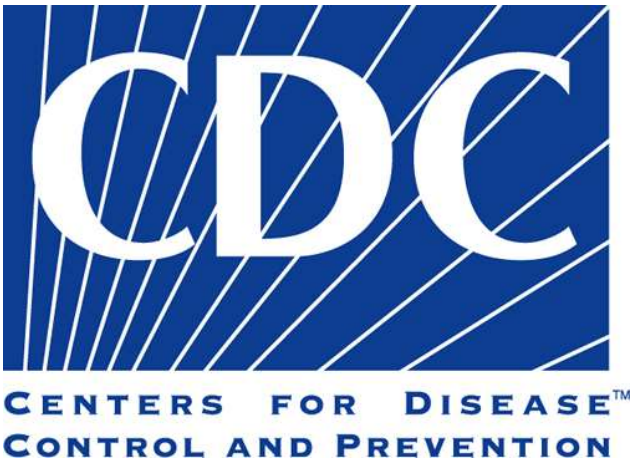


Centers for Disease Control and Prevention

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

TB Centers of Excellence for Training, Education and Medical Consultation (COE)

CDC-RFA-PS23-2301

09/06/2022

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-PS23-2301. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

TB Centers of Excellence for Training, Education and Medical Consultation (COE)

C. Announcement Type: New - Type 1:

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

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS23-2301

E. Assistance Listings Number:

93.947

F. Dates:

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

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

2. Due Date for Applications:
09/06/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
The date for the information conference call is set for 07/15/2022 from 2:00- 3:00 p.m. EST.

ZOOM:
https://cdc.zoomgov.com/j/1612395050?pwd=MlNFQUtYcnpKTkxaQnJETk9BMVk2UT09

Meeting ID: 161 239 5050
Passcode: #P0aagGc
One tap mobile
+16692545252,,1612395050#,,,,*41817110# US (San Jose)
+16468287666,,1612395050#,,,,*41817110# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 551 285 1373 US
+1 669 216 1590 US (San Jose)
Meeting ID: 161 239 5050
Passcode: 41817110
Find your local number: https://cdc.zoomgov.com/u/abjr0oyKcF

Join by SIP
1612395050@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 161 239 5050
Passcode: 41817110

Join by Skype for Business
https://cdc.zoomgov.com/skype/1612395050

G. Executive Summary:

1. Summary Paragraph

CDC plans to establish and fund four new regionally assigned Tuberculosis Centers of Excellence (TB COE) to facilitate efforts to prevent, treat, and control TB disease and latent TB infection (LTBI) in the United States (U.S.). The TB COE will focus on two major activities: (1) increasing knowledge, skills, and abilities for TB prevention and control through communication, education, and training activities, and; (2) improving sustainable evidence based TB clinical practices and patient care through the provision of expert medical consultation. The funds available for these core activities will be used to support TB and LTBI communication

efforts, training, education, and medical consultation activities.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
4

d. Total Period of Performance Funding:
$26,690,200

e. Average One Year Award Amount:
$1,334,510

f. Total Period of Performance Length:
5

g. Estimated Award Date:
December 01, 2022

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
TB is one of the world's deadliest diseases, yet it is almost always curable if treated promptly with the correct medications. If not diagnosed and treated properly, TB disease can spread and be fatal. In 2020, the United States reported 7,174 TB cases and an incidence rate of 2.2 cases per 100,000 persons, representing a 19.4% decline in case count and 19.7% decline in incidence rate compared with 2019. TB in the United States had been declining steadily since the early 1990s, but the annual rate of decline is inadequate to achieve TB elimination in this century. While TB case counts have generally been declining in the US, eliminating TB disease will require an expansion of testing and treatment of LTBI. Although TB is spread through the air from one person to another, not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. Many people who have LTBI never develop TB disease; in these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people, especially people who have a weak immune system, the bacteria become active, multiply, and cause TB disease.

As part of Centers for Disease Control (CDC) mission to control and eliminate TB in the U.S., the Division of Tuberculosis Elimination (DTBE) funded four TB Centers of Excellence for Educational Training and Medical Consultation Centers for the previous project announcement PS18-1804. The purpose of these Centers was to develop TB education materials, provide

training and technical assistance to increase human resource development for TB programs, and provide medical consultation for complex TB cases.

This funding opportunity builds upon the success of the previous project in providing TB training, education, and medical consultation activities to U.S. TB programs and partners. In addition to these activities, the awarded TB COE will develop and implement a plan to engage and educate private health care providers and other health care workers involved in TB treatment and diagnosis, as well as to engage providers to expand LTBI testing and treatment of high-risk groups using innovative approaches. These providers should include but are not limited to private and community-based health care providers, federally qualified health centers, and community-based organizations that serve populations at high risk for TB.

b. Statutory Authorities
This program is authorized under the sections 301 and 317E(b) of the Public Health Service Act (42 U.S.C. Sections 241 and 247b-6(b)), as amended.

c. Healthy People 2030
This NOFO addresses Healthy People 2030 objectives to reduce tuberculosis cases--IID-17 (topic area: infectious diseases)
https://health.gov/healthypeople/objectives-and-data/browse-objectives/infectious-disease/reduce-tuberculosis-cases-iid-17
-cases-iid-17,

d. Other National Public Health Priorities and Strategies
The NOFO supports the following:

- National TB Program Objectives and Performance Targets for 2025

https://www.cdc.gov/tb/programs/evaluation/indicators/default.htm

- Division of Tuberculosis Elimination Strategic Plan 2016-2020

https://www.cdc.gov/tb/about/strategicplan.htm

- NCHHSTP Strategic Plan through 2020

http://www.cdc.gov/nchhstp/strategic priorities/docs/nchhstp-strategic-plan-through2020-508.pdf
The NCHHSTP Strategic Plan includes the following priorities: Reduce rate of new TB diagnoses; Reduce rate of new TB diagnoses among racial/ethnic populations with rates above the national average; Reduce the number of TB cases in foreign-born persons per 100,000 per year.

e. Relevant Work
DTBE funded four TB COEs for the period of performance 2018-2022 (PS-1804). The COEs were regionally assigned to cover all 50 states and the U.S. territories. The primary purpose of each COE was to:

- Provide training and technical assistance to increase human resource development in TB programs

- Develop TB educational materials and
- Provide medical consultation to TB programs and providers.

The information on the previous COE work can be found at: https://www.cdc.gov/tb/education/tb_coe/

During the COE period of performance (2018-2022), the COEs provided over 7,778 hours of training to 86,054 participants and provided 21,852 TB medical consultations to providers managing TB patients.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA- PS23-2301 Logic Model: TB Centers of Excellence for Training, Education, and Medical Consultation (TB COE)
Bold indicates period of performance outcome

Strategies and Activities	**Short-term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**
TB Knowledge, Skills, and Abilities: Communication, Education, and Training Provide expertise and technical assistance in TB training and education to respective region Develop and conduct TB and LTBI training for state and local health departments, public and private healthcare workers serving populations at higher risk of TB and LTBI Develop TB and LTBI communication, education, and training products based on needs and technically accurate and appropriate for populations at higher risk of LTBI and TB, and the health care providers and public health workers who serve them *TB Patient Care and Management: Expert Medical Consultation* Provide real-time medical consultation services to healthcare providers and public health staff involved in diagnosis and treatment of patients with TB	**Increased knowledge and skills related to TB and LTBI prevention and control among public health staff and healthcare workers** **Increased access to and use of TB educational resources** Increased application of TB and LTBI diagnostic and treatment guidelines **Expanded availability and use of expert consultations for community provider networks serving populations at high-risk for LTBI and TB** **Increased understanding of regional and national trends of TB patient care needs**	Increased capacity for TB prevention and control partners to develop and provide their own education and training activities Increased adoption of sustainable evidence-based TB screening, diagnosis, treatment, and infection control practices Improved quality of TB and LTBI patient care and clinical practices for testing and treatment	Increased availability and accessibility of trained, skilled, and competent workforce to prevent, treat, and limit the spread of TB in the U.S. Improved patient health outcomes among people with or at risk for TB/LTBI, including in resource- and expertise-limited programs and for complex TB patients or patients in complex public health situations Improved efficiency in use of clinical and public health resources in providing optimal TB care and prevention

disease and LTBI Provide longitudinal medical consultation for complex clinical cases as requested by providers or CDC through a sustainable system Collect, analyze, and share de-identified, aggregate medical consultation data with appropriate partners to improve TB and LTBI clinical practices and public health efforts			

i. Purpose

In 2020, 7,174 TB cases were reported in the United States. As one of the world's deadliest diseases, TB is almost always curable if treated promptly and correctly. Persons with LTBI can develop TB disease. Eliminating TB will require expanding testing and treatment of LTBI. CDC

will establish four regionally assigned TB Centers of Excellence (TB COE) to help control TB. TB COE core activities will be to provide TB and LTBI communication, education, training, and medical consultation activities to TB programs, private and community-based providers, and other partners involved in TB control.

ii. Outcomes

By the end of this period of performance, the recipients are expected to achieve all of the short-term outcomes as follows:

- Increased knowledge and skills related to TB and LTBI prevention and control among public health staff and healthcare workers
- Increased access to and use of TB educational resources
- Expanded availability of expert consultations to community provider networks serving populations at high-risk for LTBI and TB
- Increased understanding of regional and national trends of TB patient care needs

iii. Strategies and Activities

The TB Centers of Excellence for Training, Education, and Medical Consultation (TB COEs) will be regionally assigned to cover all 50 states and the U.S. territories. The U.S.-affiliated Pacific Islands (USAPI) will be jointly served by all COEs.

The TB COEs will support domestic TB control and prevention efforts with a focus on two major activities:

- Increasing knowledge, skills, and abilities for TB prevention and control through communication, education, and training activities
- Improving sustainable evidence-based TB clinical practices and patient care through the provision of expert medical consultation

The recipient is expected to engage partners in TB control to implement the following strategies and activities during the period of performance.

Strategy 1: **TB Knowledge, Skills, and Abilities: Communication, Education, and Training**

Activity 1.1: Provide expertise and technical assistance in TB training and education to your respective region.

1. Annually develop and implement a work plan to provide expertise and technical assistance in TB training and education by developing and delivering training as well as educational products. The plan should be developed in partnership with CDC and be based on a review of existing training and products, an assessment of needs, and CDC priorities for the TB workforce.

2. Develop and implement a plan to engage and educate state and local health departments, public and private providers serving populations at high risk for TB and LTBI including but not limited to community-based clinics and organizations, as well as civil surgeons, and other TB control partners involved in TB treatment and diagnosis.
    a. In particular, the plan should include a strategy to engage public and private providers to expand LTBI testing and treatment of high-risk groups using innovative approaches.

3. Foster and enhance relationships with state and local public health agencies and other TB control partners as well as relevant community-based and private providers and healthcare workers.
4. Engage and communicate frequently with regional stakeholders and reach target audiences through a variety of methods (e.g., e-mail, newsletters, webinars, phone, in-person meetings, social media).
    a. Target audiences may include state and local health departments, private and community providers (e.g., community-based clinics, HRSA federally qualified health centers [FQHC], private providers, civil surgeons, refugee clinics), and other TB control partners.

5. Form a Regional Advisory Group to provide guidance to the TB COE on annual work plans. The group should meet three to four times annually (in-person or by conference call) and should consist of 10-15 members. The majority of the Regional Advisory Group members should represent TB Control Programs. The Regional Advisory Group should reflect diversity in professional discipline (e.g., TB controllers, program managers, nurse consultants, medical consultants, or TB education and training focal points), healthcare venue (e.g., community-based clinics, HRSA federally qualified health centers [FQHC], private providers, civil surgeons, refugee clinics), geography, and TB program morbidity.
    a. The TB COE Regional Advisory Groups are for the TB COEs' benefit and function independently of CDC. CDC has no involvement in the groups.

6. Develop and maintain a website that is Section 508 compliant. The website should contain, at minimum, a list of courses and materials offered by the TB COE, as well as ordering information for education and training materials and products. In addition, electronic versions of products and training materials developed by the TB COE should also be posted on the website. The following Section 508 website provides comprehensive information: www.section508.gov.
7. Conduct a regional needs assessment to identify TB education and training needs. Work with state and local public health agencies to identify training needs of public health workers, private and community providers (e.g., community-based clinics, HRSA federally qualified health centers [FQHC], civil surgeons, refugee clinics), and other TB control partners.
    a. The COEs and CDC will come to consensus on whether a coordinated needs assessment or individual needs assessments would best serve the program.
    b. Examples of possible needs assessments could include, but are not limited to: national survey, local or regional assessment, survey of human resource

development (HRD) focal points, regional advisory group input, key informant interview with TB Controllers, and other stakeholders, etc.

8. Develop the training capacity of state and local TB programs and assist the TB program's TB Education and Training Focal Points with HRD activities.
9. Provide technical assistance to health departments and other TB control partners to develop their own TB and LTBI training activities.
    a. Technical assistance can be provided via telephone, e-mail, or in person. Examples include assisting programs with curriculum design, providing resources for programs or partners to deliver trainings, and planning calls.
    b. Technical assistance can also be provided onsite for less experienced training coordinators or where greater needs and fewer resources are available. The TB COE will provide technical assistance but will not be the principal organizer of training activities. As such, the TB COEs will be responsible for providing facilitator-led training and materials for use by these programs, as well as the provision of technical assistance on how to utilize and fully implement these materials to build capacity within the TB programs.
    c. Calls with CDC do not count towards technical assistance.
10. Disseminate CDC guidelines and recommendations in your region through communication activities, including webinars, newsletters, email, and social media.
11. Host quarterly calls with Human Resource Development (HRD) focal points in the region.
12. Attend and actively participate at the TB Education and Training Network (TB ETN), TB Program Evaluation Network (TB PEN), TB Education and Training Focal Point Meeting, the National TB Conference (NTC), TB Elimination Alliance (TEA) Summit, Pacific Island TB Controllers Association (PITCA), IUATLD-North American Region (NAR) Conference [when held in U.S.], and Federal Training Center Collaborative (FTCC) conferences and workgroups
    a. As appropriate, the TB COEs should exhibit jointly or individually their educational products at these conferences and events.
    b. As appropriate, the TB COE will host breakout sessions for their regions at these conferences and events.

Activity 1.2: Develop and conduct (in-person and virtual) TB and LTBI training for state and local health departments, public and private health care providers serving populations at higher risk of TB and LTBI, including but not limited to community-based clinics and organizations, civil surgeons, and other TB control partners based on need.

1. Educate and train a minimum of 1,500 persons annually.
    a. Training participants may be staff state and local health departments, private and community providers and staff, and other TB control partners.
    b. The COE should seek to engage healthcare workers from CBO clinics, FQHCs, private providers, civil surgeons, refugee clinics, etc., such that at least 25% of course participants (~375 participants) annually from partners beyond local and state health department staff. After award, CDC will work with TB COE recipient to determine courses appropriate for this audience.

2. Deliver a minimum of 250 hours of training annually.
    a. Training plans should include a mix of in-person (as feasible) and distance-based learning or other innovative technologies.
    b. Training hours are defined as actual hours of instruction for trainings provided in-person or via distance-based learning methods. Registration time and lunchtime do not count towards training hours (unless it is a working lunch/discussion time).
    c. The TB COE must have an active role in the development and delivery of the training to count the training hours towards the requirement. For collaborative TB COE trainings, each TB COE can count the hours towards their annual requirement. If a TB COE representative is a guest lecturer, the TB COE should only count the actual time of instruction, not the total hours of the training.
3. Develop and deliver competency-based education and training courses regarding TB and LTBI.
4. Collaborate with state and local health agencies to develop and execute methods for evaluating the effectiveness of the education and training activities.
5. Provide core courses and sessions based on standardized course objectives developed in collaboration with CDC and other TB COEs.
    a. These courses and sessions should include, but are not limited to, the topics of TB and LTBI clinical diagnosis and treatment, program management training, supervisor training, contact investigations, case management, TB laboratory information for non-laboratory personnel, and program evaluation.
6. Develop specialty courses, in addition to the core courses, that are unique to the needs and TB epidemiology of the region served or the area of expertise of the TB COE.
    a. In years when the IUATLD-North American Region (NAR) Conference is held in the U.S., the COEs will collectively conduct a NAR post-graduate course. A NAR post-graduate course is typically held the day before the start of the NAR Conference. The course is usually a half day course targeted to clinicians with a focus on TB clinical cutting-edge advancements. Approximately 200-500 participants attend the course.
    b. There will be 2–3 trainings developed for the USAPI during the 5-year period of performance. The trainings will be tailored to the needs of a USAPI jurisdiction but open for regional participation. Trainings are typically 5 days with up to 50 participants. Assignment of COE and USAPI jurisdiction partner will be made after award.
7. Coordinate the annual Pacific Island TB Controllers Association (PITCA) Conference.
    a. There will be a total of five (5) PITCA Conferences during the period of performance. Each TB COE will rotate responsibility for coordinating the implementation of at least 1 of the annual PITCA Conferences. Assignment of coordination and implementation of the PITCA Conferences will be made after award.
    b. The COE coordinating the PITCA Conference will be responsible for leading the formation of the planning committee, coordinating and facilitating planning committee meetings, participating in the development of the conference

agenda, developing conference materials, co-facilitating the conference, and conducting an evaluation of the event.

c. The PITCA Conference is a four-day event that is typically held annually in November and the venue is rotated annually among the six USAPI jurisdictions and Hawaii. There are approximately 125–150 participants which include representatives from each of the six USAPI jurisdictions, the state of Hawaii, as well as representatives from various partners including the Australian Respiratory Council, Centers for Disease Control and Prevention, Diagnostic Laboratory Services, Pacific Island Health Officers' Association, and World Health Organization. The PITCA Conference provides training, education, and networking opportunities for TB professionals in the pacific region. It is comprised of plenary sessions and breakout sessions with four tracks for clinicians, nurses and outreach workers, laboratorians, and program managers.

8. Ensure that both core and specialty courses are developed in consultation with CDC and are derived from recommendations and needs assessments from multiple sources, including: 1) CDC identified needs and priorities; 2) local and regional needs assessments; 3) feedback from regional HRD focal points and Regional Advisory Committee; and 4) new and existing national guidelines.
9. Monitor and evaluate training courses and document the results in annual reports. Evaluation should include measuring appropriate process indicators (e.g., trainee demographics, quality of training), immediate training outcomes (e.g., changes in knowledge, attitudes, and skills) and where possible, long-range impact (e.g., changes in provider practice behavior, changes in service delivery). Evaluation data should be used to help improve courses.
10. Collaborate with TB, STD, and other communicable disease partners at the state, tribal, local, and territorial (STLT) levels to leverage federal funding for enhancing disease intervention capacity to include TB training elements.
11. Provide a minimum of 6 mini-fellowships/reverse mini-fellowships per year. The mini-fellowship is an individually tailored experience to provide participants with an opportunity to learn about TB clinical management and the role of public health and other agencies in carrying out TB control activities. Mini-fellowships may be conducted virtually or in-person. Mini-fellowships are typically 3-5 days and can include clinic and laboratory observations and other field visits. They can be coordinated in collaboration with local and state health departments.
12. Participate in 5 TB Medical Expert Network Meetings and work with CDC to host one TB Medical Expert Network Meeting annually. The TB Medical Expert Network Meetings provide a forum to discuss challenging or complicated cases with other TB experts. The meetings promote physician, nurse, lab, academic, public health, and subspecialty medicine discussants in a round table, and focus on open discussion in a collegial environment.
13. Award continuing education, including, but not limited to, Continuing Medical Education (CME), Continuing Nursing Education (CNE), Continuing Education Units (CEU), and Continuing Health Education Credits (CHES), when possible and appropriate for education and training offerings.

Activity 1.3: Develop TB and LTBI communication, education, and training products that are based on needs and are technically accurate and appropriate for populations at higher risk of LTBI and TB, as well as the health care providers and public health workers who serve them.

1. Submit annual product proposals to CDC for approval prior to developing educational materials/products. Product proposal forms will be supplied by CDC.
    a. Product proposals should include a realistic timeline for completion of products.
2. Develop high quality TB and LTBI educational materials through the use of the systematic health education process (steps of the process include needs assessment, development, field-testing, implementation, and assessing effectiveness).
3. Products should be completed in timely manner, and regular updates on progress should be shared with CDC. Products cannot cross over annual budget periods, without prior approval from CDC.
4. Create materials in a variety of formats (e.g., print, video, and digital formats) to meet the varied needs of the intended target audiences.
5. Use instructional design principles and innovative technologies to develop products to reach a variety of audiences.
6. Develop 1–2 educational product(s) for the USAPI over the funded period. Assignment of COE and island jurisdiction partner will be made after award.
7. Develop a marketing and distribution plan for all products. TB COE should assume responsibility for initial production, printing, marketing, and distribution of products. Products that are appropriate for national audiences should be distributed nationally.
    a. CDC may request that a TB COE submit products appropriate for national distribution and needed in larger quantities through the CDC DTBE clearance process. If approved, CDC will consider being responsible for printing and distribution of these materials.
8. Award continuing education, including but not limited to, CME, CNE, CEU, and CHES, when possible and appropriate for educational products.
9. Provide information on distribution of educational products per year (e.g., number of material downloads, number of material orders, sites of distribution, etc.).
10. Note: CDC reserves the right to review and request changes to materials or products produced by the TB COE. CDC may also request specific product development based upon ongoing needs.

Strategy 2: **TB Patient Care and Management: Expert Medical Consultation**

TB COE provide medical consultation through a real-time consultation process within their assigned region. TB COE will provide physician, nurse, laboratory, and pharmacologic consultation for appropriate screening, evaluation, diagnosis, management, and treatment of TB patients and persons with suspected TB disease and LTBI as well as address questions on any other TB-related topics raised by health practitioners. TB COE should also endeavor to build the

capacity of state and local programs to provide medical consultation services for local providers.

Activity 2.1: Provide real-time medical consultation services to healthcare providers and public health staff involved in diagnosis and treatment of patients with TB disease and LTBI

1. Monitor current and future needs in the assigned region regarding consultation related to the medical evaluation and management of persons with TB disease and LTBI
2. Implement a sustainable and comprehensive strategy to promote medical consultation to public and private providers within the region, particularly for providers caring for populations at higher risk for TB and LTBI, including those without regular access to healthcare

    a. In collaboration with public health TB programs, expand the availability and provision of expert consultations to community provider networks serving populations at high-risk for LTBI and TB

3. Establish a network of regional TB medical expert consultants, including consultant staff with TB nursing, pharmacologic, and laboratory expertise
4. Provide real-time medical consultation, in assigned region, to physicians and other providers on the diagnosis and treatment of active TB disease, including multidrug resistant (MDR) TB. Consultation should also be provided on the diagnosis and treatment of LTBI, including persons presumed to be infected with drug resistant strains of *Mycobacterium tuberculosis*.
5. Ensure medical consultations are informed by the most up-to-date practices, evidence, and guidelines and apply standard-of-care medical consultation practices
6. Implement a plan to support and build capacity of local providers to care for both routine and complex TB patients from beginning to completion of TB treatment, as well as appropriately evaluate and medically manage persons with LTBI
7. Implement a strategy, in collaboration with CDC's Division Global Migration and Quarantine, to adequately provide medical consultations to panel physicians (physicians overseas who perform medical screening for applicants for U.S. immigration) and share the volume and processing of these in-coming calls among the TB COE
8. Provide medical consultations to panel physicians on the diagnosis and treatment of active TB disease, including drug resistant TB cases

Activity 2.2: Provide longitudinal medical consultation for complex clinical cases as requested by providers or CDC through a sustainable system

1. Provide structured, longitudinal (ongoing) medical consultation for clinical cases and contacts (e.g. contacts of patients with drug-resistant TB disease) or in other specific circumstances as requested by state and local TB programs

2. Target longitudinal medical consultation services to improve TB patient care and management in resource- and expertise-limited programs and to improve TB clinical and public health outcomes for complex TB patients and/or TB patients in complex public health situations

Activity 2.3: Collect, analyze, and share medical consultation data with appropriate partners to improve TB and LTBI clinical practices and public health efforts

1. Use an electronic national medical consultation database determined by CDC that optimizes:
(a) continuity of care, including as this relates to transfers of care between consultants and/or
between TB COE and
(b) collaborations between expert consultant staff and with TB programs to bring expertise to treating providers
2. Use the electronic national medical consultation database to describe and quantify consultations, particularly for providers in resource- and expertise-limited programs and for providers caring for complex TB patients and/or TB patients in complex public health situations
3. Use the electronic national medical consultation database to
(a) generate specific elements standardized across TB COE for stakeholder and CDC and
(b) define local and national medical consultation needs and identify gaps in training/education and
(c) transfer aggregate de-identified consultation data to CDC at the end of each reporting cycle
4. Evaluate the effectiveness of the medical consultation service and document the results of the evaluation in the annual reports

1. Collaborations

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

To accomplish the specified activities, TB COE should collaborate with the following partners. TB COE should discuss intended collaborations with the CDC DTBE team prior to engagement.

- All CDC-funded state and local TB programs including the Pacific Islands (PIs) (https://www.cdc.gov/tb/links/tboffices.htm)
- National TB Controllers Association (NTCA) and regional TB controller associations (http://www.tbcontrollers.org/)
- TB education and training focal points and other TB Education and Training Network (TB ETN) and TB Program Evaluation Network (TB PEN) members (https://www.cdc.gov/tb/education/tbetn/default.htm)
- TB Elimination Alliance (TEA) (https://tbeliminationalliance.org/)
- CDC Division of Global Migration and Quarantine (DGMQ) https://www.cdc.gov/ncezid/dgmq/index.html
    - Centers of Excellence in Newcomer Health (https://www.cdc.gov/immigrantrefugeehealth/guidelines/centers-of-excellence.html)
- Other CDC programs as applicable

b. With organizations not funded by CDC:

This NOFO does not require the submission of a Memorandum Of Understanding (MOU), Memorandum Of Agreement (MOA), or letters of support; however, it is expected the recipients

have the capacity to work with state and local health department programs. TB COE should discuss intended collaborations with the CDC DTBE team prior to engagement.

Applicants must also agree to cooperate with public and nonprofit private providers of primary health services or substance abuse services, including entities receiving assistance under section 329, 330, or 340A or under title V or XIX**.**

In addition, the recipients are expected to work with other relevant organizations and/or agencies as indicated to achieve the long-term outcomes indicated in the logic model outlined in this , such NOFO as:

- Private providers serving populations at higher risk for TB and LTBI
- Community-based clinics and organizations
- Refugee health clinics
- HRSA Federally Qualified Health Centers (FQHCs)
- U.S. civil surgeons and panel physicians, as guided by CDC (https://www.cdc.gov/immigrantrefugeehealth/index.html)
- Stop TB USA (https://www.stoptbusa.org)
- We are TB (https://www.wearetb.com/)
- Federal Training Center Collaborative (FTCC), which currently includes the STD/HIV Prevention and Training Centers; Viral Hepatitis Education and Training Center; Health Resources and Services Administration primary care centers; AIDS Education and Training Centers; Substance Abuse and Mental Health Services Administration; and the Addiction Technology Transfer Centers https://nnptc.org/ftcc/
- Academic institutions (e.g., medical and nursing schools and related teaching hospitals, public health schools, and associations)
- Additional partners may include correctional agencies, Indian Health Service (IHS), Immigration and Customs Enforcement (ICE), U.S. Citizenship and Immigration Services (USCIS), and other groups involved with TB control within the geographic catchment area

2. Target Populations

The applicant should identify and define health care providers and others involved in TB control and patient care that treat populations at higher risk TB and LTBI, including those without regular access to healthcare.

a. Health Disparities

Health Equity:

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

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

disproportionately affected by these infections and diseases.

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

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

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

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will work with recipients to finalize their initial measurement and evaluation plan within the first six months of the award. CDC will use the process and outcome measures described in the finalized measurement and evaluation plan to monitor implementation of recipients' strategies and activities and determine the recipients' progress in achieving the period of performance outcomes.

Applicants' measurement and evaluation plans must include process measures for the strategies and activities and outcome measures for each of the bolded outcomes in the logic model. Below are some example/proposed outcome measures.

Outcome measures will be used for program monitoring, evaluation, and improvement. Measures will be reviewed by CDC to identify challenges experienced by recipients, identify capacity building assistance needs and possible solutions needed to improve overall project performance. Findings may also be reported at national conferences, online, in peer-reviewed journals, and in other public forums.

Since this NOFO does not involve the generation or collection of public health data, a data

management plan is not required for this NOFO.

Strategy 1: TB Knowledge, Skills, and Abilities: Communication, Education, and Training

Outputs:

- Training and education work plan to engage and educate state and local health departments, public and private providers serving high-risk populations at high risk for TB and LTBI
- Regional Advisory Group to provide guidance to the TB COE
- Training courses for state and local health departments, public and private health care providers serving populations at higher risk of TB and LTBI, including but not limited to community-based clinics and organizations, civil surgeons, and other TB control partners based on need
    - Training courses will include core courses (e.g., TB and LTBI clinical diagnosis and treatment, program management training, contact investigations, case management, etc.) as well as 2-3 trainings for USAPI, NAR post-graduate course, and annual PITCA conference.
    - A minimum of 1,500 persons trained annually and a minimum of 250 hours of training delivered annually.
- TB and LTBI communication, education, and training products that are based on needs and technically accurate and appropriate for populations at higher risk of LTBI and TB, and the health care providers and public health workers who serve them

Outcomes: Increased knowledge and skills related to TB and LTBI prevention and control among public health staff and healthcare workers

- **Indicator**: Number of educated and trained TB health care workers, including community healthcare providers
- **Indicator**: Number of training hours conducted
- **Indicator**: Number of mini-fellowships conducted

Outcomes: Increased access to and use of TB educational resources

- **Indicator**: Number of developed TB and LTBI communication, education, and training products
- **Indicator**: Product distribution metrics (e.g., web downloads, product orders, etc.)

Strategy 2: TB Patient Care and Management: Expert Medical Consultation

Outputs:

- Strategy to promote medical consultation to public and private providers within the region, particularly for providers caring for populations at higher risk for TB and LTBI, including those without regular access to healthcare

- Roster of regional TB medical expert consultants, including consultant staff with TB nursing, pharmacologic, and laboratory expertise
- Report detailing the number and nature of TB consultations provided

Outcomes: Expanded availability of expert consultations to community provider networks serving populations at high-risk for LTBI and TB

- **Indicator**: Number of medical consultations to healthcare providers and public health staff, including panel physicians, involved in diagnosis and treatment of patients with TB disease and LTBI
- **Indicator**: Number of medical consultations to providers in TB resource- and expertise-limited programs
- **Indicator**: Number of medical consultations related to complex TB patients and/or TB patients in complex public health situations
- **Indicator**: Number of structured, longitudinal medical consultation for clinical cases and contacts (e.g., contacts of patients with drug-resistant TB disease) or in other specific circumstances as requested by state and local TB programs

Outcomes: Increased understanding of regional and national trends of TB patient care needs

- **Indicator**: Number and nature of TB consultations provided to CDC and other stakeholders

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach
In general, applicants should:

- Describe their workforce capacity and competence; expertise and experience related to NOFO strategies and activities. In particular, please describe:
    - Experience in TB training and TB product development and delivery
    - Experience providing expert TB medical consultation
    - Infrastructure available to support medical consultation activities, including longitudinal consultation
    - A proposed protocol and communication strategy for collaborating with regional, state, and local TB control programs, private and community providers serving populations at high risk for TB and LTBI (e.g., FQHCs, refugee clinics, civil surgeons), medical schools and related hospitals and/or teaching hospitals, other TB COEs, CDC, TB ETN/PEN members, TEA, and other potential TB control partners. Communication strategy should include use of innovative approaches
    - Available facilities, equipment, and technologies (e.g., distance learning technology and other innovative technologies) for developing and delivering trainings and educational products

- Describe their mission, organizational structure, overall organizational budget and funding sources, the nature and scope of their work and capabilities, and other information that would help CDC assess the organization's infrastructure and capacity to implement the proposed program and achieve the project outcomes. Physical infrastructure includes but not limited to furnished workspace and computers with internet access.
- Describe experience with budget management.
- Describe evidence of adequate capacity to implement program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, and workforce development and training.
- Explain how and when positions will be filled if related staff positions are vacant.
- Identify key staff to lead the NOFO activities, define staff's role, and provide a curriculum vitae or resume for each person; Applicants should name these files "CVs/Resumes" and upload them at www.grants.gov as PDF documents.

- Provide an organizational chart indicating where the NOFO activities will be managed within the overall organizational structure; Applicants should name this file "Organizational Chart" and upload at www.grants.gov as a PDF document.

Provide a staffing plan for the proposed TB COE staff, including credentials and appropriate experience. The applicant should also have a staffing plan composed of a core team including a Principal Investigator, Executive Director, Director of Medical Consultation, and a Director of Education and Training. With the exception of the Principal Investigator, these positions are unique and as such individuals assigned to these positions cannot serve in dual roles. The Executive Director should have programmatic and fiscal management skills. The Director of Medical Consultation should have experience in diagnosing and treating TB and multidrug-resistant TB patients. The Director of Education and Training should have knowledge and skills in developing partnerships, trainings, and educational initiatives. The applicants staffing plan should also include other persons beyond the core team with (1) TB nursing experience, (2) TB pharmacology experience, (3) TB laboratory experience, and (4) experience in developing and delivering educational products and trainings in a variety of formats.

d. Work Plan

The work plan allows the CDC project officer and recipients to monitor implementation of activities and progress on period of performance outcomes.

The work plan should be high-level and cover the duration of the project, with more detail included for the first year of the award. The work plan must include, at minimum, the following:

- Activities that are aligned with the strategies and activities required to achieve stated outcomes (with emphasis on the first year of the period of performance)
- Discussion of how the recipient will use information gathering, monitoring, analysis, and dissemination to address priority activities
- Staff and administrative roles and functions to support implementation of the NOFO

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

- In this format, the table would be completed for each period of performance outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Period of Performance Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and*	**Responsible Position / Party** (be specific)	**Completion Date** (month/year)

	Performance Measurement section]		
1.			
2.			
3.			
4.			
5.			
6			

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

Recipients are required to participate in monthly conference calls with CDC and other TB COE, annual meetings, and ongoing consultations. CDC will participate on regularly scheduled calls initiated by the recipient that are relative to this project.

- Individuals that are expected to be present on the calls are the Principal Investigator (PI), the Executive Director, and the Director of Education. In addition, for TB COEs that have Medical Directors, the Medical Directors may be required to participate on both One-on-One Calls and the All Calls. All Calls will be held on a monthly basis with participation from the PI, the Executive Director, and the Director of Education. PIs will be required to attend **all** calls. Attendance will be documented and after four missed calls

participation will be documented in the technical acceptability report (TAR) (this includes any combination of One-on-One Calls and All Calls).

- Annual meetings with CDC include site visits, the round robin (annual meeting with CDC and all TB COE), meetings held in conjunction with the NTC, the TB ETN/PEN conference, TEA Summit, PITCA Conference, and any other meetings or conferences CDC determines to be necessary. These meetings should be attended by the Principal Investigator, Executive Director, Director of Education, and Director of Medical Consultation of each TB COE.

TB COEs should communicate directly with the designated CDC TB COE team as the CDC's main point of contact and keep the CDC team apprised of all activities.

f. CDC Program Support to Recipients

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

CDC/DTBE will ensure the commitment of a project officer, a technical advisor for training and education activities, and a technical advisor for medical consultation. Other CDC staff with subject matter expertise will be available to assist in the planning, implementation, and evaluation of this project. CDC/DTBE may share project findings, evaluation results, lessons learned, and best practices with the recipient.

B. Award Information

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

2. Award Mechanism:
U52

3. Fiscal Year:
2023

4. Approximate Total Fiscal Year Funding:
$5,338,040

5. Total Period of Performance Funding:
$26,690,200
This amount is subject to the availability of funds.

Estimated Total Funding:
$26,690,200

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

7. Expected Number of Awards:
4

8. Approximate Average Award:

$1,334,510
Per Budget Period

9. Award Ceiling:
$0
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$0
Per Budget Period

11. Estimated Award Date:
December 01, 2022

12. Budget Period Length:
12 month(s)

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

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations

American Indian or Alaska native tribally designated organizations

Other

Ministries of Health

2. Additional Information on Eligibility

Sections 301 and 317E (b) of the Public Health Service Act; 42 U.S.C. Sections 241 and 247b-6(b).

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

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

a. Unique Entity Identifier (UEI):

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

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

b. System for Award Management (SAM):

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

submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz 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.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	It takes one 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.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

b. Application Deadline

Due Date for Applications 09/06/2022

09/06/2022
11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Information Conference Call

The date for the information conference call is set for 07/15/2022 from 2:00- 3:00 p.m. EST.

ZOOM:
https://cdc.zoomgov.com/j/1612395050?pwd=MlNFQUtYcnpKTkxaQnJETk9BMVk2UT09

Meeting ID: 161 239 5050
Passcode: #P0aagGc
One tap mobile
+16692545252,,1612395050#,,,,*41817110# US (San Jose)
+16468287666,,1612395050#,,,,*41817110# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 551 285 1373 US
+1 669 216 1590 US (San Jose)
Meeting ID: 161 239 5050
Passcode: 41817110
Find your local number: https://cdc.zoomgov.com/u/abjr0oyKcF

Join by SIP
1612395050@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 161 239 5050
Passcode: 41817110

Join by Skype for Business
https://cdc.zoomgov.com/skype/1612395050

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and UEI.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether

programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

LOI is not requested or required as part of the application for this NOFO.

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this

NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

- Salaries and wages
- Fringe benefits

- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate

agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Indirect costs on training grants are limited to a fixed rate of eight percent (8%) of MTDC exclusive of tuition and related fees, direct expenditures for equipment and sub-awards in excess of $25,000.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the

time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

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

16. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Funds may not be used for construction/remodeling of site/structure; if the recipient is in doubt of proper use of funding, please contact the Grant Specialist assigned to this project.

17. Data Management Plan

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

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

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

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

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 35

Evaluate the extent to which the applicant:

- **Describes the problem of the TB and LTBI in the United States (2 points)**
- **Describes the purpose of the TB COE (3 points)**
- **Describes strategies, activities, and work plan for TB Knowledge, Skills, and Abilities: Communication, Education, and Training (15 points)**
  The extent to which the applicant provides:
  - a communication and engagement strategy to reach state and local health department staff, public and private providers serving populations at high risk for TB and LTBI, including but not limited to community-based clinics and organizations, as well as private providers, civil surgeons, and other TB control partners involved in TB treatment and diagnosis
  - planned activities to determine the training and education needs of state and local health department staff, health care providers, and other partners involved in TB and LTBI control activities
  - an approach to develop a training and education plan based on needs assessment results
  - a description of their capacity to provide in-person training as well as distance-based learning activities using innovative technologies for the core courses and specialty courses
  - a description of their capacity to coordinate the Pacific Islands TB Controllers Association Conference (PITCA)
  - a method for acquiring continuing education credits such as CME, CEU, CNE, and CHES, as appropriate for trainees
  - a description of their capacity to produce course materials and resources for trainees
  - a description of plans for providing technical assistance to TB education and training focal points, TB ETN members, and other educators/ trainers
  - a description of the process for developing, marketing, and distributing TB and LTBI education and training materials in a variety of formats to a variety of target audiences
  - a strategy to work with partners to deliver trainings and develop products
  - a description of their capacity to provide individualized mini-fellowships/reverse mini- fellowships annually
  - planned activities to participate and host medical TB expert network meetings

- **Describes strategies, activities, and work plan for TB Patient Care and Management: Expert Medical Consultation (15 points)**

The extent to which the applicant provides:

- a description of capacity to monitor the current and future needs for medical consultation for TB disease and LTBI in their assigned region
- a marketing plan to promote availability of expert consultations to community provider networks serving populations at high-risk for LTBI and TB
- a description of capacity to provide appropriate and high-quality expert medical consultation for TB disease (including drug-resistant TB) and LTBI to public and private providers in the assigned region, including providers caring for at-risk patient and serving in resource- and expertise-limited settings
- a description of capacity to ensure medical consultations are informed by the most up-to-date practices and guidelines and apply standard-of-care medical consultation practices
- a strategy to sustain a network of expert TB consultants with appropriate expertise (including medical, nursing, pharmacology, laboratory) available to provide consultations
- a description of capacity to provide structured, longitudinal (ongoing) medical consultations as requested
- a strategy to adequately provide medical consultations to panel physicians who medically screen immigrants for TB prior to U.S. departure
- a description of capacity to use an electronic national medical consultation database determined by CDC to document consultations and to define local and national medical consultation needs and identify gaps in training/education
- a description of capacity to share consultation results with CDC and stakeholders

ii. Evaluation and Performance Measurement **Maximum Points:** 30

Evaluate the extent to which the applicant provides:

- a description of capacity for utilizing program evaluation data to provide continuous quality improvement of training activities and material development processes (8 points)
- a description of capacity for conducting evaluation activities that determine the process, outcome, and impact of training activities and educational materials (8 points)
- a description of capacity to evaluate customer satisfaction, effectiveness, and impact of medical consultation services (8 points)
- a description of capacity to reach and communicate with target audiences (6 points)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 35

Evaluate the extent to which the applicant provides a description of:

- a staffing plan composed of a core team including a Principal Investigator, Executive Director, Director of Medical Consultation, and a Director of Education and Training, including credentials and appropriate experience (7 points)
    - To what extent, does the applicant’s Executive Director have programmatic and fiscal management skills? To what extent, does the applicant’s Director of

Medical Consultation have experience in diagnosing and treating TB and multidrug-resistant TB patients? To what extent, does the applicant's Director of Education and Training have knowledge and skills in developing partnerships, trainings, and educational initiatives? To what extent, did the applicant's staffing plan include other persons beyond the core team with (1) TB nursing experience, (2) TB pharmacology experience, (3) TB laboratory experience, and (4) experience in developing and delivering educational products and trainings in a variety of formats.

- experience working on issues pertaining to TB prevention and control and collaborating with TB programs and other health care providers (6 points)
- experience in TB training and TB product development and delivery (6 points)
- experience providing expert TB medical consultation (6 points)
- a description of the infrastructure available to support medical consultation activities, including longitudinal consultation (5 points)
- a proposed protocol and communication strategy for collaborating with regional, state, and local TB control programs, private and community providers serving populations at high risk for TB and LTBI (e.g., FQHCs, refugee clinics, civil surgeons), medical schools and related hospitals and/or teaching hospitals, other TB COEs, CDC, TB ETN/PEN members, TEA, and other potential TB control partners. Communication strategy should include use of innovative approaches (3 points)
- a description of available facilities, equipment, and technologies (e.g., distance learning technology and other innovative technologies) for developing and delivering trainings and educational products (2 points)

Budget **Maximum Points:** 0

Is the budget concise and clear?
Is the budget reasonable, itemized, clearly justified and consistent with the intended use of the funds?
Is the budget consistent with the proposed work plan?
Does the budget include itemizations, justifications, scope, and deliverables for consultants, if applicable?

c. Phase III Review

Applicants will be selected based on ranked scores from the objective review panel (Phase II). In addition to ranked scores, the following CDC funding preferences may be considered:

- Preference to avoid unnecessary duplication of services; and
- Preference for balance of funded applicants based on geography and geographic burden of TB infection and disease within jurisdictions, as measured by CDC. For more information on TB incidence in the U.S., please

see https://www.cdc.gov/tb/statistics/default.htm.

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

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

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

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

12/1/2022

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.

11/30/2022

2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

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

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

• For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

• HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

• For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes

Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

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

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period form which funds will be transferred (as much as 75% of unobligated balances); and

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

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

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

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

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

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

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

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

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

information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

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

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

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

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

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

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

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

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

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative

agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Dawn
Last Name:
Tuckey
Project Officer

Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
1600 Clifton Road, NE
Division of Tuberculosis Elimination MS-US12-4
Atlanta, GA 30333

Telephone:
(404) 639-5323

Email:
dmt1@cdc.gov

Grants Staff Contact

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

First Name:
Ms. Terrian

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

Address:
Centers for Disease Control and Prevention
Infectious Disease Services Branch
2939 Flowers Road, MS TV-2 Atlanta, GA 30341-4146

Telephone:
: (770) 488-2774

Email:
Tdixon@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

H. Other Information

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

- Project Abstract
- Project Narrative

- Budget Narrative
- 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

Organization Charts

Non-profit organization IRS status forms, if applicable

I. Glossary

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

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

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

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

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

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

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

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget

period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

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.

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

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

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

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

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be

money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

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

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

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

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

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

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

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

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

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

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

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

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

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

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

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

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program

(outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

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

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

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

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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

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

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

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

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is

free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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

NOFO-specific Glossary and Acronyms

N/A