

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Improving Epilepsy Education, Systems of Care, and Health Outcomes through National and Community Partnerships

CDC-RFA-DP21-2101

Application Due Date: 04/12/2021

Improving Epilepsy Education, Systems of Care, and Health Outcomes through National and Community Partnerships

CDC-RFA-DP21-2101

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP21-2101. 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:

Improving Epilepsy Education, Systems of Care, and Health Outcomes through National and Community Partnerships

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.govregs.com/regulations/title42_chapterI_part2_subpartD_section2.52. 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-DP21-2101

E. Assistance Listings (CFDA) Number:

93.850

F. Dates:

1. Due Date for Letter of Intent (LOI):	**03/08/2021**
2. Due Date for Applications:	**04/12/2021**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

The CDC Epilepsy Program will hold an Informational Conference Call for potential applicants to ask questions.

Date: Wednesday, February 24, 2021

Time: 1pm Eastern

Phone number: (855) 644-0229

Passcode: 6966716#

G. Executive Summary:

1. Summary Paragraph:

This NOFO aims to address four key areas:

1. Improve the social environment for people with epilepsy;
2. Strengthen the health system to improve epilepsy care;
3. Foster connections between clinical services and community programs; and
4. Address social determinants of health (e.g. social isolation, food insecurity, community-clinical linkages) to improve quality of life for people with epilepsy.

The NOFO will fund two components:

Component A: an organization that will provide services in at least 25 states. The organization funded to complete Component A strategies will address all of the NOFO content areas.

Component B: 1-3 organizations to work in specific geographic areas (e.g. community, state, region). The organization(s) funded to complete Component B strategies will address one to two content areas through activities.

a. Eligible Applicants: Open Competition
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 4
Component A: One award

Component B: One to three awards

d. Total Period of Performance Funding: $20,000,000
Component A: $17,500,000

Component B: $2,500,000

e. Average One Year Award Amount: $1,000,000
Component A: $3,500,000

Component B: Up to $150,000 for addressing one strategy; Up to $300,000 for addressing two strategies

f. Total Period of Performance Length: 5
g. Estimated Award Date: 09/13/2021
h. Cost Sharing and / or Matching Requirements: N
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

Part II. Full Text

1. Background

a. Overview

In the U.S., approximately 3.4 million people have active epilepsy.(1) Epilepsy is a challenging public health problem:

- 56% of adults with epilepsy taking seizure medicine have uncontrolled seizures.(2)
- 42% of children with epilepsy live at or close to the poverty level.(3)
- 66% of adults with epilepsy have 4 or more other chronic conditions.(4)
- 26% of adults with epilepsy and uncontrolled seizures can't afford prescriptions.(5)
- 25% of the public say they would be nervous around a person with epilepsy.(6)
- 12% of adults with uncontrolled epilepsy can't access transportation to get health care.(5)

Epilepsy is complex for individuals to manage.(7) People with epilepsy may:

- Take many medicines and see multiple doctors.
- Face stigma.
- Not participate fully in society, including not being able to work.
- Live alone.
- Have depression and/or anxiety.
- Lack personal (e.g., income) and social (e.g., transportation) resources to get the care they need.

To improve health and quality of life, people with epilepsy need:

- Access to appropriate care.
- Self-management skills.
- An understanding and informed public.
- An accessible network of community services.

The 2012 Institute of Medicine report, *Epilepsy Across the Spectrum: Promoting Health and Understanding*, describes gaps, challenges, and opportunities for public health to address epilepsy.(8) CDC has a key role in 12 of the report's 13 recommendations, including educating health professionals, improving delivery and coordination of community services, informing media to improve awareness and eliminate stigma, and expanding educational opportunities for people with epilepsy and families. This effort, along with previously funded projects, represent CDC's contributions to attaining the goals outlined in the report.

The strategies in this NOFO address the critical public health issues noted above and are designed to:

- Improve the social environment for people with epilepsy.
- Strengthen the health system to improve epilepsy care.
- Foster connections between clinical services and community programs.
- Address social determinants of health to improve quality of life for people with epilepsy.

References:

1. Zack MM, Kobau R. National and state estimates of the numbers of adults and children with active epilepsy - United States, 2015. *MMWR Morb Mortal Wkly Rep*. 2017;66:821-

825.
2. Tian N, Boring M, Kobau R, Zack M, Croft J. Active Epilepsy and Seizure Control in Adults - United States, 2013 and 2015. *MMWR Morb Mortal Wkly Rep*. 2018;67(15):437-442.
3. Cui W, Kobau R, Zack MM, Helmers S. Marshalyn Yeargin-Allsopp M. Seizures in children and adolescents aged 6-17 years - United States, 2010-2014. *MMWR Morb Mortal Wkly Rep*. 2015;64(43):1209-1214.
4. Kadima NT, Kobau R, Zack MM, Helmers S. Comorbidity in Adults with Epilepsy - United States, 2010. *MMWR Morb Mortal Wkly Rep*. 2013;62(43):849-853.
5. Thurman DJ, Kobau R, Luo Y, Helmers S, Zack MM. Health care access among adults with epilepsy: The US National Health Interview Survey, 2010 and 2013. *Epilepsy Behav*. 2016;55:184-8.
6. Cui W, Kobau R, Zack MM, Buelow JM, Austin JK. Recent changes in attitudes of US adults toward people with epilepsy - Results from the 2005 SummerStyles and 2013 FallStyles surveys. *Epilepsy Behav*. 2015;52:108-118.
7. Helmers SL, Kobau R, Sajatovic M, et al. Self-management in epilepsy: Why and how you should incorporate self-management in your practice. *Epilepsy Behav*. 2016.
8. Institute of Medicine. 2012. *Epilepsy across the spectrum: Promoting health and understanding.* Washington, DC: The National Academies Press.

b. Statutory Authorities

This program is authorized under the Public Health Service Act
§ 301(a) and 317(k)(2), 42 U.S.C. § 241(a) and 247b(k)(2), as amended.

c. Healthy People 2030

This NOFO addresses the overarching Healthy People 2030 goals and these specific objectives:

- AHS-R01: Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it.
- AHS-R02: Increase the use of telehealth to improve access to health services.
- HC/HIT-04: Increase the proportion of adults who talk to friends or family about their health.
- MHMD-05: Increase the proportion of adults with depression who get treatment.

d. Other National Public Health Priorities and Strategies

- CDC's National Center for Chronic Disease Prevention and Health Promotion's Four Domains (Environmental approaches, health care systems interventions, community programs linked to clinical services.)
- HHS' Strategic Goal 2: Protect the health of Americans where they live, work, and play.

e. Relevant Work

This NOFO builds upon work completed under CDC-RFA-DP16-1602, *Improving Epilepsy*

Programs, Services, and Outcomes through National Partnerships. More information about the CDC Epilepsy Program and related work may be found at www.cdc.gov/epilepsy.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP21-2101 Logic Model: *Improving Epilepsy Education, Systems of Care, and Health Outcomes through National and Community Partnerships*

Strategies and Activities	Short-Term and Intermediate Outcomes*	Long-Term Outcomes#
Component A Organization ***(address all)*** 1. Support a nationwide consumer epilepsy information and referral system. 2. Conduct public awareness and public education activities related to epilepsy, seizure first aid, Sudden Unexpected Death in Epilepsy (SUDEP) prevention, and epilepsy stigma. 3. Educate health care providers and relevant professionals about epilepsy, seizure first aid, and epilepsy stigma. 4. Expand access to, delivery of, and participation in evidence-based epilepsy self-management programs. 5. Improve epilepsy care and management through health systems interventions. 6. Develop multi-sector partnerships with	• **Increased referrals to community-based services, self-management programs, and/or health care providers.** • **Increased awareness of epilepsy, seizure first aid, SUDEP prevention, and epilepsy stigma among the general public.** • Increased knowledge about epilepsy, seizure first aid, and epilepsy stigma among relevant professionals. • Increased knowledge among health care providers regarding effective diagnosis, treatment, and management of epilepsy. • Increased number of PWE completing evidence-based epilepsy-self-management programs. • **Increased reporting, monitoring, and tracking of epilepsy**	• Improved social participation among PWE. • Reduced public stigma of epilepsy. • Reduced social isolation among PWE. • Improved health and quality of life among PWE.

underutilized community resources to address the social needs of people with epilepsy (PWE).	**clinical data by health systems to improve identification, management, and treatment of patients with uncontrolled seizures.**	
Component B Organization(s) ***(choose up to 2)*** 1. Educate health care providers and appropriate professionals about epilepsy, seizure first aid, and epilepsy stigma. 2. Expand access to, delivery of, and participation in evidence-based epilepsy self-management programs. 3. Improve epilepsy care and management through health systems interventions. 4. Develop multi-sector partnerships with underutilized community resources to address the social needs of PWE.	• **Increased knowledge about epilepsy, seizure first aid, and epilepsy stigma among relevant professionals.** • **Increased knowledge among health care providers regarding effective diagnosis, treatment, and management of epilepsy.** • Increased number of PWE completing evidence-based epilepsy-self-management programs. • **Increased reporting, monitoring, and tracking of clinical data by health systems to improve identification, management, and treatment of patients with uncontrolled seizures.** • **Increased referrals to community-based services, self-management programs, and/or health care providers.**	

*Recipients are expected to achieve bolded short- and intermediate-outcomes during the period of performance. Component B organizations are responsible only for outcomes relevant to

strategies selected.

#Long-term outcomes are not expected to be achieved during the period of performance.

i. Purpose

This NOFO implements strategies based on NCCDPHP domains (Environmental Approaches, Health Care Systems Interventions, and Community Programs Linked to Clinical Services) and target social determinants of health to:

- Improve health, social participation, and quality of life for people with epilepsy.
- Reduce stigma.
- Increase access to health services, community resources, and self-management supports.

The NOFO will fund two types of recipients: an organization to provide services in at least 25 states, and 1-3 organizations to work in specific geographic areas (e.g. community, state, region).

ii. Outcomes

As presented in the logic model, the funded projects are expected to make a contribution toward the long-term outcomes of improving social participation among people with epilepsy, reducing public stigma of epilepsy, and improving health and quality of life among people with epilepsy. During the 5 year period of performance, the recipients will be expected to show progress on relevant short-term and intermediate outcomes outlined in the logic model and below:

Component A Organization outcomes:

- Increased referrals to community-based services, self-management programs, and/or health care providers.
- Increased awareness of epilepsy, seizure first aid, SUDEP* prevention, and epilepsy stigma among the general public.
- Increased reporting, monitoring, and tracking of epilepsy clinical data by health systems to improve identification, management, and treatment of patients with uncontrolled seizures.

Component B Organizations outcomes:

(Recipients expected to achieve short-term and intermediate outcomes related to relevant strategies selected during the period of performance).

- Increased knowledge about epilepsy, seizure first aid, and epilepsy stigma among relevant professionals.
- Increased knowledge among health care providers regarding effective diagnosis, treatment, and management of epilepsy.
- Increased reporting, monitoring, and tracking of clinical data by health systems to improve identification, management, and treatment of patients with uncontrolled seizures.
- Increased referrals to community-based services, self-management programs, and/or

health care providers.

*SUDEP is Sudden Unexpected Death in Epilepsy. For more detailed information, visit CDC's SUDEP web page.

iii. Strategies and Activities

The Strategies and Activities of this NOFO include those that are listed in the *Strategies and Activities* column in the logic model above, and are restated here with additional detail:

Component A Organizations: (Address each)

1. Support a nationwide consumer epilepsy information and referral system (e.g., a toll-free telephone hotline, online live chats, and/or monitored online forums). This system should connect people with epilepsy, their families, and the public with epilepsy resources at the local and national levels (e.g., referrals to local support groups, social services assistance, epilepsy education programs). It should not be used to provide medical diagnosis or treatment.
2. Conduct public awareness and public education activities related to epilepsy, seizure first aid, SUDEP prevention, and epilepsy stigma.
3. Educate health care providers (e.g., primary and emergency care providers) and relevant professionals (e.g., behavioral health providers, school nurses, school staff, first responders, law enforcement, child care workers, older adult care workers) about epilepsy, seizure first aid, and epilepsy stigma.
4. Expand access to, delivery of, and participation in evidence-based epilepsy self-management programs (e.g., CDC's Managing Epilepsy Well Programs).
5. Improve epilepsy care and management through health systems interventions (e.g., systematically collecting seizure frequency data, screening patients/clients with epilepsy for depression, formalizing referral processes between health care providers and community-based organizations).
6. Develop multi-sector partnerships with underutilized community resources (e.g., transportation providers, employment services, food banks) to address the social needs of people with epilepsy.

Component B Organizations: (Choose up to two)

1. Educate health care providers (e.g., primary and emergency care providers) and relevant professionals (e.g., behavioral health providers, school nurses, school staff, first responders, law enforcement, child care workers, older adult care workers) about epilepsy, seizure first aid, and epilepsy stigma.
2. Expand access to, delivery of, and participation in evidence-based epilepsy self-management programs (e.g., CDC's Managing Epilepsy Well Programs).
3. Improve epilepsy care and management through health systems interventions (e.g., systematically collecting seizure frequency data, screening patients/clients with epilepsy for depression, formalizing referral processes between health care providers and

community-based organizations).
4. Develop multi-sector partnerships with underutilized community resources (e.g., transportation providers, employment services, food banks) to address the social needs of people with epilepsy.

1. Collaborations

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

CDC expects recipients to work with other CDC-funded programs in order to expand the availability of proven interventions and tested epilepsy education materials. For example, the recipient may use evidence-based programs and materials from the CDC Prevention Research Centers Managing Epilepsy Well Network in order to teach epilepsy self-management skills to diverse groups and train health care providers about epilepsy.

The CDC Epilepsy Program also encourages collaborations with other CDC programs that may enhance the dissemination and uptake of programs funded under this cooperative agreement, such as with the Healthy Schools Program, Disability and Health Program, and Alzheimer's Disease and Healthy Aging Program.

b. With organizations not funded by CDC:

Applicants should collaborate with the following stakeholders, as appropriate based on strategies selected, in order to address the requirements of this NOFO:

- People with epilepsy and their caregivers.
- State and local public health agencies.
- Mental/behavioral health agencies and organizations.
- State and local aging agencies.
- National- and state-based professional organizations (e.g., those reaching primary care providers, neurologists, school nurses, law enforcement, etc.).
- State- and local-based organizations with expertise in/access to specific populations (e.g. older adults, students, racially and ethnically diverse groups, people in the workforce, etc.).
- Professional or community-based organizations who serve people with epilepsy.

Applicants are required to include letters of support (LOS) and/or MOU/MOAs from partners who will be involved in the activities proposed for this NOFO. Applicants must file the LOS, MOU, or MOA, as appropriate, name the file "LOS" or "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

2. Target Populations

Target populations will vary depending on the particular strategy/activity being addressed. However, applicants are expected to identify priority high-risk groups based on the scientific literature, local needs assessments data, or other evidence-based criteria. Applicants are also expected to identify one or more corresponding social determinants of health to intervene

upon for each targeted population group. Suggested target populations include:

(NOTE: Component A organizations are responsible for each of these strategies/activities; Component B organizations will select as a sub-set as noted above.)

- *Support a nationwide consumer epilepsy information and referral system:* People with epilepsy, epilepsy caregivers, employers, health professionals, and the general public.

- *Conduct public awareness and public education activities related to epilepsy, seizure first aid, SUDEP prevention, and epilepsy stigma:* People with epilepsy, general public.

- *Educate health care providers and relevant professionals about epilepsy, seizure first aid, and epilepsy stigma:* Health care providers (e.g. physicians, nurses, community health workers) and others who treat or provide preventive services or support to people with epilepsy in primary care, pediatric, and other settings *AND* specific professional groups who may provide support or serve people with epilepsy (e.g. school nurses and staff, first responders, law enforcement, child care workers, older adult care providers, employers).

- *Expand access to, delivery of, and participation in evidence-based epilepsy self-management programs:* People with epilepsy, and community organizations, health systems, and social service agencies that may serve people with epilepsy.

- *Improve epilepsy care and management through health systems interventions:* Health systems, health care organizations, and professional or community organizations who serve people with epilepsy.

- *Develop multi-sector partnerships with underutilized community resources to address the social needs of people with epilepsy:* Social service providers, transportation services, employers, food banks, and other community agencies that may offer support needed by people with epilepsy.

a. Health Disparities

People with epilepsy experience health and health care disparities compared to people who do not have the disorder. For example, about 37% of adults with epilepsy reported fair or poor health compared to 12% of adults without the disorder (1). People with epilepsy are more likely to have trouble affording health care compared to others (2), 21% of adults with epilepsy live alone-more than those without epilepsy (3), 40% of children with seizures live in homes at or close to the poverty level, and 30% live in homes without enough food (4). Epilepsy can shorten a person's life and severely reduce well-being and full participation in daily activities. As noted in the Background section above, people with epilepsy often have depression and/or anxiety, face stigma, and may not be able to work. They may also experience varying levels of disability based on the severity of their condition. People with epilepsy who are part of minority groups, are non-English speakers, or who live in rural or underserved communities, experience even greater difficulties finding care and managing their condition.

People with epilepsy need skills to manage their disorder, access to specialty care, and awareness from an informed public in order to have the best possible outcomes. The strategies and activities

included in this NOFO address these issues directly, with the intention of reducing health disparities and improving social determinants of health among people with epilepsy.

Applicants should consider the spectrum of people who have epilepsy, and be sure to target those who are most vulnerable and at greatest risk when targeting their specific programmatic activities.

References:

1. Kobau R, Cui W, Kadima N, Zack MM, et al. Tracking psychosocial health in adults with epilepsy—estimates from the 2010 National Health Interview Survey. *Epilepsy Behav*. 2014;41:66-73.
2. Thurman DJ, Kobau R, Luo Y, Helmers S, Zack MM. Health care access among adults with epilepsy: The US National Health Interview Survey, 2010 and 2013. *Epilepsy Behav*. 2016;55:184-8.
3. Centers for Disease Control and Prevention Epilepsy Program. Nearly one in five adults with active epilepsy lives alone based on findings from the 2010 and 2013 US national health interview surveys. *Epilepsy Behav*. 2015;51:259–260.
4. Cui W, Kobau R, Zack MM, Helmers S. Marshalyn Yeargin-Allsopp M. Seizures in children and adolescents aged 6–17 years – United States, 2010–2014. *MMWR*. 2015;64(43):1209-14.

iv. Funding Strategy

Applicants can only apply for one component.

Component A: One award will be funded under Component A to an organization that will reach a national audience (at least 25 states). The recipient is expected to address all the strategies and activities included in the logic model and narrative for Component A. The Component A recipient will be funded up to $3,500,000 per year.

Component B: One to 3 awards will be funded under Component B for recipients to address up to two of the four strategies included in the logic model and narrative for Component B. Component B recipients will be funded up to $150,000 per year for addressing one strategy and up to $300,000 per year for addressing two strategies. Component B organizations must identify the geographic area where program activities will be implemented (e.g. locally in a city or county, state-wide, regionally across state lines, nationally, or another geographic unit).

CDC seeks to fund at least one project for each strategy/activity area under Component B, if possible.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC strategy for monitoring and evaluating program and recipient performance will use both process and outcome evaluations, and will be consistent with the logic model presented earlier.

Evaluation findings will be used to inform programmatic planning and to guide technical assistance CDC will provide to recipients. CDC will work with recipients in the first two quarters

of the period of performance to finalize evaluation plans.

For each of the strategies/activities found in the logic model, CDC has provided example process measures that the recipients should accomplish annually:

Component A Example Process Measures

Strategy 1: Support a nationwide consumer epilepsy information and referral system.

- Number of callers/online consumers assisted.
- Number, type, and location of community resources available by state, county, or other region.

Strategy 2: Conduct public awareness and public education activities related to epilepsy, seizure first aid, SUDEP prevention, and epilepsy stigma.

- Evidence of science-based public awareness campaign message development and educational programs implemented in communities.
- Number of people reached with public awareness campaigns and educational programs.

Strategy 3: Educate health care providers and relevant professionals about epilepsy, seizure first aid, and epilepsy stigma.

- Number and type of health care providers and professionals reached with educational programs.
- Evidence of knowledge and behavior change of health care providers and professionals who have received training.

Strategy 4: Expand access to, delivery of, and participation in evidence-based epilepsy self-management programs.

- Number of providers trained to deliver evidence-based self-management programs.
- Number of evidence-based self-management programs available.
- Number of participants in evidence-based self-management programs.

Strategy 5: Improve epilepsy care and management through health systems interventions.

- Number and type of new health care practice procedures implemented and tested in clinics to improve epilepsy care.

Strategy 6: Develop multi-sector partnerships with underutilized community resources to address the social needs of people with epilepsy.

- Evidence of new partnerships with underutilized community resources.

Component B Example Process Measures

Strategy 1: Educate health care providers and relevant professionals about epilepsy, seizure first aid, and epilepsy stigma.

- Number and type of health care providers and professionals reached with educational programs.
- Evidence of knowledge and behavior change of health care providers and professionals who have received training.

Strategy 2: Expand access to, delivery of, and participation in evidence-based epilepsy self-management programs.

- Number of providers trained to deliver evidence-based self-management programs.
- Number of evidence-based self-management programs available.
- Number of participants in evidence-based self-management programs.

Strategy 3: Improve epilepsy care and management through health systems interventions.

- Number and type of new health care practice procedures implemented and tested in clinics to improve epilepsy care.

Strategy 4: Develop multi-sector partnerships with underutilized community resources to address the social needs of people with epilepsy.

- Evidence of new partnerships with underutilized community resources.

CDC has also developed Performance Measures that are aligned with the NOFO's strategies:

Component A Tier 1 Performance Measures

Reporting on each of these measures is required for the Component A recipient:

- Number of people with epilepsy referred to epilepsy-focused or other community-based services, self-management programs, and/or health care providers.
- Traffic to educational content promoted by awareness and educational campaigns.
- Number of health systems reporting, monitoring, and tracking epilepsy clinical data (e.g., seizure frequency, depression screening) to improve outcomes for people with uncontrolled seizures.

Component B Tier 1 Performance Measures

Reporting this measure is required for each Component B recipient, regardless of strategy(ies) selected:

- Number of people with epilepsy referred to epilepsy-focused or other community-based services, self-management programs, and/or health care providers.

Component B Tier 2 Performance Measures

Component B recipients will report on one or both of these measures based on strategy(ies) selected:

- Traffic to educational content promoted by awareness and educational campaigns.
- Number of health systems reporting, monitoring, and tracking epilepsy clinical data (e.g., seizure frequency, depression screening) to improve outcomes for people with uncontrolled seizures.

Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required for this NOFO.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available, if applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual 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, they should be directed to:

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

Recipients will be required to submit a more detailed Evaluation and Performance Measurement

plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organizational capacity to carry out the strategies and activities outlined in the logic model. At a minimum, all Component A and Component B applicants must:

- Demonstrate their ability to establish and maintain successful working relationships with relevant stakeholders (e.g., people with epilepsy, health care providers, health care systems, community organizations, professional organizations, etc.) to inform and implement programmatic activities by describing successful past partnerships and the outcomes of these relationships.
- Demonstrate their ability to work with the public health workforce at national, state, and/or local levels by describing successful past experiences with public health projects and partners.
- Have (or have access to) expertise in public health program evaluation, including use of program data for program quality improvement, as demonstrated by the inclusion of an on-staff evaluator or contract with an external evaluator that has experience in public health evaluations.
- Demonstrate their ability to effectively gather, analyze, interpret, and use evidence-based or evidence-informed strategies where such information exists and is relevant to activities, by describing previous successful experience in this area.
- Demonstrate their ability to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities, distribute funding to subcontractors/sub-recipients in a timely manner, and hire or contract with qualified personnel.
- Describe their experience supporting public health programs in epilepsy and briefly document their history of serving or working with the relevant target populations identified in this NOFO. This includes documenting any outcomes or benefits that were demonstrated as a result of this work.
- Describe an adequate Staffing Plan, providing CVs/Resumes for proposed NOFO-funded personnel, an Organizational Chart, and project management structure that clearly defines staff roles and a reporting structure. Applicants must name these files "CVs/Resumes" and "Organizational Charts" and upload them with the application package at grants.gov.

Additionally, Component A applicants should document their experience serving the needs of people with epilepsy through a national network. Component A applicants should be able to demonstrate they can effectively disseminate strategies to at least 25 states in order for the proposed program to have nationwide impact.

d. Work Plan

Applicants must provide a detailed work plan that covers the first year of the period of performance and a high-level plan in narrative form for years 2-5. At a minimum, the work plan must demonstrate how the strategies, activities, and staffing/partnerships work together to achieve

program outcomes. Objectives should be written in SMART (Specific, Measurable, Achievable, Realistic, Time-phased) format. Information on performance measures, data sources, and data collection should be included. Applicants should use the template below, or a similar format, when describing the proposed work plan.

Work plan sample template:

Strategy: *EXAMPLE - Educate health care providers and appropriate professionals about epilepsy, seizure first aid, and epilepsy stigma.*							
Period of Performance Outcome: (from Outcomes section and/or Logic Model) *EXAMPLE: Increased knowledge about epilepsy, seizure first aid, and epilepsy stigma among relevant professionals.*				**Outcome Measure:** (from Evaluation and Performance Measurement section) *EXAMPLE: Evidence of knowledge and behavior change of health care providers and professionals who have received training.*			
Objective	**Activities**	**Process Measures**	**Person Responsible**	**Partners (if applicable)**	**Baseline (if applicable)**	**Target (if applicable)**	**Completion Date**
EXAMPLE	*EXAMPLE*	*EXAMPLE*	*EXAMPLE*	*EXAMPLE*	*EXAMPLE*	*EXAMPLE*	*EXAMPLE*
Educate 500 school staff about epilepsy and seizure first aid in schools that have never received training.	*Develop and test training materials.* *Recruit schools.* *Conduct webinars.* *Conduct evaluation activities.*	*REACH: # of schools, # of school staff.* *CHARACTERISTICS: Type of staff educated.*	*Program Director*	*State health dept. School Health Program* *State education agency* *Teachers' Association*	*0 staff*	*500 staff*	*June 2022*

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.

Additionally, CDC will work with recipients to set up monthly calls with the CDC Project Officer and relevant recipient staff to ensure regular monitoring and to provide needed technical assistance.

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

In a cooperative agreement, CDC staff is *substantially involved* in the program activities, above and beyond routine grant monitoring, monthly calls, and site visits. To ensure the success of this cooperative agreement, CDC will:

1. Provide technical assistance, including:

- A pre-award technical assistance call to answer questions for potential applicants.
- Post-award technical assistance, including:
    - Offering guidance to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations;
    - Collaborating to develop the most relevant communication messages;
    - Collaborating in the planning, implementation, and evaluation of meetings related to work conducted under this NOFO; and
    - Providing resources and tools necessary for the successful implementation of strategies and activities to meet project goals.

2. Share information, including:

- Facilitating routine conference calls, webinars, and information exchange among cooperative agreement recipients and epilepsy and public health stakeholders; and
- Collaborating to compile and disseminate recipient accomplishments, best practices, and lessons learned during the period of performance.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism: U58

3. Fiscal Year: 2021

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

5. Approximate Period of Performance Funding: $20,000,000

This amount is subject to the availability of funds.

Component A: $17,500,000

Component B: $2,500,000

Estimated Total Funding: $20,000,000

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

7. Expected Number of Awards: 4

Component A: One award

Component B: One to three awards

8. Approximate Average Award: $1,000,000 Per Budget Period

Component A: $3,500,000

Component B: Up to $150,000 for addressing one strategy; Up to $300,000 for addressing two strategies

9. Award Ceiling: $4,400,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $100,000 Per Budget Period

Component A: $2,500,000

Component B: $100,000

11. Estimated Award Date: 09/13/2021

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and

the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

This NOFO will have 2 components: A and B. Eligible applicants may only apply for either Component A or Component B. Multiple applications from the same entity will not be accepted. Any organization that submits multiple applications will be deemed non-responsive and those applications will not receive further review.

In the "Descriptive Title of Applicant's Project" on the SF-424 form, applicants should identify for which Component the application is being submitted.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

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

		territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		(http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/index.html and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **03/08/2021**

b. Application Deadline

Due Date for Applications: **04/12/2021** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

The CDC Epilepsy Program will hold an Informational Conference Call for potential applicants to ask questions.

Date: Wednesday, February 24, 2021

Time: 1pm Eastern

Phone number: (855) 644-0229

Passcode: 6966716#

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.
When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts
Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.
Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

A Letter of Intent (LOI) is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of applications and plan for their review.

Please include the following information in the LOI:

1. Number and title of this NOFO;
2. Descriptive title of the proposed project (including for which Component you are applying);
3. Name, address, telephone number, and email address of the Principal Investigator or Project Director (or both); and
4. Name, address, telephone number, and email address of the primary contact for writing and submitting the application.

The LOI must be sent via email to:

Maggie Moore, MPH

CDC/NCCDPHP/DPH/Epilepsy Program

Re: CDC-RFA-DP21-2101

Telephone number: 770.488.5598

Email address: epilepsy@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of

the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Applicants are also encouraged to identify any in-kind donations of staff time, equipment, or other resources.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

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

- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

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

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability https://www.cdc.gov/grants/additional-requirements/ar-35.html.

No additional restrictions.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan 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 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.

19. Other Submission Requirements

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=GetStarted%2FGetStarted.htm

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

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

Such requests are handled on a case-by-case basis.
An applicant's request for permission to submit a paper application must:

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

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach Maximum Points:40

The extent to which the applicant:

1. Describes relevant background information, including the context of the problem. (1 point)
2. Includes a 2-3 sentence purpose statement describing specifically how they will address the problem as described in the Background section. (2 points)
3. Clearly identifies if the application is for Component A or Component B. (1 point)
4. Identifies and addresses the strategies appropriate for the selected component (i.e. addressing ALL of the strategies for Component A, or up to two for Component B). (3

points)
5. Describes the outcomes for the period of performance, and how they are linked to the NOFO logic model. (3 points)
6. Aligns strategies and activities with the NOFO logic model and describes how these will lead to achieving period of performance outcomes. (3 points)
7. Provides a detailed Year 1 work plan that includes objectives written in SMART format, activities, person(s) responsible, partners, performance measures, process measures, and baseline and target data (if appropriate) for each strategy addressed. (15 points)
8. Describes how they will collaborate with programs and organizations either internal or external to CDC. (5 points)
9. Includes letters of support, MOUs, or MOAs from major partners, which describe the partners' specific contributions to the work plan. (3 points)
10. Clearly identifies target populations, indicates how reaching this group will alleviate health disparities, and demonstrates that they know how to reach these groups. (4 points)

ii. Evaluation and Performance Measurement — Maximum Points:25

The extent to which the applicant:

1. Describes the type(s) of evaluation to be conducted (i.e. process, outcome, or both) and key evaluation questions to be answered. (2 points)
2. Describes how they will address required performance measures. (5 points)
3. Describes potential data sources and feasibility for collecting evaluation and performance data. (3 points)
4. Describes how key program partners will be engaged in evaluation and performance measuring. (5 points)
5. Describes how evaluation findings will be used for continuous program quality improvement. (5 points)
6. Describes how evaluation findings will be disseminated among partner and stakeholder groups. (5 points)

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

The extent to which the applicant:

1. Component A ONLY: Documents a national network of chapters/affiliates that can effectively disseminate strategies to at least 25 states. (2 points) Component B ONLY: Documents experience successfully conducting activities in the geographic area where program activities will be implemented. (2 points)
2. Demonstrates their ability to establish and maintain relationships with relevant stakeholders and partners to inform and implement program activities. (5 points)
3. Demonstrates their ability to work with the public health workforce at national, state, and/or local levels, as appropriate. (2 points)
4. Demonstrates their expertise in program evaluation, including use of program data for program quality improvement, or how they will gain access to needed expertise. (7

points)
5. Demonstrates their ability to gather, analyze, interpret, and use evidence-based or evidence-informed strategies. (4 points)
6. Demonstrates their ability to manage complex programs and resources, including the administrative, financial, and staff support necessary to sustain activities. (4 points)
7. Describes their experience serving or working with the target populations selected and provide at examples of outcomes or benefits that were demonstrated as a result of this work (4 points)
8. Describes an adequate Staffing Plan, providing CVs/resumes and brief job descriptions for proposed NOFO-funded personnel, an Organizational Chart, and project management structure that clearly defines staff roles and a reporting structure. (7 points)

Budget

The budget is unscored.

It will be evaluated regarding the extent to which the applicant provides a strong justification for budget activities and whether they align closely with strategies and activities described in the work plan.

The applicant should include funding in the budget for two individuals for one annual site visit to CDC in Atlanta, GA.

c. Phase III Review

Objective review panels will review and score complete, eligible applications in accordance with the "Phase II Review Criteria" noted above.

Component A Applicants: The highest ranked application, as determined by the objective review panel, will be funded.

Component B Applicants: The following factors may affect the funding rank order and decision. CDC will justify any decision to fund out of rank order based upon the following:

- At least one award will be made for each of the four Component B strategies/activities noted in the logic model, to the extent feasible.
- Target population diversity: Applications may be funded out of rank order to ensure recipient target populations are not duplicative and that program activities are available to groups with evident health and/or socioeconomic disparities.
- Geographic diversity: Applications may be funded out of rank order to avoid duplicity of working in the same geographic area and to ensure that program activities are available across different U.S. geographies (e.g., rural or urban areas).

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

Anticipated announcement date: 6/28/21

Anticipated award date: 9/13/21

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

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

3. Reporting

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

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

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

Project Officer.

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

CDC seeks to maximize the benefit of reporting by requiring high-impact data, while streamlining reporting to minimize the burden on recipients. Reporting allows for continuous program monitoring, identifies successes and challenges encountered throughout the award, and allows CDC to provide tailored technical assistance as needed. Reporting is also necessary for recipients to apply for yearly continuation of funding.

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

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

Performance Measurement

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

• Other information requested as determined by the CDC program.

Evaluation

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

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via https://www.grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**

- Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via https://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.

Not required.

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

No additional requirements.

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

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed

over the 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).

No additional requirements.

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Maggie Moore, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

4770 Buford Hwy

MS: S107-6

Atlanta, GA 30341

Telephone: (770) 488-5598
Email: epilepsy@cdc.gov

Grants Staff Contact

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

Keisha Thompson, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Office of Financial Resources

2960 Brandywine Road

MS E-01

Atlanta, GA 30341

Telephone: (770) 488-2681
Email: dwt6@cdc.gov

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A

- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable

Required attachments:

- Resumes / CVs
- Position descriptions
- Letters of support
- Organization charts
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assistance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that

information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are

considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2020/04/SPOC-4-13-20.pdf.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).
Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.
Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.
Outcome: The results of program operations or activities; the effects triggered by the program.

For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

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

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

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

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

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

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

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

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

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

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

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

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The

work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms