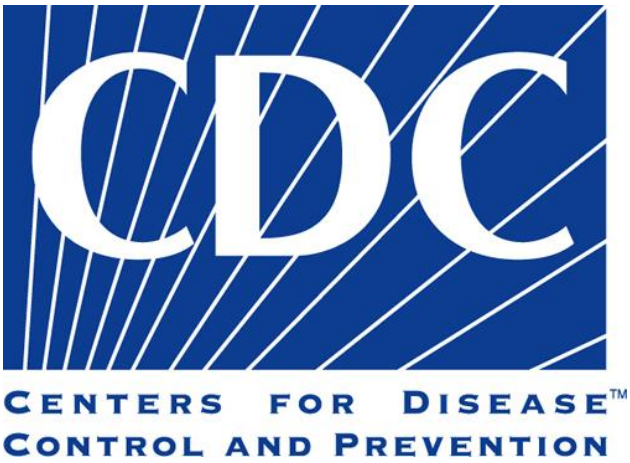


Centers for Disease Control and Prevention

NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

Advancing the capacity of immunization program managers through a national coordinating organization

CDC-RFA-IP-23-0004

04/28/2023

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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-IP-23-0004. 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:

Advancing the capacity of immunization program managers through a national coordinating organization

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)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-IP-23-0004

E. Assistance Listings Number:

93.185

F. Dates:

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

2. Due Date for Applications:
04/28/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
March 24, 2023 2:30pm EST via Microsoft Teams Meeting

Meeting ID: 224 519 151 784
Passcode: YFp5FW

Or call in (audio only)

+1 404-718-3800,,331529281# United States, Atlanta

(888) 994-4478,,331529281# United States (Toll-free)

Phone Conference ID: 331 529 281#

G. Executive Summary:

1. Summary Paragraph
The Centers for Disease Control and Prevention (CDC) announces the availability of funds to support immunization program managers through *CDC-RFA-IP-23-0004*, *Advancing the capacity of immunization program managers through a national coordinating organization.* This five-year project, with approximately $6,000,000 available for each 12-month budget period, aids immunization program managers with achieving the goals of *CDC-RFA-IP19-1901*, Immunization and Vaccines for Children (VFC) Program, and long-term goals of high immunization coverage rates and low incidence of vaccine-preventable diseases. There are five strategies associated with this funding that focus on the development and management of a national network that will emphasize training and resource development around select topics, education and dissemination of practices associated with program improvement, mentoring and leadership development activities, and support communication and information sharing among key partners through collaborative engagement. As a result of this award, it is expected that immunization program managers will have increases in knowledge, capacity, and access to tools/resources to improve program performance and strengthened ability to manage a federally funded immunization program.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
1

d. Total Period of Performance Funding:
$30,000,000

e. Average One Year Award Amount:
$6,000,000

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

g. Estimated Award Date:
August 31, 2023

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
Tremendous strides have been made towards reducing cases, hospitalizations, deaths, and health-care costs associated with vaccine-preventable diseases. However, continued efforts are necessary to assure high vaccination coverage rates, ensure communities are aware of and being vaccinated according to the routinely updated Advisory Committee on Immunization Practices (ACIP) recommendations, and respond to periodic outbreaks of vaccine-preventable diseases. This work is carried out by the National Center for Immunization and Respiratory Disease (NCIRD), and the 64 state, territorial, and local immunization programs receiving funds under CDC-RFA-IP19-1901 with technical support from Immunization Services Division's (ISD) Immunization Operations and Services Branch (IOSB).

Each immunization program is led by an immunization program manager who plays a vital role in overseeing the management and operations of the program, including developing and ensuring the achievement of program goals. IOSB recognizes the importance of providing support to program managers in effective execution of day-to-day activities, and circumstances that impact operations such as changes in vaccine policies or guidance, vaccine pricing, immunization information systems, and more. Moreover, there is additional program-wide benefit in providing a platform for immunization program managers to learn from each other to address challenges, share successes, and improve immunization practices.

Based on work to support immunization program managers in previous cooperative agreements, this NOFO (CDC-RFA-IP-23-0004) specifically supports immunization program managers by: 1) strengthening leadership development of program managers, 2) increasing local partnerships and communication that supports vaccination, 3) preparing immunization program managers for the future of immunization programs, 4) supporting immunization program managers to address emerging immunization issues, and 5) collaboratively engaging immunization program managers to strengthen immunization programs.

b. Statutory Authorities

This program is authorized under section 317 of the Public Health Service Act, [42 U.S.C. section 247b], as amended.

c. Healthy People 2030

Outcomes of *CDC-RFA- IP-23-0004: Advancing the capacity of immunization program managers through a national coordinating organization* cooperative agreement support the Healthy People 2030 goals for vaccination and infectious disease.
Additional information about the vaccination related goals and objectives within Healthy People 2030 can be found at: https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination.

d. Other National Public Health Priorities and Strategies

This funding supports these national strategies, among others: Vaccines National Strategic Plan (https://www.hhs.gov/vaccines/vaccines-national-strategic-plan/index.html), ; National Stakeholder Strategy for Achieving Health Equity (phdmc.org); and the Guide to Community Preventive Services (The Community Guide).

e. Relevant Work

CDC's "*Advancing the capacity of immunization program managers through a national coordinating organization", CDC-RFA- IP-23-0004*, builds upon previous NOFOs:

- *CDC-RFA-IP17-1703: "National Organization to Strengthen and Support a Network of Immunization Program Managers."*
- *CDC-RFA-IP14-1402: "Strengthening a network of immunization program managers to support the NCRID mission to prevent disease through immunization."*
- *CDC-RFA-IP09-905: "Coordination of Activities between the CDC, NCIRD, and State and Local Immunization Programs"*

Work under *CDC-RFA- IP-23-0004*, also supports and is directly related to the focus areas of the *"Immunization and Vaccines for Children", CDC-RFA-IP19-1901*.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strengthen Leadership Development of Program Managers Increase Local Partnerships and Communication That Supports Vaccination	**Increased ability of program managers to identify strengths, weaknesses of their programs and needed training support** **Increased**	**Increased ability of program managers to direct staff and other resources to build on identified strengths and weaknesses** **Increased vaccine uptake by developing and implementing**	Increased effectiveness of empowered program managers who are able to effectively lead jurisdiction immunization programs Sustained capacity to support vaccine confidence, data and

Prepare for the Future of Immunization Programs Address Emerging Issues Collaborative Engagement of Immunization Program Managers	**program manager participation in leadership trainings, mentoring program, and peer-to-peer support activities** **Increased "Vaccinate with Confidence" messaging via social media and other communication methods** **Increased understanding of evidence-based strategies for preventing, identifying, and responding to mis-/dis-information** **Improved knowledge of vaccine confidence, communication, and infodemic management principles and best practices** **Increased knowledge among immunization programs of practices to assist in return to steady-state operations**	**effective health promotion, partnership, and confidence programs based on Increasing Vaccination Model** Improved performance and practices of immunization programs **Improved capacity to manage infodemics and reduce impact** **Increased implementation of vaccine confidence and demand principles and strategies** Established support and ongoing coordination with NAICP or similar groups Increased immunization programs with steady-state operations **Improved incorporation of COVID-19 lessons learned into program planning efforts** Improved understanding of how to sustain an adult immunization program Improved coordination with national and state-level partners	informatics, equity, and partnerships Sustained and improved vaccination coverage rates Improved immunization program preparedness for future pandemic/outbreak responses **Improved support of immunization program managers during pandemic responses** Established adult immunization partnership networks across all programs Knowledgeable program managers and other staff who are able to provide specific immunization age-based and/or functional expertise

	Enhanced flexibility to collect and provide timely information Increased knowledge of practices attributed to program improvement **Enhanced capacity to address issues in selected programmatic areas** **Improved information sharing with immunization program managers** **Increased opportunities for immunization programs to participate in communities of practice**		

i. Purpose

The purpose of this NOFO is to support immunization program managers in improving performance of immunization programs, bridging knowledge gaps and preparing immunization program managers for the future of immunization programs. This program focuses on the development and management of a national network that will emphasize training and resource development around select topics, education and dissemination of practices associated with program improvement, mentoring and leadership development activities, and support communication and information sharing among key partners.

ii. Outcomes

The complete list of outcomes associated with the strategies and activities of this cooperative agreement are identified in the logic model and includes short, intermediate, and long-term outcomes. During the five-year period of performance, the recipient is expected to achieve the short-term outcomes, and demonstrate progress toward the intermediate and long-term outcomes. These outcomes include:

- Short-Term Outcomes:
    - Increased ability of program managers to identify strengths, weaknesses of their programs, and needed training support
    - Increased program manager participation in leadership trainings, mentoring program, and peer-to-peer support activities
    - Increased ”Vaccinate with Confidence” messaging via social media and other communication methods
    - Increased understanding of evidence-based strategies for preventing, identifying, and responding to mis-/dis-information
    - Improved knowledge of vaccine confidence, communication, and infodemic management principles and best practices
    - Increased knowledge among immunization programs of practices to assist in return to steady-state operations
    - Enhanced flexibility to collect and provide timely information
    - Enhanced capacity to address issues in selected programmatic areas
    - Improved information sharing with immunization program managers
    - Increased opportunities for immunization programs to participate in communities of practice

- Intermediate Outcomes:
    - Increased ability of program managers to direct staff and other resources to build on identified strengths and address weaknesses
    - Increased vaccine uptake by developing and implementing effective health promotion, partnership, and confidence programs based on Increasing Vaccination Model
    - Improved capacity to manage infodemics and reduce impact
    - Increased implementation of vaccine confidence and demand principles and strategies
    - Improved incorporation of COVID-19 lessons learned into program planning efforts

- Long-term Outcomes
    - Improved support of immunization program managers during pandemic responses

iii. Strategies and Activities

The following are the strategies and activities the award recipient is expected to implement during the five-year period of performance. The recipient may identify additional activities necessary to achieve the strategies and should detail them in the work plan.

Strengthen Leadership Development of Program Managers

During the period of performance, the recipient will be expected to strengthen the leadership skills and support the professional development of immunization program managers. The recipient will facilitate training and knowledge exchange among experienced and new program managers to provide an opportunity for shared learning and a deeper dive into the complexities of an immunization program. The recipient will work closely with IOSB staff in developing program orientation resources and activities. IOSB will provide the recipient with resources

related to immunization program requirements.

Activities associated with this strategy may include, but are not limited to:

- Provide quarterly leadership and other types of development trainings for program managers.
- Implement a mentoring program pairing experienced program managers with new program managers.
- Facilitate peer-to-peer support and information sharing on vaccination topics, such as adult immunization program development. Topics will be developed in collaboration with IOSB/ISD and approved prior to implementation.

Increase Local Partnerships and Communication That Supports Vaccination

The recipient will coordinate and collaborate with immunization program managers to increase capacity to address misinformation by collecting and sharing activities that enhance knowledge of vaccine confidence strategies, amplify local voices, grow grass roots communication and vaccine confidence efforts, and routinize the individual's/family's choice to vaccinate.

Activities associated with this strategy may include, but are not limited to:

- Identify successful grass roots communication efforts and disseminate to immunization programs.
- Identify successful ways to amplify local voices in support of vaccination, including through social media, traditional media, and other communication channels or mechanisms.
- Partner with national and regional organizations to disseminate messages around vaccinate with confidence through a coordinated effort/event, such as preparing for back to school and as part of workplace wellness.
- Evaluate existing Immunization Program Champions program to capture best practices/lessons learned to highlight and promote champions widely.
- Work with immunization coalitions, including adult specific sectors, to amplify voices of lay vaccination advocates at the local community level to address vaccine confidence.
- Support broad implementation of CDC's "Success Framework for Adult Immunization Partner Networks" and any similar tools in other areas that may be developed by CDC to further enhance immunization program's coordination and collaboration with partners to build, expand/enhance, and/or sustain effective adult immunization program efforts.
- Collaborate with CDC's "Vaccinate with Confidence" to develop webinars and other educational resources to increase implementation of evidence-based strategies for addressing mis-dis-/information (e.g., infodemic management, concepts of vaccine confidence and demand, etc.).

Prepare for the Future of Immunization Programs

During the five-year period of performance, the recipient will work with ISD and immunization programs to support 1) steady state management of COVID-19 vaccination activities, 2) planning for the "fiscal cliff" when resources are no longer available, and 3) expansion of routine immunization activities across the lifespan. The recipient will facilitate peer to peer sharing to highlight how programs are transitioning into post-COVID immunization operations (e.g.,

adjustments to staffing and funding resources), integrating COVID-19 vaccination into routine program activities, establishing and/or maintaining adult immunization programs in their jurisdiction, and expanding partnership networks.

Activities associated with this strategy may include, but are not limited to:

- Survey current VFC and Immunization Cooperative Agreement funding recipients to capture lessons learned and garner independent feedback that can be used to inform decisions and future program direction.
- Identify and share best practices, including age-based immunizations and/or functional areas, with programs as they rebalance and prepare for the end of COVID-19 supplemental funding and expand routine adult immunization work.
- Identify successful efforts aimed at immunization program sustainability post-pandemic (how are programs planning for this, what activities are being continued, how and why are they being continued, is this something that can/should be replicated in other locations).
- Support dedicated capacity-building activities that assist programs as they expand population reach beyond children and continue to have increased focus on vaccine equity and routine adult immunizations.
- Support work around expanded adult vaccination efforts, including the proposed Vaccines for Adults program (if passed in legislation) and the Congressionally approved expansion of Medicare and Medicaid services guaranteeing access to all ACIP-recommended adult immunizations across all state Medicaid beneficiaries and Medicare part D beneficiaries through the development of an adult vaccination workgroup(s).
    - Leverage National Adult Immunization Coordinators Program (NAICP) or similar group(s) to ensure alignment with existing efforts and reduce duplicative activities.
- Identify best practices related to managing robust adult immunization programs and partnerships that can be leveraged during emergency responses and for routine adult immunization delivery, given recent CMS policy changes as part of the Inflation Reduction Act.
    - This should also incorporate any lessons learned into routine vaccination and pandemic preparedness, including how best to partner with preparedness programs in advance.
- Expand technical assistance and learning support to the 64 jurisdictions' immunization programs in support of strategies to increase community engagement, increase routine adult vaccine confidence and uptake among disproportionately affected adult populations, and establish formal adult immunization programs.
- Support capacity building of Program Managers to develop, sustain and work collaboratively with Immunization coalitions by providing standards and best practices.
- Create strategic partnership opportunities between immunization program recipients and other CDC-funded partners, including Partnering for Vaccine Equity (P4VE), Disproportionately Affected Adult Populations (DAAP), and Vaccinate with Confidence programs.

- Facilitate opportunities to support communities of practice that leverage population or subject-matter-expert specific insights from other CDC-funded partners to inform routine immunization program planning and capacity building efforts.

Address Emerging Issues

The recipient will support immunization programs to effectively address emerging issues by developing and facilitating strategic and rapid coordination and data collection among national partners.

Activities associated with this strategy may include, but are not limited to:

- Develop tools for and/or support external efforts to collect information for decision making.
- Promote collaboration among key partners and stakeholders.
- Develop informational resources to address emerging issues.

Collaborative Engagement of Immunization Program Managers

The recipient will support peer-to-peer learning opportunities for the program managers to learn about successful practices and provide support to a national network of immunization program managers.

Activities associated with this strategy may include, but are not limited to:

- Convene at least 4 topical discussions with program managers per year.
  - Topics to be determined with input from CDC/ISD and program managers.
  - Recipient should consider including trainings that address immunization across the lifespan.
- Convene semiannual regional discussions.
- Collaborate with the American Immunization Registry Association (AIRA) to assist with translation of Immunization Information Systems (IIS) resources to ensure easy implementation by program managers.
- Convene all jurisdictions for an in-person annual meeting.
- Solicit feedback from program managers through listening sessions/focus groups, surveys and assessments.
- Facilitate translation of scientific/technical/data resources for program implementation.
- Develop improvement collaboratives to share best practices in a measurable way.
  - Leverage the Partnering for Vaccine Equity Learning Community to improve engagement with other CDC-funded partners.
- Identify ways to incorporate immunization quality or performance improvement projects within jurisdictions to leverage healthcare organization accreditation and healthcare provider maintenance of board certification requirements.

1. Collaborations

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

Two primary collaborations are necessary for the execution of this award, collaboration with CDC and with federally funded immunization programs.

The recipient is required to collaborate with federally funded immunization programs. The recipient will provide trainings, resources, communication, or assistance to immunization program managers as a result of this award. Immunization program managers support of, and partnership with, the award recipient is necessary to carry out all aspects of this award.

Secondary collaborations among other CDC and CDC-funded organizations and the recipient are encouraged when appropriate. This may include other CDC-funded non-profit organizations and other CDC programs with overlapping topics or target audiences.

b. With organizations not funded by CDC:
When appropriate, the recipient is recommended to work in collaboration with non-CDC funded organizations to leverage resources and support the strategies and activities of this award to achieve the intended outcomes. This may include, but is not limited to public health organizations, immunization coalitions, professional associations, academic institutions, health departments, community-based organizations, faith-based organizations, etc.

2. Target Populations
The target populations for this project are immunization program managers from state, territorial, and local health departments that are recipients of the funding opportunity *CDC-RFA-IP19-1901, "Immunization and Vaccines for Children"*.

a. Health Disparities
The award recipient is encouraged to incorporate efforts to reduce health disparities and improve social determinants of health in the execution of the cooperative agreement activities, when appropriate.

iv. Funding Strategy
Multiple funding streams will be available for different strategies and activities and will be supported based on availability of funds. Strategies 1, 2, 4 and 5 will be funded from CDC annual immunization appropriation. Strategy 3 (Increase local partnership and communication that supports vaccination) activities will be funded through a mix of CDC annual immunization appropriation and Coronavirus Disease 2019 (COVID-19) Funds with an estimated ceiling of $5 Million.

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or

appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC and the recipient will evaluate and measure NOFO efforts over the entire five-year period of performance. Within six-month post-award, CDC and the recipient will collaboratively finalize process and outcome measures related to program short-term outcomes to ensure they are concrete and achievable.

As part of the application, the applicant should define measures that will be used to:

- track implementation of recipient strategies and activities (process evaluation) and
- determine progress on achieving the period of performance outcomes (outcome evaluation).

Potential measures for the process evaluation:
Strategy 1: Strengthen Leadership Development of Program Managers

- Process measures: How many leadership development trainings and presentations have occurred? What types and how many resources have been developed? How many program managers are participating in mentoring or peer-to-peer support activities?

Strategy 2: Increase Local Partnerships and Communication That Supports Vaccination

- Process measures: How many communication practices have been identified? What types of efforts have been identified? How many practice summaries have been developed? What types of promotion of practices have occurred? How many practices have been

adopted by immunization programs? How many partners have been engaged? How many events have occurred? How many webinars have been developed?

Strategy 3: Prepare for the Future of Immunization Programs

- Process Measures: What types of issues are arising among program managers, and what are the resources or support needed to address the issue? What assessments have been conducted? How much and what type of input has been provided to ISD/IOSB, when requested, on policy, guidance, or operational changes?

Strategy 4: Address Emerging Issues

- Process Measures: How many and which tools have been developed? How many collaborations have been developed? What types and how many informational resources have been developed?

Strategy 5: Collaborative Engagement of Immunization Program Managers

- Process measures: How many trainings and resources have been developed? How many presentations/trainings were conducted? What topics have been covered by trainings or peer to peer learning opportunities? What analyses or evaluation have occurred? How many reports have been developed?

Potential measures for outcome evaluation:
Short-Term Outcomes (SO):

- **SO 1: Increased ability of program managers to identify strengths, weaknesses of their programs, and needed training support**
  - Outcome measures: % program managers who report being able to identify strengths and weaknesses; % program managers who report knowing how to access training support.
- **SO 2: Increased program manager participation in leadership trainings, mentoring program, and peer-to-peer support activities**
  - Outcome measures: % program managers who report leadership training needs met; % immunization program managers satisfied with trainings; % program managers who report increased confidence in serving as program manager/carrying out tasks as program manager.
- **SO 3: Increased "Vaccinate with Confidence" messaging via social media and other communication methods**
  - Outcome measures: % increased messaging via social media and other social media communication, # of hits, clicks, likes, reposts or additional sharing of messaging.

- **SO 4: Increased understanding of evidence-based strategies for preventing, identifying, and responding to mis-/dis-information**
    - Outcome measures: % change in reported knowledge obtained as a result of trainings/resources; % change in reported skill among participants to address the selected topic areas.
- **SO 5: Improved knowledge of vaccine confidence, communication, and infodemic management principles and best practices**
    - Outcome measures: % of programs incorporating best practices into communications.
- **SO 6: Increased knowledge among immunization programs of practices to assist in return to steady-state operations**
    - Outcome measures: % program managers reporting confidence in ability to plan transition to steady state operations.
- **SO 7: Enhanced flexibility to collect and provide timely information**
    - Outcome measures: % of programs responding to calls for information; % of analysis completed and presented within 2 weeks of closing calls for information. % change in reported capacity to develop new trainings, resources and tools within 1 month of identified emerging issue; % program managers satisfied with developed materials, training and support.
- **SO 8: Enhanced capacity to address issues in selected programmatic areas**
    - Outcome measures: % change in reported knowledge obtained as a result of trainings/resources; % change in reported skill among program managers to address the selected topic areas; % change in reported capacity to address the selected topic areas among program managers
- **SO 9: Improved information sharing with immunization program managers**
    - Outcome measures: % reported satisfaction with communication and information sharing between key stakeholders
- **SO 10: Increased opportunities for immunization programs to participate in communities of practice**
    - Outcome measures: Increased # of immunization staff participating in communities of practice; % of staff reported increased knowledge, skills and capacity in select topic areas

Intermediate Outcomes (IO):

- **IO 1: Increased ability of program managers to direct staff and other resources to build on identified strengths and address weaknesses**
    - Outcome measures: Is there evidence that the program managers are equipped to serve in the role?
- **IO 2: Increased vaccine uptake by developing and implementing effective health promotion, partnership, and confidence programs based on Increasing Vaccination Model**

- Outcome measures: Is there evidence of increased adoptions of practices; Is there evidence of increased vaccine uptake?

- **IO 3: Improved capacity to manage infodemics and reduce impact**
  - Outcome measures: Is there evidence of infodemic management?

- **IO 4: Increased implementation of vaccine confidence and demand principles and strategies**
  - Outcome measures: Is there evidence of increased application of principles and strategies?

- **IO 5: Improved incorporation of COVID-19 lessons learned into program planning efforts**
  - Outcome measures: Is there evidence of lessons learned being incorporated into in planning efforts, policies, procedures and operations?

Long-term Outcomes

- **LO 1: Improved support of immunization program managers during pandemic responses**
  - Outcome measures: Are there structures in place to support immunization program managers during pandemic responses? Is there evidence that structures are utilized and improved routinely to be prepared for future pandemics?

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

Applicants must provide information on their organizational capacity which clearly demonstrates an ability to execute the CDC program requirements in a timely and efficient manner. In addition, applicants for this award must demonstrate:

- A national perspective and organizational focus dedicated to supporting the work of immunization program managers.
    - *applicants must upload their membership list and any other documentation demonstrating their membership and organizational mission in Grants.gov under Other Attachment Forms, and label the document "Documentation of Membership"*
- Staff, or access to staff, with knowledge and experience in providing mentoring and leadership development opportunities.
    - *applicants must upload CVs/resumes demonstrating staff knowledge and experience in Grants.gov under Other Attachment Forms, and label the document "CV/resume"*
- Experience working with federally funded immunization programs on topics such as: program management, vaccine management, vaccine storage and handling, information technology and immunization information systems, immunization policy, vaccine funding, health education, and vaccine-preventable disease surveillance.
    - *applicants must upload at least one letter of support from and any other documentation describing their experience working with federally funded immunization programs and knowledge of immunization technical areas in Grants.gov under Other Attachment Forms, and label the document "Documentation of experience with federally funded immunization programs"*

In addition, applicants for this award must describe:

- Capacity, staffing plan and project management structure to conduct all of the strategies and activities and meet the outcomes outlined in the NOFO.
- Methods of communicating with immunization program managers via, at minimum, a website and email distribution list (e.g., listserv).
- An existing ability to manage the award, e.g.,:
    - Program, staffing, and performance management
    - Performance monitoring and evaluation
    - Fiscal management and reporting

- Technological tools or resources to execute proposed strategies
- Administrative management of the required procurement efforts including the ability to write and award contracts.

d. Work Plan

Applicants must develop a work plan that outlines how the proposed strategies and supporting activities will achieve the outcomes during the five-year period of performance. The work plan will provide both a high-level overview of the five-year period of performance and a detailed description of the first year of the award. The work plan should incorporate all NOFO-related program strategies and activities, and applicants should describe how they plan to monitor each activity. CDC will provide feedback and technical assistance to the award recipient to finalize the work plan within 6 months post award. The work plan must include:

- Year 1 Detailed Work Plan:
  - Activities and timelines to support achievement of NOFO outcomes. These activities must be aligned with the NOFO logic model and should have appropriate performance measures or milestones for accompanying tasks.
  - Staff, contractors, or consultants to support implementation of the award. Specify staff responsibility for NOFO-related activities and qualifications for these roles.
  - Budget and budget narrative.
- Five-Year Overview of Project Plan:
  - Intended activities and outcomes over the course of the project; providing high-level details for years 2-5.

Applicants may develop their own workplan but a sample format is presented below to show how a traditional work plan aligns with the logic model and narrative.

- 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 Performance Measurement section]*	***Responsible Position / Party***	***Completion Date***
1.			
2.			
3.			
4.			
5.			
6.			

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

CDC will provide ongoing monitoring of the work plan, and status of meeting milestones and performance measures including expected outputs and outcomes through regularly occurring conference calls which will provide a forum for discussing challenges, barriers, and progress toward achieving goals.

In addition, IOSB will provide consultation to the award recipient on trainings, resources, communication, or assistance provided to immunization program managers as a result of this award.

f. CDC Program Support to Recipients

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities will include:

- Provide ongoing assistance required to achieve strategies and supporting activities.
- Review, as needed, data collection methodology and instruments developed by the recipient to complete activities and required evaluation.

- Collaborate with recipient to identify subject matter experts and required resources to achieve strategies and execute activities.
- Hosting periodic opportunities for face-to-face meetings to coordinate and enhance activities.

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:
H23

3. Fiscal Year:
2023

4. Approximate Total Fiscal Year Funding:
$6,000,000

5. Total Period of Performance Funding:
$30,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$30,000,000

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

year(s)

7. Expected Number of Awards:
1

8. Approximate Average Award:

$6,000,000
Per Budget Period

9. Award Ceiling:
$6,000,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$1,000,000
Per Budget Period

11. Estimated Award Date:
August 31, 2023

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)

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Eligible applicants are those national 501(c)(3) tax exempt organizations that have an active membership of at least one member in each of the 50 states and whose primary constituency is state immunization program managers.

Applicants that do not provide documentation of membership as described, will be considered nonresponsive and will not be passed forward for further review.

3. Justification for Less than Maximum Competition

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	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	Register early! Applicants can register within minutes.

		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	you to register with Grants.gov and apply for federal funding.	

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)

b. Application Deadline

Due Date for Applications 04/28/2023

04/28/2023
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
March 24, 2023 2:30pm EST via Microsoft Teams Meeting

Meeting ID: 224 519 151 784
Passcode: YFp5FW

Or call in (audio only)

+1 404-718-3800,,331529281# United States, Atlanta

(888) 994-4478,,331529281# United States (Toll-free)

Phone Conference ID: 331 529 281#

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.

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.

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:** 40

- To what extent does the applicant demonstrate an understanding of the immunization program and needs of immunization program managers?
- To what extent does the applicant clearly identify the activities planned to address the strategies?
- To what extent does the proposed approach include objectives, activities, deliverables, a timeline, milestones, and staff responsible?
- To what extent does the applicant address each of the project strategies and activities?
- To what extent are the activities realistic, achievable, and appropriate for the expected outcomes of the project?
- To what extent is the applicant's timeline logical and realistic?
- To what extent does the applicant approach link activities to personnel responsible for conducting the activities?

ii. Evaluation and Performance Measurement **Maximum Points:** 25

- To what extent does the applicant provide a plan for evaluation and performance management that is feasible, methodologically sound, engages key partners, and identifies staff responsible for planning and implementing the evaluation?
- To what extent does the applicant describe how evaluation findings will be used for continuous program and quality improvement?
- To what extent does the applicant's proposed evaluation plan address all of the applicant's goals/objectives and the expected outputs and outcomes stated in the NOFO?

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

- To what extent does the applicant demonstrate experience in both working with federally funded immunization programs and immunization technical areas, such as: program management, vaccine management, vaccine storage and handling, information technology and immunization information systems, immunization policy, vaccine funding, health education, and vaccine-preventable disease surveillance?
- To what extent does the applicant demonstrate an established membership of at least 50 immunization program managers whose immunization program is receiving funding under *CDC-RFA-IP19-1901?*
- To what extent does the applicant describe having an organization mission dedicated to supporting immunization program managers throughout the nation?
- To what extent does the applicant demonstrate relevant experience and capacity to achieve strategies, activities, and expected outcomes of the project?
- To what extent does the applicant demonstrate knowledge and experience in providing mentoring and leadership development opportunities?
- To what extent does the applicant describe systems for communicating and distributing information with immunization program managers?

- To what extent does the applicant describe a staffing plan and project management structure that clearly defines staff roles and will meet the outcomes of the project? Has each planned activity been associated with a staff person or consultant? Have CVs/resumes and an organizational chart been provided?
- To what extent does the applicant have the systems and staffing to manage the award?

Budget **Maximum Points:** 0

The budget will not be scored; however, reviewers will assess:

- Is the budget detailed, clear, and presents a reasonable justification consistent with the planned work?
- Do the proposed budget line items appear to sufficiently support the planned work?

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel.

Review of risk posed by applicants.

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

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

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

This funding opportunity will be announced on Grants.gov at the earliest on February 28, 2023.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

AR-10: Smoke-Free Workplace Requirements
AR-11: Healthy People 2020
AR-12: Lobbying Restrictions (June 2012)
AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements
AR-15: Proof of Non-profit Status
AR-20: Conference Support
AR-21: Small, Minority, And Women-owned Business
AR-24: Health Insurance Portability and Accountability Act Requirements
AR-25: Data Management and Access
AR-26: National Historic Preservation Act of 1966
AR-27: Conference Disclaimer and Use of Logos
AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

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 will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. 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.

- 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 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
Data on Performance Measures	Quarterly progress reports, including performance measures due January 30, 2024; April 30, 2024; July 30, 2024; October 30, 2024; January 20, 2025	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

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.

For year 2 and beyond of the award recipients may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

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.

Quarterly progress reports, including performance measures due January 30, 2024; April 30, 2024; July 30, 2024; October 30, 2024; January 20, 2025

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

Address:
1600 Clifton Road, NE, MS: A-19
Atlanta, GA 30329

Telephone:
404-718-4709

Email:
uvu4@cdc.gov

Grants Staff Contact

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

First Name:
Romero

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

Address:
2920 Brandywine Rd

Atlanta, GA 30341

Telephone:

Email:
lnj0@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

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Bona Fide Agent status documentation, if applicable

Documentation of membership of at least 50 immunization program managers whose immunization program is receiving funding under CDC-RFA-IP19-1901.

Staffing plan and project management structure to support and achieve the strategies, activities and outcomes of the project

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