows ELC to take advantage of economy of scale in implementing programs and reducing the marginal cost of additional resources added per population served. This strategy allows ELC to

reach the greatest number of people for its budget while also balancing the need for direct support to some of the United States' largest cities and counties.

Pursuant to 42 USC 300hh-31, eligible applicants include:

1. The 51 State health departments or their bona fide agents, including the District of Columbia.
2. Local health agencies or their bona fide agents, if they serve a city population of 1.5M or more (i.e., Chicago, Houston, New York City, Philadelphia). If the city does not have a public health department, then the county covering the jurisdiction may apply (i.e., Los Angeles, CA covered by Los Angeles County and Phoenix, AZ covered by Maricopa County).
3. All US territories and affiliates in the Caribbean and Pacific (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, and US Virgin Islands).

*Population for county and city jurisdictions. Source: U.S. Census Bureau, Population Division - Annual Estimates of the Resident Population for Counties in the United States: April 1, 2020, to July 1, 2021 - Release Date: March 2022.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

5. Maintenance of Effort

D. Application and Submission Information

1. Required Registrations

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

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

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number associated with your organization's physical location prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned through SAM.gov registration. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds.

b. System for Award Management (SAM):

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

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

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

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

2. Request Application Package

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

3. Application Package

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

02/14/2024
Not applicable

b. Application Deadline

Due Date for Applications 04/30/2024

04/30/2024
11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Informational Conference Call
ELC will hold an information webinar.
Date: February 20, 2024

Time: 3:00 PM Eastern Time (US and Canada)
Topic: Informational Webinar for ELC Cooperative Agreement (CK24-0002)
Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_dzVsHPEJRBqOqZ7HxuttPA

Or an H.323/SIP room system:
H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)
Meeting ID: 160 865 3428
Passcode: 74827076
SIP: 1608653428@sip.zoomgov.com
Passcode: 74827076

After registering, you will receive a confirmation email containing information about joining the webinar.

5. Pre-Award Assessments

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

Is a LOI:
Not Applicable

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

Multi-component NOFOs may have a maximum of 15 pages for the “base” (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for

Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. 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.

The ELC application must be written according to the following outline. The entire application should contain a single, overarching ‘Background & Overview’ (see section A below, for more detail). Applications for each ELC program or project must contain a complete ‘Project Approach’ narrative that includes a problem statement, justification, and applicant capacity (see section B below, for more detail). Each Program/Project Narrative must be succinct, easily understood, and in the order outlined in this section (which will be reflected in the application templates applicants will use which the ELC Program will distribute). The narratives must address outcomes and activities to be conducted over the next budget period, but should also address the entire period of performance as identified in the CDC Project Description sections.

A. Background & Overview (Only one per application)**:** Applicants must provide a description of relevant background information that includes the context of the problem. Specifically:

I. **Applicant Overview and Main Challenges**: Provide information on the population size of the jurisdiction under the applicant's authority, demographic characteristics, and morbidity and mortality related to infectious diseases (e.g., priority infectious diseases in the jurisdiction).

II. **Structure and Organization:** Provide an overview of the structure of applicant’s health department (e.g., centralized, decentralized, hybrid) and where leadership involved in this ELC Cooperative Agreement reside within the health department’s structure and describe the current process for supporting local public health concerns (including tribal governments within the jurisdiction, if applicable) and associated health departments. Next, describe challenges or limitations expected across organizational (especially as it relates to the integration of epidemiology, laboratory and health information systems), fiscal, administrative, and/or programmatic areas. Also include actions to overcome these challenges, to achieve full implementation of the activities proposed in this application. This could include references to resources being requested through ELC's ‘Leadership, Management and Administration’ Project. Describe plans to ensure adequate planning and implementation of activities (e.g., hiring, contracting, procurement, collaborations, etc.) are quickly executed with rigorous tracking and oversight to avoid delays and reduce the potential for unobligated funds remaining at the end of the budget and period of performance.

III. **ELC Program Leadership, Governance, Integration, and Tracking and Reporting:**

a. **ELC Governance Team:** Each recipient shall maintain an active ELC Governance Team that consists of five (5) individuals who have leadership roles for the health department in epidemiology, laboratory, and health information systems (i.e., one person representing each area); plus the Project Director (PD) if the PD is someone other than one of the three above individuals (the Team thus will include 3 or 4 persons). The fifth position is the Financial Lead who oversees the use and accounting of funds awarded under the ELC Cooperative Agreement. Persons appointed to the Governance Team should have authority over their respective areas (e.g., the State Laboratory Director, State Epidemiologist, IT/Informatics Director or persons specifically designated and empowered by these authorities). The required role of this Team is to work together to assure sufficient and appropriate oversight and integration of epidemiology, laboratory, and health information systems in the recipient's ELC planning and implementation of the portfolio.
    i. List the ELC Governance Team members, including name, position/title, and contact information.
    ii. Provide as an attachment to this application, Statement of the ELC Governance Team, signed by all Governance Team members, explicitly stating their agreement to serve on the team and confirming their understanding and support of the overall content of the application.
        1. Epidemiology, laboratory, and health information systems integration. For the FY 2024-2029 Period of Performance, provide a plan to document efforts to maintain and/or strengthen epidemiology, laboratory and health information systems integration. Include a clear description of the process for engaging the recipient's ELC Governance Team during the course of the ELC period of performance for general oversight, planning, review and agreement on annual continuation applications, review and agreement on significant ELC process actions (e.g., redirection, and supplemental requests, etc.) This should include periodic regular meetings of the Governance Team to discuss ELC plans, activities, awards, progress report, evaluation and performance measures, etc. Strong applications will include the shared decision-making process of the ELC Governance Team. Plan to make the Governance Team available for quarterly conference calls with CDC ELC staff.

b. **Local engagement:** CDC's ELC Cooperative Agreement depends upon health departments working with local partners to meet local needs and for larger health departments to request resources for local entities (usually local health departments) within their jurisdictions. In this section, please provide a plan for 'meaningful engagement' of local health entities within your jurisdiction. This plan should include the following components:

NOTE: Please see Section H. Other Information for additional language and instructions related to item b. Local engagement.

III. **Programs/Projects:** List of the Program/Project component activities being addressed in the application.

IV. **Success Stories**: Please provide stories, using the ELC Success Story template available in ELC CAMP, to capture recent accomplishments that highlight the impact of the ELC Cooperative Agreement in the jurisdiction. They will be used to educate stakeholders, decision makers, and policymakers about the impact of ELC.

B. Project Approach (for each ELC Program or Project):

I. **Problem Statement:** Applicants must describe core information around the needs within the recipient's jurisdiction or populations being served relative to the specific ELC Program or Project. The core information must help reviewers understand how the applicant's response to the NOFO will address the public health problem and support public health priorities. (See CDC Project Descriptions.)

II. **Justification:** Explain the importance of the proposed activities, including why its implementation would address specific gaps mentioned in the 'Problem Statement', and advance and/or improve public health in the recipient's jurisdiction. For each ELC Program or Project applied for, applicants must provide a clear and concise description of the strategic approach they will use to achieve the period of performance outcomes.

III. **Applicant Capacity:** Provide information on the jurisdiction's population size, demographic characteristics, and morbidity and mortality related to infectious diseases (e.g., priority infectious diseases in the jurisdiction). Provide an overview of the structure of jurisdiction's health department (e.g., centralized, decentralized, hybrid) and where leadership involved in this ELC Cooperative Agreement reside within the health department's structure and describe the current process for supporting local public health concerns (including tribal governments within the jurisdiction, if applicable) and associated health departments. Next, describe challenges or limitations expected across organizational (especially as it relates to the integration of epidemiology, laboratory, and health IT), fiscal, administrative, and/or programmatic areas in the jurisdiction. Also include measures to overcome these challenges, to achieve full implementation of the activities proposed in this application. This could include references to resources being requested through ELC's new 'Leadership, Management and Administration' project. Describe plans to ensure adequate planning and implementation of activities (e.g., hiring, contracting, procurement, collaborations, etc.) are quickly executed with rigorous tracking and oversight to avoid delays and reduce the potential for unobligated funds remaining at the end of the budget and period of performance.

For State applicants, please describe the engagement with local health departments that will assist in achieving goals described earlier in this narrative (including tribal governments within the jurisdiction, as applicable). This discussion should include information on how collaboration between the state health department and the local health departments will help assess and mitigate gaps; including needs related to financial and technical assistance available from ELC that could be requested for the local health department by the state.

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 problem as described in the CDC Background section.

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Population(s) of Focus and Health Disparities

Applicants must describe the specific population(s) of focus in their jurisdiction and explain how to achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Population(s) of Focus and Health Disparities requirements as described in the CDC Project Description, including (as applicable to this award) how to address health disparities in the design and implementation of the proposed program activities.

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

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.

Applicants should include the following detail on implementation plans for each ELC Program or Project activity:

1. Purpose: Describe in 2-3 sentences specifically how the Work Plan will address the problem as described in the component Program's or Project's 'Problem Statement'. Outcomes: Clearly identify the expected outcomes to be achieved by the end of the period of performance. Refer to outcomes listed in the component Program's or Project's 'Outcomes' section.
2. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (i.e., increase, decrease, maintain, complete). (See the program Logic Model in the overall Approach section of the CDC Project Description.) In addition to the period of performance outcomes required by CDC, applicants should include any additional outcomes they anticipate.
3. Milestones: For each ELC Program or Project applied for, applicants must provide a clear and concise description of the period of performance milestones. Briefly introduce the activity(ies) being proposed and describe what the expected outputs (e.g., milestones) and outcomes will be over the first 12-month budget period. Also provide a brief discussion of what will be achieved (i.e., expected outputs and outcomes) over the entire five-year period of performance. (See CDC Project Description: Strategies and Activities section.) Finally, include a Work Plan (described in detail below Section D. Application and Submission Information; Section 11: Work Plan)
4. If applicable, describe collaborations with programs and organizations either internal or external to CDC and describe the extent to which the strategies and activities will target specific population(s) in their recipient's jurisdiction.

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health

Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation or reaccreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern 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. These goals may include supporting vital records offices participating in the Vital Records and Health Statistics Accreditation Program, certifying vital records offices to meet industry standards. 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; provide financial assistance to support accreditation related fees and/or support staff time to coordinate accreditation activities; or support vital records improvement efforts, as approved by CDC.

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

Applicants must submit a discrete and separate itemized budget and budget narrative for each ELC Program or Project they are applying for. 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.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: Budget Preparation Guidelines (cdc.gov).

Applicants must submit a Budget Summary. Please name this file 'Budget Narrative Summary' and upload it as a PDF file at www.grants.gov. A detailed Budget request and accompanying justification should be submitted. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file 'Indirect Cost Rate' and upload it at www.grants.gov.

13. Employee Whistleblower Rights and Protections

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

13a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

13b. 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.

13c. Data Management Plan

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

14. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on anti-lobbying restrictions for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

ELC recipients may use funds to ensure state, tribal, local, and territorial employees funded by CDC grant or cooperative agreement awards are adequately trained and prepared to effectively participate in jurisdictional emergency response activities.

15. Intergovernmental Review

This NOFO is not subject to executive order 12372, Intergovernmental Review of Federal Programs. No action is needed.

16. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity atwww.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. Application attachments can be submitted using PDF, Word, or Excel file formats. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt whenwww.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 bywww.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or review the Applicants section on www.grants.gov.

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service atwww.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 thatwww.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call thewww.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by 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

NOFO reviewers will follow CDC's merit review process by evaluating eligible and responsive applications in accordance with the criteria below. Reviewers may be external to the federal government (non-federal personnel), federal personnel, or a mix of federal and non-federal personnel.

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:** 0

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

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

Budget **Maximum Points:** 0

Background and Overview **Maximum Points:** 20

Each applicant will be required to provide a single Background and Overview narrative for their overall application, refer to Section D10. Project Narrative for specific requirements.

Problem Statement and Justification **Maximum Points:** 40

Applicants will be required to provide a Problem Statement and Justification narrative for **each Program or Project** applied for, Refer to Section D10. Project Narrative for specific requirements.

Applicant Capacity **Maximum Points:** 40

Applicants will be required to provide Applicant Capacity narrative for **each Program/Project** applied for. Refer to Section D10. Project Narrative for specific requirements**.**

A merit review utilizing subject matter experts will be conducted to evaluate complete and responsive applications according to the criteria listed in the three broad sections above. The review will be conducted by subject matter experts from programs across the agency.

Eligible applicants will receive some level of funding. Additional information regarding the level of support provided can be found in each Program or Project Attachment under "Funding Strategy".

Budgets will be reviewed but not scored.

c. Phase III Review

Based on each Program or Project's funding availability, financial assistance will be awarded based on the strength of the application.

Additional information regarding the level of support provided can be found in each Program or Project Attachment under "Funding Strategy".

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically of CDC's intent to fund.

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 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 review of risk may impact reward eligibility.

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.

Additionally, we may ask for additional information prior to the award based on the results of the CDC's risk review.

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 communicated by the CDC Office of Grants Services via official Notice of Award to be released August 1, 2024.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The

NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

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

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

2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at https://www.cdc.gov/grants/additional-requirements/index.html.

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

AR-9: Paperwork Reduction Act

AR-10: Smoke-Free Workplace

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

AR-14: Accounting System Requirements

AR-24: Health Insurance Portability and Accountability Act

AR-25: Release and Sharing of Data

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

AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973

AR-33: Plain Writing Act of 2010

AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)

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

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the period of performance. Also, reporting is a requirement for

recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

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

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	Please refer to Section A.2.b. Evaluation and Performance Measurement of this NOFO for guidance on performance measurement.	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	Please see each Program/Project specific performance measure section for additional guidance (see Attachments).	Yes
Federal Financial Reporting Forms	Annual FFR due 120 days after the end of the budget period	Yes
Final Performance and Financial Report	120 days after the end of the period of performance	Yes
Payment Management System		No

(PMS) Reporting		

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

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

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching specific populations or achieving expected outcomes).

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).

• The frequency that evaluations will be conducted.

• How evaluation reports will be published on a publicly available website.

• How evaluation findings will be used to ensure continuous quality and program improvement.

• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).

• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later 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 recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 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.

Performance Measure Reporting is **required**.

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

Beginning in budget period 2, an interim FFR (or approved equivalent) that illustrates the projected amount of unobligated funds at the end of the budget period is required to be submitted with the continuation application.

e. Final Performance and Financial Report (required)
The Final Performance Report is due 120 days after the end of the period of performance. The Final FFR is due 120 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

Details of Final Performance and Financial Report will cover the above items, and will be required to be submitted on ELC Templates.

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

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

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1)

information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $30,000.

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

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

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

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

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Jason

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

Address:
1600 Clifton RD NE

Atlanta, GA 30333

Telephone:
404-639-4577

Email:
JNSnow@cdc.gov

Grants Management Office Information

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

First Name:
Karen

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

Address:

Telephone:

Email:
KZion@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** that can be uploaded as a PDF, Word, or Excel file format as part of their application at www.grants.gov. Applicants may not attach

documents other than those listed; if other documents are attached, applications will not be reviewed.

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

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

Position descriptions

Letters of Support

Organization Charts

Indirect Cost Rate, if applicable

Bona Fide Agent status documentation, if applicable

Continued text from D. Project Narrative, item A. III. b. Local engagement. This plan should include the following components:

i. **Current support for Local Public Health**: Provide a brief description of how your state or territorial health department supports public health at the local level. In particular, the ELC is interested in active efforts to strengthen local capacity. For example, does your jurisdiction assist locals in providing community outreach and education and/or help with investigating and tracing cases, clusters and outbreaks? How does your state or territorial health department manage infectious disease reporting systems that locals utilize?

ii. **Assessment of local capacity and gaps:** Explain how you learn, or will learn, about local needs. How will your health department prioritize those needs for attention, including with resources available through this cooperative agreement? Please include unmet needs that are highest priority and could be met with additional resources, and is there additional support you could provide without additional resources? How do you plan to stay up-to-date on local needs, and how will this be a partnership between local entities and your jurisdiction's overall public health infrastructure? How will these needs and gaps be analyzed and communicated, including back to ELC?

iii. **Communications strategies:** Please provide a plan that will sustain, and enhance, communications between your health department and local public health. For example, "Roadshows" where state staff travel to local entities to build relationships and share

information could be a useful tool in some environments. What types of meetings (whether "in-person" or virtual) will you maintain or establish with your local entities, and how will you ensure they are well-attended and meaningful/effective?

iv. **Data sharing strategies:** Beyond sharing routine communications in meetings, what types of data pipelines can be established or enhanced so that local entities may be empowered with meaningful public health data that is actionable on the local level? These data could come from surveillance systems, analyses, laboratory data, etc. How will you handle issues around data integrity, timeliness, confidentiality, etc.?

v. **Providing available resources:** If additional financial resources (cross-cutting or otherwise) became available, and at a sufficient level, describe a plan to resource locals (either directly through financial assistance or indirectly through, for example, regional epidemiologists or lab support) based upon the "assessment of local capacity and gaps" previously described. If financial resources are to be transferred, please explain the mechanism(s) that would be used (i.e., contracts, reimbursement system, etc.).

vi. **Assessing Progress and Impact:** Since each jurisdiction is unique, it is difficult to rely on a single measure to demonstrate the impact of ELC activities. Therefore, ELC is asking each recipient to develop a single indicator to report to ELC, on an annual basis, assessing the recipients' meaningful engagement. Ninety (90) days post-award, ELC Project Officers will work with each recipient to review their "local engagement plan".

Note on Budget: Ensure that your budget justification contains requests for resources needed to successfully implement this local engagement plan. Although section iv. *Providing Available Resources* may require a large resource allocation to fully resolve the needs and gaps identified, your plan should request needs to fully conduct local needs assessments and communication of those needs. Likewise, ensure you include costs related to proposals for activities such as "roadshows" and in-person meetings. Although a large resource increase is not anticipated in FY 2024 to meet all local needs, planning for increases that may become available is critical; as is communicating those needs to CDC.

I. Glossary

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

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

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

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

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

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

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

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

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

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

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

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

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

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical

and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

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

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

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

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

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

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

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

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

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

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand

the operations of the organization. Nonprofit organizations include institutions of higher 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 Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

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

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

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

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

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

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

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

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

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