RFA-DP-24-081: Effectiveness of Telehealth-Based Programs to Detect Glaucoma Among High-Risk Populations in Community Health Settings

Please note the following:

- If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required as part of the application. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter in the R&R Budget Form as part of the Budget Justification attachment.

- CDC has retired the Risk Assessment Questionnaire Requirement and applicants are no longer required to submit it as part of their NOFO application. This instruction supersedes instructions under *Section IV, 11: Other submission requirements and information*. Risk questionnaires that are submitted will not be reviewed. CDC continues to conduct the review of risk posed by applicants and we may ask for additional information prior to the award based on the results of the review.

Applicant Questions

#	Category/ NOFO Section	Question	Answer
1		Can the informational Webinar recording or transcript be shared?	The webinar will not be shared, but questions and answers from the webinar are being published. Only content from the NOFO was discussed. Please email any questions to ResearchNOFO@cdc.gov and place RFA-DP-24-081 in the subject line.
2		If the direct costs are $500,000 and over, is a letter needed to request permission for that amount?	Prior approval requirements do not apply to this NOFO.

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3		Will this NOFO be available for resubmissions if the first proposal is reviewed but not funded? If so, will it be annual?	This is a one-time opportunity and resubmissions will not be accepted under this NOFO.
3		In previous years, how many applications were received?	This is a NEW NOFO, therefore there is no historical data. However, CDC is not able to share information about previous RFAs.
4		Is there an appropriate process to notify prospective applicants of organizations that are interested with partnering and/or contributing to the project?	CDC does not have a process to link prospective applicants with potential partners.
5	Overview	Is this initiative we propose broadly consistent with the goals of the RFA?	We cannot provide specific guidance for the development of a research proposal, but we can call your attention to some portions of the NOFO that might be able to help you determine whether/how your research interests relate to the intent of this NOFO. Please review **Section I. Funding Opportunity Description**, 1. Background and Purpose and 2. Approach while considering your research goals. Please review **Section III. Eligibility Information**, 5 Responsiveness and **Section V. Application Review Information** for information on how the applications will be reviewed.
6	Purpose	Clarify real-world clinical sites. FQHCs are not the only sites we can partner with. Example most tribal sites are not FQHCs.	The NOFO does not require a specific type of site; FQHCs are mentioned only as an example. Please refer to the stated purpose for more information: This NOFO aims to support the study of replicable and scalable interventions that use real-world, payer-provider reimbursement structures within community-based, health care delivery settings.
7	Overview, Executive Summary	Would two or more principal investigators be permitted?	Please refer to the Executive Summary, which states: "Eligible Project Directors/Principal Investigators. Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to

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			work with their institution/organization to develop an application for support. Number of PDs/PIs. Applications may include more than one PI; however, the first PI listed on the application will be the contact PI for all correspondence." Additional PIs should be referred to as Co-PIs.
8	Overview, Executive Summary: Objectives/Outcomes	Significant discussion in the NOFO addresses scalability of the program design. What features or outcomes are of priority importance on this questions?	Please refer to the **Objectives/Outcomes** as stated in the NOFO: A blueprint for future scaling and replication of the intervention to decrease disparities in glaucoma care and minimize glaucoma-related vision impairment beyond the study setting.
9	Section I	We are particularly interested in retention in care/continuation of care at [certain points in the five years]. Is this outcome consistent with the RFA goals?	Please refer to Objectives/Outcomes in Section I of this NOFO, "…include the following outcomes for Component A: Patient-centered outcome measures such as vision-related quality of life, patient satisfaction, functional status, **adherence to follow-up**, and if possible, improved vision."
10	Section I, Approach, Target Population	Within the goals of the RFA, is including a rural area an important consideration for our grant submission?	Please refer to the Target Population as stated in the NOFO for information about determining the target population. It states: The study population is people in the US at high-risk for and disproportionally affected by glaucoma, including people 65 and older, those with a family history of glaucoma, those with diabetes, non-Hispanic Black and Hispanic adults aged 50 and older, and/or those living in poverty and lacking access, resources, and/or education regarding vision and eye health. Included among this population are those affected by disparities such as, but not limited to, race, ethnicity, gender, geography, and socioeconomic status.
11	Section I, Approach, Collaboration/Partnerships	When considering provider-payer settings as defined in the NOFO, should we include reimbursement from federal sources as part of our study design	The NOFO does not specify expected types of payers, however, it provides an example such as Federally Qualified Health Centers, which uses federal sources. [See Section IV.5. PHS 398 Research Plan Component, Component A.]
12	Section I, Approach, Collaboration/Partnerships	Is there a priority for a site to be a federally funded agency like FQHC?	No, the NOFO does not indicate a priority site(s).

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13	Section I, Approach, Strategies and Activities	Is a 2-day trip to Atlanta per year required to review work in progress with the CDC team.	The NOFO does not require a trip to Atlanta.
14	Section II. Award Information, Award Ceiling	Is the funding cap for component A $950,000 the total costs per year?	Please refer to the related sections of the NOFO: Executive Summary, Budget and Period of Performance: "The estimated total funding (direct and indirect) for the first budget period, September 30, 2024 - September 29, 2025, is $3,000,000," and Section II. Award Information, the "Award Ceiling is $950,000 Per Budget Period," inclusive of direct and indirect costs.
15	Section II. Award Information, Award Floor	Should the proposed budget be broken out as $687,500 per year for five years for Component A, and $250,000 for five years for component B? However, the RFA mentions a floor of $950,000?	As stated in the NOFO, Section II. Award Information, "Awards issued under this NOFO are contingent on the availability of funds and submission of a sufficient number of meritorious applications. The award ceiling is $950,000 per budget period. The Award Floor is $0 per budget period. CDC cannot recommend budgets for applicants.
16	Section II. Award Information, Anticipated Number of Awards	The estimated funding for the first budget period for Component A is $2,750,000 (direct and indirect) and the number of awards is 4. Is it your recommendation that we budget for year one as 25% of $2,750,000 (or $687,500)?	Please refer to NOFO, Section II. Award Information. As stated, the number of awards is anticipated. CDC cannot recommend budgets for applicants. The award ceiling for the budget is $950,000 per budget period, inclusive of direct and indirect costs.
17	Section III and Section IV, Appendix	What is allowed in the Appendix and what is required to be in the Appendix. Do you have guidance that you can share with me? Is the Appendix where I upload the current F&A Rate Agreement?	Please see the NOFO section IV.5. PHS 398 Research Plan Component under Appendix, which directs applicants to *Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide*. Also see **Section III. Eligibility Information, 5. Responsiveness** for required evidence. It states: Applications for Component A must place evidence in Appendix 1.

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			The F&A rate agreement may be included with the budget justification.
18	Section IV. Application and Submission Information, 5. PHS 398 Research Plan Section	Is it acceptable that usual care includes no care if that is actually what is happening?	Possibly; however, data on participants in the control arm are required in order to compare with the intervention arm. Participants in the control should be clearly described.
19	Section IV. Application and Submission Information, 5. PHS 398 Research Plan Section Consortium/Contractual Arrangements	Can an organization applying for Component A (Comparative effectiveness trials among high-risk populations within community-based settings) be a subcontractor to Component B (coordinating center)?	As stated in the NOFO: "It is expected that the applicant organization will directly conduct the majority of the activities outlined in this NOFO throughout the entire period of performance. It is expected that the work plan described in the Research Strategy section of the application and the SF-424 Research and Related Budget will demonstrate the applicant organization's involvement throughout the entirety of the period of performance. The applicant organization cannot serve as a pass-through to fund another entity to conduct the majority of the activities." The NOFO does not specify anything further.
20	Section IV, 5. PHS 398 Research Plan, Consortium/Contractual Arrangements	One of our consultants/ collaborators is also a collaborator on another group's application for this RFA. Is this allowed/ acceptable?	The NOFO does not specify. Upon award, the budget will be reviewed to ensure all funds are specific, allocable, and do not represent any duplication in funding.
21	Section IV, 5. Consortium/Contractual Arrangements	We would like to partner with a co-investigator for their expertise and that would require a nominal subaward of approximately 10-20% of the yearly direct costs. Would this be acceptable?	Please refer to Section IV, 5 to determine if the arrangement corresponds with the NOFO's requirements in the research plan. As stated: "It is expected that the applicant organization will directly conduct **the majority of** the activities outlined in this NOFO throughout the entire period of performance."

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22	Section IV. Application and Submission Information; 5. PHS 398 Research Plan Component A.	The FOA mentions the intervention vs control arms. Does intervention apply to screening or management, or should it involve both? If it should include both, does it need to have a control arm for each (screening & management)?	As stated in the NOFO**:** "The research plan should describe an innovative telemedicine intervention to detect and manage glaucoma in the target population." Applicants are encouraged to describe a plan as instructed in this section and meet the review criteria in Section V.
23	Section IV. Application and Submission Information; 5. PHS 398 Research Plan Component A.	What types of controls are acceptable? Does it have to be parallel controls or can it be a pre-/post-intervention?	The NOFO does not specify which types are acceptable. Applicants are instructed to describe the research plan in the application. Refer to Section IV.5.
24	Section V. Application Review Information; 4. Review and Selection Process; *Programmatic Priorities*	Is CDC intending to obtain geographic coverage for the entire United States? If so, which regions are priorities for funding this year?	As stated in the NOFO, a programmatic priority is: "Distribution of the locations of proposed study sites that reflect the regions of the United States." The NOFO does not specify regional priorities.