

Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion Extramural Research Program Office

Improving Detection and Management of Glaucoma and Other Eye Diseases Among High Risk Populations

RFA-DP-19-004

Application Due Date: 02/11/2019

Improving Detection and Management of Glaucoma and Other Eye Diseases Among High Risk Populations

RFA-DP-19-004

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Part 1. Overview Information

Participating Organization(s)

Centers for Disease Control

Components of Participating Organizations

National Center for Chronic Disease Prevention and Health Promotion Extramural Research Program Office (NCCDPHP ERPO)

Notice of Funding Opportunity (NOFO) Title

Improving Detection and Management of Glaucoma and Other Eye Diseases Among High Risk Populations

Activity Code

U01

Amendment I. made January 25, 2019

1. In the NOFO, Part 2. Section I.2. Approach, it says "To be funded for Component B: Coordinating Center, applicants must apply for and receive funding for Component A: Community-Based Interventions with Vulnerable Populations." In response to this requirement, a Special Eligibility Requirement has been added to Sections III.3. Special Eligibility Requirements and III.5. Responsiveness.

2. Section VIII. Other Information - Added Appendix A. Questions from Potential Applicants and CDC Responses

Notice of Funding Opportunity Type

New

Agency Notice of Funding Opportunity Number

RFA-DP-19-004

Assistance Listings (CFDA) Number(s)

93.283

Category of Funding Activity:

Health

NOFO Purpose

The purpose of this Notice of Funding Opportunity (NOFO) is to study innovative strategies to better engage populations most at risk, most vulnerable, and least likely to have access to eye care to detect and manage glaucoma and other eye diseases in community-based settings, for replication and scaling in the US. This NOFO has two components, Component A: Community-Based Interventions with Vulnerable Populations and Component B: Coordinating Center to provide logistics and support to the research study.

Key Dates

Publication Date:

To receive notification of any changes to RFA-DP-19-004, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification

	Emails" link. An email address is needed for this service.
Letter of Intent Due Date:	**01/11/2019**
Application Due Date:	**02/11/2019**

On-time submission requires that electronic applications be error-free and made available to CDC for processing from the NIH eRA system on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov no later than 5:00 PM U.S. Eastern Time. Applications must be submitted using the Application Submission System & Interface for Submission Tracking (ASSIST) module which is a web-based service used for the preparation and submission of grant applications to CDC through Grants.gov. ASSIST provides the ability for applicants to prepare their applications online, and offers the applicant additional capabilities including the ability to preview the application image, validate the application against required business rules, and prepopulate data from an applicant organization's records, therefore identifying issues earlier in the application submission process.

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Scientific Merit Review:	**04/12/2019**
Secondary Review:	**05/14/2019**
Estimated Start Date:	**09/30/2019**
Expiration Date:	**02/12/2019**
Due Dates for E.O. 12372:	**Executive Order 12372 does not apply to this program.**

Required Application Instructions

ELECTRONIC APPLICATION SUBMISSION VIA ASSIST IS PREFERRED

It is recommended that applicants use ASSIST for the electronic preparation and submission of applications through Grants.gov to CDC. ASSIST is an alternative method to prepare and submit applications, and provides many features to facilitate the application submission process which improves data quality (e.g., pre-population of organization data, pre-submission validation of business rules, and preview of the application image used for review). Use of the Grants.gov downloadable Adobe application packages and submission process will still be supported.

It is critical that applicants follow the instructions in the SF 424 (R&R) Application Guide except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read

and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan is limited to 25 pages.

Applications that do not comply with these instructions may be delayed or not accepted for review.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Executive Summary

- **Purpose.** The purpose of this NOFO is to study innovative strategies to better engage populations most at risk, most vulnerable, and least likely to have access to eye care to detect and manage glaucoma and other eye diseases in community-based settings, for replication and scaling in the US. This NOFO has two components, Component A: Community-Based Interventions with Vulnerable Populations and Component B: Coordinating Center to provide logistics and support to the research study.
- **Mechanism of Support.** Cooperative Agreement
- **Funds Available and Anticipated Number of Awards.** The estimated total funding (direct and indirect) for the five-year period of performance, September 30, 2019 to September 29, 2024 is $11,750,000, to fund up to four (4) awards in two Components.

  Component A: Community-Based Interventions with Vulnerable Populations
  Number of Awards: Up to three (3)
  Estimated Funding: $10,500,000

  Component B: Coordinating Center
  Number of Awards: One (1)
  Estimated Funding: $1,250,000

- **Budget and Period of Performance.** The estimated total funding for the first 12-month budget period is $2,350,000 (direct and indirect), and the estimated total funding for the five year period of performance, September 30, 2019 to September 29, 2024, is $11,750,000 (direct and indirect).

  Estimated funding for the first 12-month budget period.

  Component A: $ 2,100,000 (direct and indirect)
  Component B: $ 250,000 (direct and indirect)

- **Application Research Strategy Length.** Page limits for the Research Strategy are clearly specified in Section IV. Application and Submission Information of this announcement.
- **Eligible Institutions/Organizations.** Institutions/organizations listed in Section III, 1.A. are eligible to apply.
- **Eligible Project Directors/Principal Investigators (PDs/PIs).** Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. NOTE:

CDC does not make awards to individuals directly. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply.

- **Number of PDs/PIs.** Applications may include more than one PI; however, the first PI listed on the application will be the "contact PI" for all correspondence. Any additional PIs are permitted, but would be referred to as Co-PIs.
- **Number of Applications**. Only one application per institution (normally identified by having a unique DUNS number) is allowed for each Component.
- **Application Type.** New
- **Special Date(s).** None
- **Application Materials.** See Section IV.1 for application materials. Please note that Form E is to be used when downloading the application package. https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/research-forms-e.pdf.
- **Hearing Impaired.** Telecommunications for the hearing impaired are available at: TTY: 1-888-232-6348.

A link to this announcement is available at https://www.cdc.gov/chronicdisease/programs-impact/nofo/index.htm

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Sections 301(a) and 317(k) (2) of the Public Health Service Act, 42 U.S.C. Section 241(a) and 247b (k) (2), as amended.

1. Background and Purpose

Glaucoma is the leading cause of irreversible blindness among African Americans and the second leading cause of blindness worldwide. An estimated 2.2 to 2.7 million people in the Unites States have the disease (REF 1). Due to its asymptomatic nature, half of people with glaucoma are unaware of their condition (REF 2), increasing the severity of the disease. However, once detected, appropriate treatment and management can slow glaucoma progression and preserve the remaining vision, but cannot restore lost vision.

The prevalence and risk factors for glaucoma are well documented. Compared to non-Hispanic whites, the prevalence of glaucoma is substantially higher among Blacks, Hispanics/Latinos, and Asians (REF 3, 4). Prevalence increases with age among all ethnic groups. Risk factors for glaucoma include race (Blacks, Asians), ethnicity (Hispanics) and age, as well as a family history of glaucoma and diagnosis of diabetes (REF 5).

In addition to individual risk factors, many system features could influence delivery of high-quality eye care such as health insurance coverage, patient and provider education, organizational characteristics, poor coordination between primary care providers and specialists within the health care system, and cost-shifting strategies. System-level factors may also include legislation and health system or community-based initiatives that aim to influence access to and quality of eye care.

The Agency for Healthcare Research and Quality (AHRQ) Effective Health Care Program sponsored a comparative effectiveness review (CER) of glaucoma screening published in 2012 (REF 6). This and a subsequent 2013 statement by the US Preventive Services Task Force (USPSTF) concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for primary open-angle glaucoma, noting "This recommendation applies to adults who do not have vision symptoms and are seen in a primary care setting" (REF 7). However, given the known risk factors for glaucoma, the American Academy of Ophthalmology in its *Primary Open Angle Glaucoma Preferred Practice Pattern,* citing several studies, concluded "Screening may be more useful and cost-effective when it is targeted at populations at high risk for glaucoma" (REF 8). In addition, evidence on the effectiveness of treatment and new potential screening tests justify further evaluation of the success of programs aimed at reaching high-risk populations, detecting and managing glaucoma among high-risk populations (REF 9)

In 2016, the National Academies of Sciences, Engineering, and Medicine (NASEM) published the landmark report *Making Eye Health a Population Health Imperative: Vision for Tomorrow,* defining vision and eye health problems as a growing public health concern for the nation. The report recommended an agenda that included efforts to focus on innovative models of care to improve access to appropriate diagnosis and follow-up treatment (REF 10).

Efforts to improve the identification and detection of glaucoma have been proposed at multiple levels of the individuals, community, and health care system. According to a National Eye Institute (NEI) survey, more than 90 percent of Americans have heard of glaucoma, yet 50% of glaucoma cases are undiagnosed due to the asymptomatic nature of early glaucoma and only 8% are aware glaucoma has no early symptoms (REF 13). Barriers to care include patient knowledge, adherence to eye care recommendations, lower education, lack of medical home, and lack of vision insurance (REF 14-15).

Medicare provides glaucoma screening as a benefit for "high risk patients"— that includes those with a family history of glaucoma, those with diabetes, Blacks over age 50, and Hispanics over age 65. Despite efforts to incentivize access to glaucoma care among vulnerable groups, the benefit has been underutilized (REF 15).

Acknowledging the known risk factors for glaucoma, the asymptomatic character of the disease, the lack of a single test to identify glaucoma, limitations in access to eye care, and the low prevalence of glaucoma in the broad community, the focus of this **NOFO is to identify and implement innovative strategies to engage populations most at risk, most vulnerable, and least likely to have access to eye care to detect and manage glaucoma and other major eye diseases.**

Purpose

The purpose of this NOFO is to identify and implement innovative strategies to better engage populations most at risk, most vulnerable, and least likely to have access to eye care to detect and manage glaucoma and other eye diseases in community-based settings, for replication and scaling in the US. This NOFO will be accomplished with two components, Component A: Community-Based Interventions with Vulnerable Populations and Component B: Coordinating Center to provide logistics and support to the research study.

Given the low general population prevalence of glaucoma, broad general population screening

appears not to be cost-effective, and the marginal results from glaucoma screenings in high-risk population (REF 11), it is reasonable to reach out to groups with higher prevalence (African Americans over age 40, Asians, older people [aged 65+ years] especially older Hispanics, those with a family history of glaucoma, and those with diabetes).

Healthy People 2020 and other National Strategic Priorities

This project supports Healthy People 2020 vision objectives, a national disease prevention initiative that identifies opportunities to improve the health of all Americans. In 2010 and 2020 a vision chapter was included to "improve the visual health of the nation through prevention, early detection, treatment, and rehabilitation." The chapter addresses vision impairment specifically due to diabetic retinopathy, glaucoma, cataract, age-related macular degeneration, and refractive errors (Healthy People 2020).

Objective V-4 of vision chapter of HP 2020 addresses access to eye care "Increase the proportion of adults who have a comprehensive eye examination, including dilation, within the past 2 years" to improve early detection and timely treatment of eye conditions leading to vision impairment.

Objective V-5 of vision chapter of HP 2020 addresses visual impairment due to major eye diseases such as diabetic retinopathy, age-related macular degeneration, glaucoma, cataract, and refractive error, noting "visual impairment is associated with loss of personal independence, decreased quality of life, and difficulty maintaining employment. For older adults, visual problems have a pronounced negative impact on quality of life, equivalent to that of life-threatening conditions such as heart disease and cancer." Objective V-5.3 specifically calls for the reduction of vision impairment due to glaucoma.

V-5.1 Reduce visual impairment due to uncorrected refractive errors
V-5.2 Reduce visual impairment due to diabetic retinopathy
V-5.3 Reduce visual impairment due to glaucoma
V-5.4 Reduce visual impairment due to cataract
V-5.5 Reduce visual impairment due to age-related macular degeneration (AMD)

Public Health Impact

In order to avoid permanent vision loss among the estimated 2.2 to 2.7 million Americans who have glaucoma, early detection and proper management of the disease is critical. In order to detect eye diseases and protect vision, effective measures to improve eye care access and utilization are important. This project will improve our knowledge and understanding of how best to identify, reach and engage populations at risk, and address barriers to access and appropriate utilization of preventive, high quality eye care. It will result in the establishment of a comprehensive protocol that has been tested and proven to have sufficient rigor to be replicated and available to be used by other communities across the nation.

Relevant Work

In 2012, CDC's Vision Health Initiative funded two institutions to improve glaucoma detection, referral, and sustained eye care by identifying and engaging high-risk people in underserved communities. Both programs demonstrated that reaching people at high risk for glaucoma by either mobile eye health program or telemedicine program provided useful information for

wider implementation in public health clinics and in optometrist clinics located in retail outlets.

Currently, and since 2014, two institutions are funded to refine and optimize approaches to detect glaucoma among specific high-risk communities and provide successful follow-up care, while operating through a variety of settings including federally qualified health centers, community centers, primary care locations, and pharmacy chains. (REF 11, 12). This NOFO builds upon that funding (CDC-RFA-DP14-002 and CDC-RFA-DP12-1207) to further refine and develop innovative strategies for glaucoma detection and management among high-risk populations.

2. Approach

The purpose of this NOFO is to study innovative strategies to better engage, detect, and manage glaucoma and other eye diseases among vulnerable populations, in community-based settings, for replication and scaling in the US. This NOFO will be accomplished with two components, Component A: Community-Based Interventions with Vulnerable Populations and Component B: Coordinating Center to provide logistics and support to the research study funded under Component A. To be funded for Component B: Coordinating Center, applicants must apply for and receive funding for Component A: Community-Based Interventions with Vulnerable Populations.

Objectives/Outcomes

The NOFO's objectives are to: 1) identify and implement interventions to increase engagement, detection, and management of glaucoma and other eye diseases; 2) identify modifiable pathways and implement interventions to address the geographic disparities in engaging and reaching high-risk populations; and 3) conduct an economic evaluation of the costs and benefits of proposed approaches.

Component A: Community-Based Interventions with Vulnerable Populations

1. Work with other Component A awardees and Component B awardee to develop and implement a standardized evaluation protocol.
2. Identify and implement interventions to reach and engage individuals within populations at high-risk for glaucoma. The proposed research should focus on identifying geographic regions in the United States with high proportions of people living at or below the federal poverty level and communities that are predominantly comprised of minority groups. Model designs should seek to target populations most at risk who are also vulnerable populations and less likely to access eye care services.
3. Identify and implement an algorithm for glaucoma detection using innovative approaches such as optic disc / computerized imagery, telemedicine, and mobile units.
4. Determine and track patient reported outcome measures such as vision-related quality of life, functional status, adherence, and patient satisfaction.
5. Identify and describe barriers contributing to delayed diagnosis and reduced disease management across levels of the socio-ecological model, a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors.
6. Implement a protocol to detect eye diseases and vision impairment and demonstrate how

the methods to perform glaucoma detection can be modified to detect other eye diseases or functional vision loss.

7. Develop an economic framework to assess the cost-effectiveness of the proposed approach to detect and mange glaucoma, other major eye diseases, and vision impairment.
8. Develop and design materials to guide replication and expansion of glaucoma and other eye diseases/vision impairment detection programs. This objective should include creation of electronic handbooks for developing or replicating eye disease and functional vision loss detection interventions that define setting, partners, scope, intensity, reporting, and outcome measures.

Component B: Coordinating Center

The objective of this component is to facilitate the interaction and communication to maximize study quality and impact.

1. Awardee for Component B will work with Component A awardees to:

- Identify the interventions and develop a common evaluation protocol;
- Assist the awardees in refining study designs and proposals;
- Facilitate linkages between awardees and other partners;
- Provide a coordinated forum for communication and transfer of methodological themes in study designs and analyses;
- Facilitate the formation of a steering committee consisting of the principal investigators from each study site;
- Work with awardees and the funding agency to prepare meeting logistics for the study including agendas, securing meeting facilities for annual face-to-face meetings, and planning and preparing regular committee meeting minutes, etc.; and
- Establish and maintain a study website and organize the steering committee meetings. At the end of the funding cycle the coordinating center will also be responsible for the preparation of reports documenting the results of the research study.

2. Awardee shall have sufficient staff available to plan, coordinate, and resolve day-to-day issues of the network; to maintain study-wide timeline management; and to facilitate the exchange of abstracts, manuscripts, presentations, fact sheets, and other scientific materials among the collaborating centers and the funding agency.

Target Population

The target population for this NOFO is people at high-risk for glaucoma including African Americans over age 40 years, Asians, older people [aged 65+ years] especially older Hispanics, those with a family history of glaucoma, and those with diabetes.

The applicant should consider disparities by race, ethnicity, gender, geography, and socioeconomic status using innovative approaches. Identifying the populations is important to learning about the applicability of the resulting strategies in different populations.

Collaboration/Partnerships

The applicants for this project are encouraged to form and expand partnerships to maximize the capacity of the interventions. Partnerships may occur at the community level to ensure broadest reach and ownership of the proposed intervention. Collaborations and a strategic partnerships are crucial to implement program strategies, sustain outcomes, and allow for more efficient use of existing resources and exchange of information between experts working in various areas of public health and other sectors.

Evaluation/Performance Measurement

Component A: Community-Based Interventions with Vulnerable Populations
Applicants will identify standard proximal (six month) and distal (about 2-4 years) outcomes measuring vision impairment, patient reported vision-related quality of life, functional status, and patient satisfaction. Evaluation efforts should include measurable outputs and refinement to the study design, commitments to professional staffing and potential collaborators, and the execution of the study protocol. Evaluation should also address the multi-center collaborative efforts among the award recipients and the execution of the collaborative activities.

Component B: Coordinating Center
Evaluation should address measurements of quality of promoting and facilitating a multi-center and collaborative environment among the award recipients, providing the coordination of study meetings, conference calls, development and execution of a communication plan including development of a study website, distribution of meeting reports, tracking and management of and coordination of committee activities.

Translation Plan

Awardees will be expected to develop a translation and dissemination plan outlining the steps that will be taken to share research finding with public health practitioners, academic researchers, government agencies, private organizations, and the public. Awardees are expected to submit results to peer-reviewed journals and present findings at professional meetings and conferences, and to disseminate aspects of their work through diverse approaches such as a study website, webinars, and briefs. The translation plan should include plans for translating the intervention to scalable program with associated costs.

OMB/PRA is not expected to apply.

References

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2. Tielsch JM, Sommer A, Katz J, et al. Racial variations in the prevalence of primary open-angle glaucoma. The Baltimore Eye Survey. JAMA 1991;266:369–74.
3. Varma R, Ying-Lai M, Francis BA, Nguyen BB-T, Deneen J, Wilson MR, Azen SP. Prevalence of open-angle glaucoma and ocular hypertension in Latinos: The Los Angeles Latino Eye Study. Ophthalmology 2004;111:1439–1448.
4. Stein JD, Kim DS, Niziol LM, Talwar N, Nan B, Musch DC, Richards JE. Differences in Rates of Glaucoma among Asian Americans and Other Racial Groups, and among Various Asian Ethnic Groups, Ophthalmology 2011;118:1031–1037.
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Latino Eye Study. Am J Ophthalmol. 2008 Nov;146(5):741-6.
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7. Moyer VA. Screening for glaucoma U. S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2013.
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10. National Academies of Sciences, Engineering, and Medicine. (2017). Making eye health a population health imperative: vision for tomorrow. National Academies Press.
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15. Kim S, Stewart JF, Emond MJ, Reynolds AC, Leen MM, Mills RP. The effect of a brief education program on glaucoma patients. Journal of Glaucoma 1997.
16. Gower EW, Whiteside-De Vos J, Cassard SD, Shekhawat NS, Friedman DS. The Medicare glaucoma screening benefit a critical program that misses its target. American Journal of Ophthalmology, 2013;156(2):211-212.

Section II. Award Information

Funding Instrument Type: Cooperative Agreement

A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

Application Types Allowed:

New - An application that is submitted for funding for the first time. Includes multiple

submission attempts within the same round.

Estimated Total Funding:	$11,750,000
Anticipated Number of Awards:	4

Awards issued under this NOFO are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

Award Ceiling:	$700,000 Per Budget Period
Award Floor:	$0 Per Budget Period
Total Period of Performance Length:	5 year(s)

Throughout the Period of Performance, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement (http://www.hhs.gov/ sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf) will apply to the applications submitted and awards made in response to this NOFO.

Section III. 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:

2. Foreign Organizations

Foreign Organizations are not eligible to apply.

Foreign components of U.S. Organizations are not eligible to apply.

For this announcement, applicants may not include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Special Eligibility Requirements

Applicants for Component B: Coordinating Center must submit an application for Component A: Community-Based Interventions with Vulnerable Populations.

If your application is incomplete or non-responsive to the special eligibility requirements listed in this section, it will not enter the review process.

4. Justification for Less than Maximum Competition

NA

5. Responsiveness

Applicants for Component B: Coordinating Center must demonstrate that they have applied for Component A: Community-Based Interventions with Vulnerable Populations, by including a copy of the face page of their Component A application in Appendix I.

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Dun and Bradstreet Universal Numbering System (DUNS) number in order to begin each of the following registrations.

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https:// eportal.nspa.nato. int/ AC135Public/ Docs/ US%20Instructions%2 0for%20NSPA%20NCAGE.pdf
- System for Award Management (SAM) – must maintain current registration in SAM

(the replacement system for the Central Contractor Registration) to be renewed annually, https://www.sam.gov/portal/SAM/.
- Grants.gov
- eRA Commons

All applicant organizations must register with Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

All Program Directors/Principal Investigators (PD/PIs) must also work with their institutional officials to register with the eRA Commons or ensure their existing Principle Investigator (PD/PI) eRA Commons account is affiliated with the eRA commons account of the applicant organization. All registrations must be successfully completed and active before the application due date. Applicant organizations are strongly encouraged to start the eRA Commons registration process at least four (4) weeks prior to the application due date. ASSIST requires that applicant users have active eRA Commons account in order to prepare an application. It also requires that the applicant organization's Signing Official have an active eRA Commons Signing Official account in order to initiate the submission process. During the submission process, ASSIST will prompt the Signing Official to enter their Grants.gov Authorized Organizational Representative (AOR) credentials in order to complete the submission, therefore the applicant organization must ensure that their Grants.gov AOR credentials are active.

7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Web Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number. Additionally, all applicant organizations must register in the **System for Award Management (SAM)**. Organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at https://www.sam.gov/index.html.
If an award is granted, the recipient organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the recipient organization.

8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for HHS/CDC support.

9. Cost Sharing

This FOA does not require cost sharing as defined in the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

10. Number of Applications

As defined in the HHS Grants Policy Statement, (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Only one application per institution (normally identified by having a unique DUNS number) is allowed for each Component.

Section IV. Application and Submission Information

1. Address to Request Application Package

In order to use ASSIST, applicants must visit https://public.era.nih.gov/assist where you can login using your eRA Commons credentials, and enter the Notice of Funding Opportunity Number to initiate the application, and begin the application preparation process.
If you experience problems accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist. Additional support is available from the NIH eRA Service desk via:

- E-mail: http://grants.nih.gov/support/index.html
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552. The NIH eRA Service desk is available Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the SF-424 (R&R) Application Guide http://grants.nih.gov/grants/how-to-apply-application-guide.htm and here: https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf, except where instructed in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. The

package associated with this NOFO includes all applicable mandatory and optional forms. Please note that some forms marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF-424 (R&R) Application Guide to ensure you complete all appropriate "optional" components.
When using ASSIST, all mandatory forms will appear as separate tabs at the top of the Application Information screen; applicants may add optional forms available for the NOFO by selecting the Add Optional Form button in the left navigation panel.

3. Letter of Intent

Due Date for Letter of Intent: **01/11/2019**

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CIO staff to estimate the potential review workload and plan the review.

Prospective applicants are asked to submit a letter of intent that includes the following information:

- Name of the Applicant
- Descriptive title of proposed research
- Name, address, and telephone number of the PD(s)/PI(s)
- Names of other key personnel
- Participating institutions
- Number and title of this funding opportunity

The letter of intent should be sent to:

Sue Shaw
National Center for Chronic Disease and Health Promotion
Extramural Research Program Operations and Services
Centers for Disease Control and Prevention
4770 Buford Highway, NE M/S F-80
Atlanta, GA 30341
Telephone: (770) 488-6142 / Email: zgx7@cdc.gov

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this NOFO in Grants.gov includes all applicable components for this NOFO, required and optional. In ASSIST, all required and optional forms will appear as separate tabs at the top of the Application Information screen.

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of components. Not all components of the Research Plan apply to all Notices of Funding Opportunities (NOFOs). Specifically, some of the following components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application

Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/generalforms-e.pdf and https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).
Follow the page limits stated in the SF 424 unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

1. **Introduction to Application** (for Resubmission and Revision ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the NOFO.
2. **Specific Aims** – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.
3. **Research Strategy** – the research strategy should be organized under 3 headings: Significance, Innovation and Approach. Describe the proposed research plan, including staffing and time line.
4. **Progress Report Publication List** (for Continuation ONLY)

Other Research Plan Sections

5. **Vertebrate Animals**
6. **Select Agent Research**
7. **Multiple PD/PI Leadership Plan.**
8. **Consortium/Contractual Arrangements**
9. **Letters of Support**
10. **Resource Sharing Plan(s)**
11. **Authentication of Key Biological and/or Chemical Resources**
12. **Appendix**

All instructions in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf must be followed along with any additional instructions provided in the NOFO.
Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.
The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:
• Descriptions of the data to be produced in the proposed project
• How access will be provided to the data (including provisions for protection of privacy, confidentiality, security, intellectual property, or other rights)

• Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use
• Plans for archival and long-term preservation of the data, or explaining why long-term preservation and access cannot be justified
Examples of DMPs may be found here: University of California https://dmp.cdlib.org/, or USGS, http://www.usgs.gov/datamanagement/plan/dmplans.php

Research Plan

- To be funded for Component B: Coordinating Center, applicants must apply for and receive funding for Component A: Community-Based Interventions with Vulnerable Populations.
- Applicants must submit a separate application for each Component.
- For each Component, the applicant's research plan should address activities that will be conducted over the entire 5-year period of performance, and should include the following items.

Component A: Community-Based Interventions with Vulnerable Populations

1. Describe approaches to engage the high risk populations using data to identify communities that are disproportionately affected by glaucoma and other major eye diseases.
2. Describe the rationale for the selected geographic area where the study will be performed and provide an explanation for why the results from this area may be applicable to other geographic areas within the USA.
3. Describe the sequence of activities proposed to engage population at risk, including outreach; education/ training/ awareness; detection/ identification of glaucoma, glaucoma suspect, other eye disease, and vision impairment; follow-up/loss to follow-up; measurement of proximal and distal outcomes.
4. Describe approaches(s) to identify and collaborate with appropriate partners such as university medical centers, non-profit organizations, health systems, professional organizations and other agencies or organizations relevant to the study to request their cooperation for this project.
5. Describe plans for data collection, management, quality assurance, and analysis including information on sample size calculations for the study.
6. Describe plans for the economic study to; estimate the effectiveness of the proposed protocol in terms of number of cases detected and follow-up care of the identified cases of glaucoma, other major eye diseases, and vision impairment; estimate the total and additional costs associated with expanding glaucoma detection to include other major eye diseases and vision impairment; and assess the cost-effectiveness of expanding glaucoma detection protocol, compared with no expansion program or status quo.
7. Describe the core components of the intervention (reporting, outcome measures, and training) that require fidelity in order to replicate the intervention.
8. Describe expected contributions to public health (e.g., further understanding of glaucoma detection, potential for dissemination of and sustainability of the proposed intervention in the public health care system).
9. Describe plans for sharing the results of the study(s) and proposed dissemination

strategies for project results. These may include outreach of information to targeted audiences, such as research scientists, behavioral or educational professional organizations, or state and federal policy makers; web postings or other web-based activities such as webinars and other educational activities; and publication in peer reviewed literature.

Management and Staffing

1. Provide a detailed staffing plan to include: 1) staff experience designing, implementing, and evaluating public health strategies including, experience identifying geographic disparities, geospatial mapping, working with partners and local communities; 2) describe the multi-disciplinary experience of the research team (including, but not limited to epidemiologists, statisticians, survey methodologists, demographers, health services researchers, informaticians, and analysts), and how the members of the research team will complement each other's skills and work together; 3) the research team member's contributions to similar studies and publications in peer-reviewed journals and presentations made at professional and scientific conferences; and 4) description of how the team members will complement each other's skills and work together. Include the percentage of time each person will devote to project activities.
2. Provide detailed description of the experience and expertise of the project lead including; a) leadership in project coordination; b) subject matter expertise; and c) publication record in major peer reviewed journals.
3. Provide detailed plan for the coordination and communication approach for working with CDC. Include plans to participate in monthly program monitoring, and provide information as requested by the program.

Timeline

1. Provide a detailed timeline, including realistic and measurable milestones for proposed project activities and distinct benchmarks with a description on how each of the proposed activities will be sequenced and scaled up over the period of performance.
2. Provide a timeline for conducting follow-up assessments and data collection at baseline and subsequent time points during a minimum follow-up period of 12 and 24-36 months after delivery. Provide outcome measures such as health and quality of life.

Budget

1. Include a detailed budget and justification that is linked to proposed activities and milestones.
2. Include travel each year for two key staff (including the PI) to attend an annual meeting in Atlanta, GA to discuss study progress and any issues related to accomplishing project objectives.

Evaluation

1. Describe expected process, milestones and outcomes associated with the proposed intervention, including those with previously undiagnosed glaucoma, glaucoma

suspects, people with glaucoma encountered in the glaucoma detection system, people with other eye diseases and vision impairment.

Letters of Commitment

1. Include letters of commitment from participating partners outlining their commitment to participation or contributions to the project.

Component B: Coordinating Center

1. Describe how the team will lead the Component A awardees in developing a common evaluation protocol and stimulating new ideas.
2. Describe experience in providing support to operate a coordinated center for collaborative research project, facilitate linkages, and coordinate communications among awardees.
3. Describe plans and provide a timeline for meetings with Component A awardees, including developing agendas, securing meeting facilities for annual face-to-face meetings, and planning and preparing regular committee meetings.
4. Describe the staffing plan for the 5-year project and provide an organizational chart with key personnel.
5. Provide a position description in the appendix for any positions not not yet filled.

6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publically available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 25 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 35 pages for all appendices.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.
CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-

e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf.

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are strongly encouraged to allocate additional time and submit in advance of the deadline to ensure they have time to make any corrections that might be necessary for successful submission. This includes the time necessary to complete the application resubmission process that may be necessary, if errors are identified during validation by Grants.gov and the NIH eRA systems. The application package is not complete until it has passed the Grants.gov and NIH eRA Commons submission and validation processes.

Organizations must submit applications using the ASSIST web-based application preparation and submission process.

ASSIST will validate applications before submission. If the system detects errors, then the applicant must correct errors before their application can be submitted.

Applicants are responsible for viewing their application in ASSIST after submission to ensure accurate and successful submission through Grants.gov. If the submission is not successful and post-submission errors are found, then those errors must be corrected and the application resubmitted in ASSIST.

Applicants are able to access, view, and track the status of their applications in the eRA Commons.

Information on the submission process is provided in the SF-424 (R&R) Application Guidance and ASSIST User Guide at https://era.nih.gov/files/ASSIST_user_guide.pdf.

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e. error correction window).

Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk at:

Toll-free: 1-866-504-9552; Phone: 301-402-7469

http://grants.nih.gov/support/index.html

Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on federal holidays)

Problems with Grants.gov can be resolved by contacting the Grants.gov Contact Center at:

Toll-free: 1-800-518-4726

https://www.grants.gov/web/grants/support.html

support@grants.gov

Hours: 24 hours a day, 7 days a week (closed on federal holidays)

If the applicant encounters problems that prevent the ability to submit an application which cannot be resolved by Grants.gov or NIH eRA Service Desks, then applicants must contact CDC Technical Information Management Section (TIMS) at 770-488-2700; ogstims@cdc.gov for guidance at least 3 calendar days before the deadline date. Therefore, it is important that applicants complete the application submission process well in advance of the due date time.

After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. A third and final e-mail message is generated once the applicant's application

package has passed validation and the grantor agency has confirmed receipt of the application.

Unsuccessful Submissions: If an application submission was unsuccessful, the **applicant** must:

1. Track submission and verify the submission status (tracking should be done initially regardless of rejection or success).

    a. If the status states "**rejected**", do #2a or #2b

2. Check emails from both Grants.gov and NIH eRA Commons for rejection notices.

    a. If the deadline has passed, he/she should email the Grants Management contact listed in the Agency Contacts section of this announcement and ogstims@cdc.gov explaining why the submission failed.
    b. If there is time before the deadline, correct the problem(s) and resubmit as soon as possible.

Due Date for Applications: **02/11/2019**

Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

10. Intergovernmental Review (E.O. 12372)

This initiative is not subject to intergovernmental review (http:// www. whitehouse.gov/ omb/ grants_spoc).

11. Funding Restrictions

All HHS/CDC awards are subject to the federal regulations, 45 CFR 75, terms and conditions, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.
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/additionalrequirements/ar-35.html).
For more information on expanded authority and pre-award costs, go to: https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.
CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards. Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or

collecting public health data and must be included in the Resource Sharing Plan(s) section of the PHS398 Research Plan Component of the application.
Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, privacy and confidentiality considerations, embargo issues).
Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please
see: https://www.cdc.gov/grants/additionalrequirements/ar-25.html for revised AR-25.

Funds will be restricted until:

- IRB and OMB/PRA (if needed) approvals are obtained.
- Human subjects education requirement documentation is provided for any new key personnel or other significant contributors involved in the design or conduct or research involving human subjects.

Applicants are advised that any activities involving standard information collection (i.e., surveys, questionnaires, data requests, etc.) from 10 or more non-federal individual/entities are subject to Paperwork Reduction Act (PRA) requirements and may require the CDC to coordinate an OMB/PRA approval request).

Reimbursement of pre-award costs is not allowed. All HHS/CDC awards are subject to the terms and conditions, cost principles, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

For more information on expanded authority and pre-award costs, go to: http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf or speak with your Grants Management Specialist (GMS).

12. Other Submission Requirements and Information

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 under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Application Submission

Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**

Applicants must complete all required registrations before the application due date. Section III.6 "Required Registrations" contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide /url_ redirect.htm? id=11144).

Important reminders:
All PD/PIs must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.
The applicant organization must ensure that the DUNS number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.
If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications:

- http://grants.nih.gov/grants/ElectronicReceipt/avoiding_errors.htm
- http://grants.nih.gov/grants/ElectronicReceipt/submit_app.htm
- https://era.nih.gov/files/ASSIST_user_guide.pdf
- http://era.nih.gov/erahelp/ASSIST/

Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (http:// www.cdc.gov/ about/ organization/ mission.htm), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact
Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria
Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance

Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

Component A: Community-Based Interventions with Vulnerable Populations

- What is the potential impact of the research on public health and public health practice in the US?
- Will this work lead others to investigate the problem of glaucoma detection and management?
- Will this project change the scientific approach towards glaucoma detection strategies?
- What is the potential capacity of the proposed research to deliver scalable, sustainable interventions to improve access and utilization of eye care to detect glaucoma and other vision health problems?

Investigator(s)

Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

Component A: Community-Based Interventions with Vulnerable Populations

- Do the investigators show previous research expertise that have provided high quality outputs and contributed to improvements in public health practice?
- Is there evidence of past collaborations with the proposed research team?
- Does the research team have sufficient and appropriate expertise in glaucoma and other eye diseases detection and management, and understanding of eye care access and utilization within the broad health care system?
- Has the PI or at least one senior team member worked as part of a multi-center research project, including collaborative development of study design?
- Does the research team have publication in the proposed areas of research during the most recent time?

Component B: Coordinating Center

- Does the applicant's project team include professionals with experience in directing and coordinating center for a collaborative, population-based research project?
- Does the team have a successful track record in coordinating and facilitating a multi-center studies?

Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

Component A: Community-Based Interventions with Vulnerable Populations

- Does the proposed project offer reasonable potential for concrete applications of interest and value to CDC?
- Does the proposed project offer innovative strategies to improve access and utilization of eye care to detect glaucoma and other eye diseases by overcoming barriers and creating facilitators for improved care and include innovative options for cost savings and increased efficiency of glaucoma screening?

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed?
If the project involves clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

Component A: Community-Based Interventions with Vulnerable Populations

- Has the applicant offered one or more approaches for developing a multi-center collaborative protocols?
- Does the project identify methods for detection of glaucoma and other eye diseases using innovative approaches?
- Does the project identify innovative ways in the proposed intervention to locate and reach high risk populations for glaucoma and other eye diseases such as geospatial mapping?
- Does the proposed plan include adequate sample size to achieve the studied outcomes?
- Does the project simultaneously provide a short and long-term framework to rigorously evaluate the proposed intervention, including identified metrics to assess outcomes for the evaluation plan?

- Does the application include an economic study to estimate the costs and benefits of the proposed interventions?
- Does the project have the potential to increase efficiency or lead to cost savings?
- Does the application propose innovative strategies for scaling the program to other communities and present a plan for disseminating and utilizing the results from the conducted research?

Component B: Coordinating Center

- Does the applicant describe experience in directing and operating a coordinating center for collaborative research projects that included coordination logistics for multi-site studies?
- Does the applicant describe an approach to optimize the dissemination and impact of the findings from the project?
- Does the applicant describe experience in development and management of websites?

Environment

Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

Component A: Community-Based Interventions with Vulnerable Populations

- Have geographic areas been selected that properly represent high-risk for glaucoma and other major eye diseases? Does the applicant have appropriate access to the target community?
- Does the project utilize critical partnerships or collaborations?
- Does the applicant consider appropriate outcomes measuring patient reported outcomes such as vision-related quality of life, functional status, adherence, and patient satisfaction?
- Have adequate partnerships been identified and assembled to carry out the proposed project?
- Does the project describe how the identified partners and collaborations will be combined to achieve a high-functioning system of collaborators?
- Where measured Does the project support key stakeholder involvement throughout the research process?

Component B: Coordinating Center

- Does the applicant describe experience in directing and operating a coordinating center for collaborative research project?
- Does the applicant describe an approach to optimize the dissemination and impact of the findings from the project?

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

Protections for Human Subjects

If the research involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (https://www.cdc.gov/grants/additionalrequirements/ar-1.html).

If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

Inclusion of Women, Minorities, and Children

When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (https://www.cdc.gov/maso/Policy/Policy_women.pdf and the policy on the Inclusion of Persons Under 21 in Research (https://www.cdc.gov/maso/Policy/policy496.pdf).

Vertebrate Animals

The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following five points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) adequacy of veterinary care; 4) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 5) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (https://grants.nih.gov/grants/olaw/VAChecklist.pdf).

Biohazards

Reviewers will assess whether materials or procedures proposed are potentially hazardous to

research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

Dual Use Research of Concern
Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.

For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: http://www.phe.gov/s3/dualuse. Tools and guidance for assessing DURC potential may be found at: http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx.

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but will not give scores for these items, and should not consider them in providing an overall impact/priority score.

Resource Sharing Plan(s)
HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

New additional requirement: CDC requires recipients for projects and programs that involve data collection or generation of data with federal funds to develop and submit a Data Management Plan (DMP) for each collection of public health data.

Investigators responding to this Notice of Funding Opportunity should include a detailed DMP in the Resource Sharing Plan(s) section of the PHS 398 Research Plan Component of the application. The AR-25 outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

The DMP should be developed during the project planning phase prior to the initiation of collecting or generating public health data and will be submitted with the application. The submitted DMP will be evaluated for completeness and quality at the time of submission.

The DMP should include, at a minimum, a description of the following:

• Type of data to be produced in the proposed project;
• Mechanisms for providing access to and sharing of the data (including provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights);

• Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
• Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified.

Applications submitted without the required DMP may be deemed ineligible for award unless submission of DMP is deferred to a later period depending on the type of award, in which case, funding restrictions may be imposed pending submission and evaluation.

Budget and Period of Support
Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html
The budget can include both direct costs and indirect costs as allowed.
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 modified total direct costs 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.
Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of $25,000.
If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.
As part of the scientific peer review, all applications:

- Will undergo a selection process in which all responsive applications will be discussed and assigned an overall impact/priority score.

- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office.
Applications will compete for available funds with all other recommended applications

submitted in response to this NOFO. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding decisions:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

- Diversity in the study population across applications.

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.

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this NOFO will be subject to the DUNS, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the grantee’s business official.

Recipient must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. Recipients must comply with administrative and national policy requirements as appropriate. For more information on the

Code of Federal Regulations, visit the National Archives and Records Administration: http://www.access.gpo.gov/nara/cfr/cfr-table- search.html.

Specific requirements that apply to this NOFO are the following:

AR-1: Human Subjects Requirements

AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-7: Executive Order 12372 Review

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status

AR 23: Compliance with 45 C.F.R. Part 87

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-21: Small, Minority, And Women-owned Business

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

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

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-31: Research Definition

AR-32: Appropriations Act, General Provisions

AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern

AR-34: Language Access for Persons with Limited English Proficiency

AR-36: ; Certificates of Confidentiality

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy apply to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html.

Federal Funding Accountability and Transparency Act of 2006 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 grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website: https://www.fsrs.gov/.

Plain Writing Act The Plain Writing Act of 2010, Public Law 111-274 was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: http://www.plainlanguage.gov/plLaw/index.cfm.

Pilot Program for Enhancement of Employee Whistleblower Protections All applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that grantees 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.

Copyright Interests Provision 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.

Language Access for Persons with Limited English Proficiency Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take the reasonable steps to provide meaningful access to their programs by persons with limited English proficiency.

Dual Use Research of Concern On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Grantees (foreign and domestic) receiving CDC funding on or after September 24, 2015 are subject to this policy. Research funded by CDC involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution.

Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.

If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at http://www.phe.gov/s3/dualuse.

Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

Data Management Plan(s)
CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, "public health data" means digitally recorded

factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation.

This new requirement ensures that CDC is in compliance with the following; Office of Management and Budget (OMB) memorandum titled "Open Data Policy–Managing Information as an Asset" (OMB M-13-13); Executive Order 13642 titled "Making Open and Machine Readable the New Default for Government Information"; and the Office of Science and Technology Policy (OSTP) memorandum titled "Increasing Access to the Results of Federally Funded Scientific Research" (OSTP Memo).

The AR-25 https://www.cdc.gov/grants/additionalrequirements/ar-25.html outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.
Certificates of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to this award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at: https://www.cdc.gov/grants/additionalrequirements/ar-36.html.

4. Cooperative Agreement Terms and Conditions

Component A: Community-Based Interventions with Vulnerable Populations

The PD(s)/PI(s) will have the primary responsibility to:

- Identify and implement the interventions and develop a common evaluation protocol for glaucoma detection.
- Collaborate with other study investigators and follow common protocol and manuals of operations developed by the steering committee.
- Establish goals and objectives that are realistic, measurable, and time oriented for the project.
- Provide oversight of the management and administrative aspects of the project, including maintaining an adequate staffing plan to support project activities.
- Provide a rigorous evaluation framework for the key milestones of proposed plans.
- Attend periodic meetings, as appropriate, to develop and finalize the intervention and the research protocol, and provide progress updates.
- Conduct studies, including multi-center studies, and disseminate findings in peer-reviewed journals, technical reports, and presentations at professional and scientific

conferences.

- Develop all materials required for IRB submission (e.g., protocol, consent forms, data collection materials, recruitment materials), and submit for review. The protocols must be designed to adequately describe implementation and evaluation of the proposed intervention and meet Office of Human Research Protections (OHRP) standards.
- If OMB-PRA applies, develop OMB submission package and coordinate with CDC to obtain and maintain appropriate approvals through the life cycle of the award.
- Develop quantitative measures of outcome variables.
- Develop and implement stringent safeguards for protecting the rights and confidentiality of participants.
- Identify, recruit, obtain informed consent (or assent), and enrolling and retaining an adequate number of participants in the research, as determined by the study protocols.
- Use appropriate statistical techniques to analyze data needed to evaluate the intervention.
- Coordinate and conduct data collection, edit, analyses, and report.
- Complying with the responsibilities for the Extramural Investigators as described in the Policy on Public Health Research and Nonresearch Data Management and Access http://intranet.cdc.gov/od/oads/spa/dma/index.html.

Component B: Coordinating Center

- Promote and facilitate a multi-center and collaborative environment among the Component A awardees.
- Coordinate and lead the development of the common protocol.
- Facilitate the formation of a steering committee consisting of the principal investigators from each awardee.
- The steering committee will have a minimum of two meetings a year and regular teleconferences throughout the year and may create subcommittee(s), as appropriate to achieve the project goals.
- Organize periodic meetings, as appropriate, at CDC and elsewhere to develop and finalize the intervention and the research protocol.
- Coordinate and facilitate communications and interactions among awardees.
- Facilitate the management and administrative aspects of the project, including detailed timeline and realistic and measurable milestones for proposed projects.
- Complying with the responsibilities for the Extramural Investigators as described in the Policy on Public Health Research and Nonresearch Data Management and Access http://intranet.cdc.gov/od/oads/spa/dma/index.html.

Awardees will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies.

CDC staff will provide technical assistance in support of the project including:

- As requested by the awardees, CDC will provide ongoing scientific and public health

consultation in the development of activities related to the cooperative agreement, including site visits to recipient institutions.
- Ensure that work plans are feasible and consistent with the aims of the NOFO.
- Participate in monthly, or more frequent, conference calls with awardees.
- Serve on the steering committee and work groups as a consultant and in advisory capacity
- Facilitate distribution and dissemination of research findings.
- Assist the PI, as needed, in complying with the investigator responsibilities described in the Policy on Public Health Research and Nonreseach Data Management and Access http://intranet.cdc.gov/od/oads/spa/dma/index.html.

Additionally, an HHS/CDC Project Officer or other HHS/CDC staff will provide day-to-day programmatic, administrative, and fiscal management in support of the project as defined above.

Additionally, an HHS/CDC agency Program Official will be responsible for the normal scientific and programmatic stewardship of the award. The SPO will be:

- Named in the Notice of Grant Award (NGA) as the Program Official to provide oversight and assure overall scientific and programmatic stewardship of the award;
- Monitor performance against approved project objectives; and
- Assure assessment of the public health impact of the research conducted under this funding opportunity announcement and promote translation of promising practices, programs, interventions, and other results from the research.

Areas of Joint Responsibility - Component A awardees will be expected to work with the Component B awardee, and collaboratively with each other to establish a common evaluation protocol, set of key indicators to report process and outcome measures as well as common analytic framework for the economic study.

5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually (see https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, 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 Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for recipients of Federal grants to report information about first-

tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
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 recipients:
1) Information on executive compensation when not already reported through the SAM Registration; and
2) Similar information on all sub-awards/ subcontracts/ consortiums over $25,000. It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over $25,000. See the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A. Submission of Reports
The Recipient Organization must provide HHS/CDC with an original, plus one hard copy of the following reports:

1. **Yearly Non-Competing Grant Progress Report**, is due 90 to 120 days before the end of the current budget period. The RPPR form (https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on the eRA Commons website. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, 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.

2. **Annual Federal Financial Report (FFR) SF 425** (https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm) is required and must be submitted through eRA Commons **within 90 days after the end of the calendar quarter in which the budget period ends**.

3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are required **90 days after the end of the period of performance**.

B. Content of Reports

1. Yearly Non-Competing Grant Progress Report: The grantee's continuation application/progress should include:

- Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the RPPR form in eRA Commons

(https://grants.nih.gov/grants/rppr/index.htm). Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.

- Research Aims: list each research aim/project

a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
b) Leadership/Partnership: list project collaborations and describe the role of external partners.

- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. Questions to consider in preparing this section include:

- How will the scientific findings be translated into public health practice or inform public health policy?
- How will the project improve or effect the translation of research findings into public health practice or inform policy?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
- How will the findings advance or guide future research efforts or related activities?

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. Questions to consider in preparing this section include:
- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
- How will the findings, results, or recommendations contributed to documented or projected reductions in morbidity, mortality, injury, disability, or disease?

- Current Budget Period Financial Progress: Status of obligation of current budget period

funds and an estimate of unobligated funds projected provided on an estimated FFR.

- New Budget Period Proposal:
- Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).

- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.

- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate “Not applicable: No publications or presentations have been made."

- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.

- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project’s data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.

- Additional Reporting Requirements:

https://era.nih.gov/docs/Commons_UserGuide.pdf

2. Annual Federal Financial Reporting The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget period ends. The FFR should only include 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 in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required

to submit a letter explaining the reason and date by which the Grants Officer will receive the information.
The due date for final FFRs will continue to be 90 days after the Period of Performance end date.
Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the end of grant period. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

FFR (SF 425) instructions for CDC recipients are now available at https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm. For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the eRA Commons Support Page: https://grants.nih.gov/support/index.html

FFR Submission: The submission of FFRs to CDC will require organizations to register with eRA Commons (Commons) (https:// commons. era.nih.gov/ commons/). CDC recommends that this one time registration process be completed at least 2 weeks prior to the submittal date of a FFR submission.

Organizations may verify their current registration status by running the "List of Commons Registered Organizations" query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to https://commons.era.nih.gov/commons for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.

The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: https://era.nih.gov/docs/Commons_UserGuide.pdf.

3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee's final report should include:

- Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.

- Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety

of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the period of performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.

- Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.

- Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC funded activity. Please include any additional dissemination efforts that did or will result from the project.

- Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts
Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)
Contact Center Phone: 800-518-4726
Email: support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939
Email: commons@od.nih.gov
Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

CDC Technical Information Management Section (TIMS)
Telephone 770-488-2700
Email: ogstims@cdc.gov

Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Standard Time

Scientific/Research Contact(s)

Sue Shaw, MPH
Scientific Program Official
Extramural Research Program Operations and Services
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS# F80
Atlanta, GA 30341
Telephone: (770) 488-6142
Email: zgx7@cdc.gov

Peer Review Contact(s)

Jaya Raman, Ph.D.
Scientific Review Official
Extramural Research Program Operations and Services
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS# F80
Atlanta, GA 30341
Telephone: (770) 488-6511
Email: kva@cdc.gov

Financial/Grants Management Contact(s)

Sharon Cassell
Grants Management Specialist
Office of Grants Services
Office of Financial Resources
Office of the Chief Operating Officer
Centers for Disease Control and Prevention
Telephone: 770-488-2703
Email: scassell@cdc.gov

Section VIII. Other Information

Other CDC Notices of Funding Opportunities can be found at www.grants.gov.
All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations
Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code Federal Regulations.

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

Appendix A. Questions from Potential Applicants and CDC Responses

1. We are interested in applying for RFA-DP-19-004 and had some questions: Could you please confirm that to apply for Component B: Coordinating Center, the applicants must apply and receive funding for Component A: Community-based Interventions with Vulnerable Populations? If this is the case, then to apply for Component B, is it acceptable to be a sub-contractor to a Component A applicant?

Response

Notice of Funding Opportunity Sections I.2 Approach, and Section IV. Research Plan, state to be funded for Component B: Coordinating Center, applicants must apply for and receive funding for Component A: Community-Based Interventions with Vulnerable Populations.

2. The disease we are looking at is diabetic retinopathy. The RFA-DP-19-004 specifically states "detect and manage glaucoma and other diseases" so we are assuming the project falls within the request parameters as DR is another eye disease.

Response

Part 1. NOFO Purpose states "The purpose of this Notice of Funding Opportunity (NOFO) is to study innovative strategies to better engage populations most at risk, most vulnerable, and least likely to have access to eye care to detect and manage glaucoma and other eye diseases in community-based settings, for replication and scaling in the US."

The NOFO also states in in Part 2. Section1.2 Approach, Objectives/Outcomes that the NOFO objectives are to: 1) identify and implement interventions to increase engagement, detection, and management of glaucoma and other eye diseases; 2) identify modifiable pathways and implement interventions to address the geographic disparities in engaging and reaching high-risk populations; and 3) conduct an economic evaluation of the costs and benefits of proposed approaches.

3. The grant states there will be 3 awards for component A and 1 for component B. We would be applying for both since we are doing both the community-based interventions and will have a Coordinating center. Is that the right approach? Or should we only apply for component A and include coordination in a single application. I was just not clear.

Response

In Part 2. Section1.2 Approach, the NOFO provides the requirements for Component A: Community-Based Interventions with Vulnerable Populations and Component B: Coordinating Center. This section also states that to be funded for Component B: Coordinating Center, applicants must apply for and receive funding for Component A: Community-Based Interventions with Vulnerable Populations. Applicants must submit separate applications for Component A and Component B.

4. The application is a limited submission for which a school unit is coordinating the internal

selection process so we would apply through the school, correct?

Response

In Section III. Eligibility, the NOFO states that eligibility is unrestricted. Section IV. Application and Submission Information provides information applying for and submitting an application. Section V. Application Review Information provides information on the application review process.

5. I would like to apply as PI on a grant from one institution and as a co-I on a different grant (different approach) from another institution. Is this okay? The screening approaches are very different, but I have expertise with both. My total effort would be around 25% if both grants were funded.

Response

There is no restriction as to how key staff can allocate their time. Most application forms require information on "other support" received from PI and other key staff. Please ensure this information is completed for the applications submitted to ensure there is no overlap in activities or that 100% FTE is not exceeded.

One application per institution (normally identified by having a unique DUNS number) is allowed for each Component. This information is provided in the Executive Summary, under Number of Applications.

6. We were not clear from the RFP whether the applicant was going to put in which four sites they wanted to collaborate with or whether we are applying as a single site and then the CDC is going to group four chosen sites into a group of four to collaborate.

Response

In the NOFO Part 2, Section I. Approach, are the NOFO requirements.

- Under Component A: Community-Based Interventions with Vulnerable Populations, the NOFO says that Component A awardees will work with other Component A awardees and Component B awardee to develop and implement a standardized evaluation protocol.
- Under Component B: Coordinating Center, the NOFO says the Awardee for Component B will work with Component A awardees.

In Part 1, Executive Summary, under Funds Available and Anticipated Number of Awards, the NOFO provides the estimated funding and number of awards.

- Component A: Community-Based Interventions with Vulnerable Populations
  Number of Awards: Up to three (3)
  Estimated Funding: $10,500,000

- Component B: Coordinating Center
  Number of Awards: One (1)

Estimated Funding: $1,250,000

7. Our packet states that the LOI is due on January 11. Is there a specific form we need to complete for the Letter of Intent?

Response

Section IV.3. Letter of Intent, of the NOFO says that although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CIO staff to estimate the potential review workload and plan the review.

Prospective applicants are asked to submit a letter of intent that includes the following information:

- Name of the Applicant
- Descriptive title of proposed research
- Name, address, and telephone number of the PD(s)/PI(s)
- Names of other key personnel
- Participating institutions
- Number and title of this funding opportunity

A specific format for providing the above information is not required.

8. Are we required to apply for both components of the grant or can we apply for just Component A: Community-Based Interventions with Vulnerable Populations?

Response

Applicants may apply for Component A only. However, to be funded for Component B: Coordinating Center, applicants must apply for and receive funding for Component A: Community-Based Interventions with Vulnerable Populations.

9. If we are allowed to apply for just Component A, what is the page limitation for the research strategy? Is the research strategy 25 pages for combined Components A and B or is each component 25 pages?

Response: Part 1. Required Application Instructions states the Research Strategy component of the Research Plan is limited to 25 pages. This page limit applies to each application. Separate applications must be submitted for Component A and Component B.

10. I could not find a FAQ page for this RFA. If there is one, could you direct me?

Response

The questions received in response to this NOFO will be published on Grants.gov approximately two weeks prior to the application due date.

11. To build upon the question below, can you tell me if we are to apply for both components if we need to propose a budget of 700K each year or add an additional 250K to the total costs? It's unclear to me if the 700K would include component B.

Component A = 700K each year.
Component B = 250K each year.

Funds Available and Anticipated Number of Awards. The estimated total funding (direct and indirect) for the five-year period of performance, September 30, 2019 to September 29, 2024 is $11,750,000, to fund up to four (4) awards in two Components.

Component A: Community-Based Interventions with Vulnerable Populations Number of Awards: Up to three (3) Estimated Funding: $10,500,000

Component B: Coordinating Center Number of Awards: One (1) Estimated Funding: $1,250,000

Response

Separate applications must be submitted for Component A and Component B.

1. Part I. Executive Summary, provides the following information following.

Funds Available and Anticipated Number of Awards.

- Component A: Community-Based Interventions with Vulnerable Populations

Number of Awards: Up to three (3)

- Component B: Coordinating Center

Number of Awards: One (1)

Budget and Period of Performance.

- Estimated funding for the first 12-month budget period.

Component A: $ 2,100,000 (direct and indirect)
Component B: $ 250,000 (direct and indirect)

2. Section II. Award Ceiling says the ceiling for the first 12-month budge period is $700,000. The $700,000 ceiling applies to Component A: Community-Based Interventions with Vulnerable Populations.

3. For Component B: Coordinating Center, the ceiling is $250,000 for the first 12-month budget period.

12. Can you tell me if the following statement refers to Program Evaluations measure of implementation or clinical evaluation measures? We are curious as to whether this indicates that each site will be conducting the same intervention.

Work with other Component A awardees and Component B awardee to develop and implement a standardized evaluation protocol.

Response

Part 2. Section I. Approach, Component A: Community-Based Interventions with Vulnerable Populations says Component A awardees will work with other Component A awardees and Component B awardee to develop and implement a standardized evaluation protocol. The awardees are not expected to implement the same intervention.