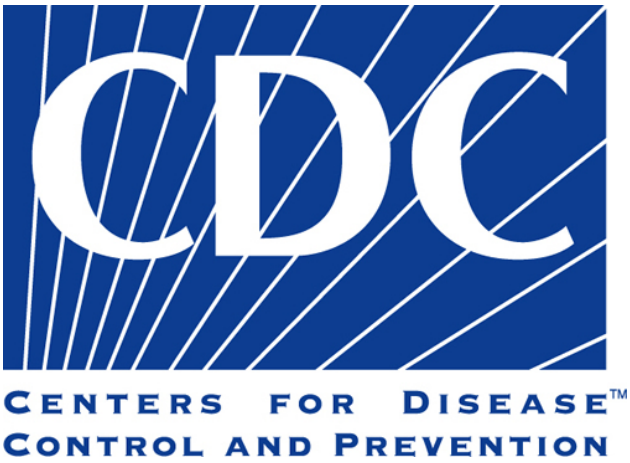


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Improving and Enhancing the US Vision and Eye Health Surveillance System

CDC-RFA-DP22-2204

03/14/2022

Table of Contents

A. Funding Opportunity Description 3
B. Award Information 19
C. Eligibility Information 20
D. Application and Submission Information 22
E. Review and Selection Process 33
F. Award Administration Information 37
G. Agency Contacts 45
H. Other Information 46
I. Glossary 47

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP22-2204. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Improving and Enhancing the US Vision and Eye Health Surveillance System

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP22-2204

E. Assistance Listings Number:

93.068

F. Dates:

1. Due Date for Letter of Intent (LOI):
01/20/2022

2. Due Date for Applications:

03/14/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
N/A

G. Executive Summary:

1. Summary Paragraph
This NOFO solicits non-research cooperative agreement applications to enhance CDC's Vision and Eye Health Surveillance System (VEHSS), using data from a variety of sources, in order to assess U.S. national-, state-, and county-level prevalence of major eye diseases, vision impairment, and utilization of eye care. The strategies and activities in this NOFO focus on maintaining, improving, and enhancing the VEHSS, which is the only interactive, comprehensive collection of vision and eye health data in the United States. The VEHSS includes data from 5 national surveys, 4 administrative claims databases, an electronic health record registry, and published examination studies. Important activities of this NOFO include adding new years of data, streamlining indicators, identifying data gaps, and prioritizing data sources and key indicators that have the greatest value for public health surveillance. The project will also identify and add other sources of vision and eye health data, for example, data from Veterans Affairs, Indian Health Service, and other electronic health record systems. The NOFO will incorporate into the VEHSS national-, state-, and county-level data on social determinants of health and improve functionality of the VEHSS and end-user experience by enhancing data visualization and presentation. Lastly, this project will focus on outreach and dissemination of the VEHSS to key partners to drive an increase in end-user engagement with the surveillance system.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
1

d. Total Period of Performance Funding:
$2,550,000

e. Average One Year Award Amount:
$850,000

f. Total Period of Performance Length:
3

g. Estimated Award Date:
August 30, 2022

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Vision impairment (VI) is a significant health problem, affecting more than 7 million people in the United States (1). VI is associated with a higher prevalence of comorbid conditions such as diabetes, heart disease, falls, injuries, depression, and premature mortality (2-5). Vision impairment, which can be prevented through early detection and timely treatment of common eye diseases, costs the nation more than $130 billion annually (6). The most common eye diseases that may cause irreversible vision loss include age-related macular degeneration, diabetic retinopathy, and glaucoma. Other treatable forms of vision loss, such as cataract and refractive errors, affect millions of Americans. These conditions are common and expected to increase over the next 30 years due to changing demographics in the U.S. population and an increase in risk factors such as diabetes (7). Eye diseases contribute to health disparities in the population. Glaucoma, which affects more than 2.7 million individuals in the U.S. (8), is the leading cause of irreversible blindness among African Americans (9). National and state data suggest that only about a half of those at high risk for serious vision loss had visited an eye doctor in the past year (10). Surveillance of eye diseases is essential to track the magnitude of disease and associated risk factors, prioritize target groups for intervention, set national objectives, allocate resources, and evaluate the public health response.

The purpose of this project is to maintain and enhance CDC's Vision and Eye Health Surveillance System (VEHSS) (https://www.cdc.gov/visionhealth/vehss/index.html), using valid and reliable data from a variety of sources, in order to assess U.S. national, state, and county-level prevalence of the major eye diseases, vision impairment, and utilization of eye care.

The VEHSS is the only interactive, comprehensive collection of vision and eye health data in the United States. Currently, the VEHSS includes data from 5 national surveys, 4 administrative claims databases, an electronic health record registry, and published examination studies. Surveillance indicators within four topic areas (eye health conditions, visual function, service utilization, and medical payments and costs) are displayed on the VEHSS website using data visualization tools. This interactive national data system summarizes over 220 vision and eye health indicators from 10 different datasets, aggregating data from 250 million patient records per year.

This next NOFO will focus on maintaining, improving, and enhancing the VEHSS. An important task will be to streamline indicators, identify data gaps, and prioritize data sources and key indicators that have the greatest value for public health surveillance. The project will also identify and add other sources of vision and eye health data, for example, data from Veterans Affairs, Indian Health Service, and other electronic health record systems. The NOFO will add national-, state-, and county-level data on social determinants of health and CDC's social vulnerability index. Lastly, this project will enhance the visualization and presentation of the data on the website and focus on outreach and dissemination of the surveillance system to key partners, researchers, scientists, public health practitioners, and policy makers.

b. Statutory Authorities

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.

c. Healthy People 2030

This NOFO supports the following Healthy People 2030 topic areas:

- Reduce vision loss from:
  - Diabetic retinopathy
  - Glaucoma
  - Age-related macular degeneration
  - Cataract
  - Refractive errors
- Reduce vision loss in children and adolescents
- Increase the proportion of adults who have had a comprehensive eye exam in the last 2 years
- Increase the proportion of children aged 3 to 5 years who get vision screening
- Increase the proportion of adults with diabetes who have a yearly eye exam

https://health.gov/healthypeople/objectives-and-data/browse-objectives/sensory-or-communication-disorders

https://health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes

d. Other National Public Health Priorities and Strategies

Strategies to promote eye health are outlined by the National Academies of Sciences Engineering and Medicine: https://www.nap.edu/catalog/23471/making-eye-health-a-population-health-imperative-vision-for-tomorrow

U.S. Department of Health and Human Services Strategic Plan and Annual Performance Plan: https://www.hhs.gov/about/budget/fy2021/performance/index.html?language=es

Goal 4. Objective 1: Improve surveillance, epidemiology, and laboratory services

Goal 2. Objective 2: Prevent, treat, and control communicable diseases and chronic conditions

Goal 3. Objective 4: Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers

e. Relevant Work

This NOFO builds on CDC-RFA-DP15-004 and CDC-RFA-DP-19-005, which established the Vision and Eye Health Surveillance System (https://www.cdc.gov/visionhealth/vehss/index.html).

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP22-2204 Logic Model: Improving and Enhancing the US Vision and Eye Health Surveillance System.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Maintain VEHSS by adding data from newer iterations of key datasets and providing trend analyses Streamline surveillance system by prioritizing data and indicators that have the greatest value and utility for public health surveillance Add national-, state-, and county-level data on social determinants of vision health, including CDC's social vulnerability index Standardize questions on self-reported vision impairment and visual function in national surveys Add new data sources (e.g. Veterans Affairs and Indian Health Service) Include vision and eye health data from	**Increased number of years of vision and eye health surveillance data, and improved prioritization and streamlining of vision and eye health surveillance topics and indicators** Improved and standardized self-reported vision impairment and visual function questions in national surveys Increased access to new data on populations of interest (e.g. Veterans, American Indian/ Alaska Natives), comorbidities (e.g. falls/injuries), social determinants of vision health Improved alignment of the VEHSS with the NCCDPHP data modernization strategy by including	**Increased use of the VEHSS demonstrated through online metrics and data from various sources like Adobe Analytics** Increased utilization of the VEHSS website as well as data products and publications will support, promote, and inform the identification of at-risk populations and improved vision care and outcomes Increased use of VEHSS surveillance data to monitor progress toward Healthy People 2030 objectives and inform the Healthy People 2030 Mid-course Review report Improved user experience and usability of the VEHSS website application Increased use of VEHSS by researchers for impactful vision	Improved comprehensiveness, timeliness, and public health relevance of vision and eye health data maintained on VEHSS website application Improved use of VEHSS data to inform Healthy People 2040 vision objectives Increased and consistent utilization of the VEHSS website by key partners

other electronic health record systems Add data on comorbidities of vision impairment (e.g. poor mental health outcomes or falls and injuries) Support monitoring of Healthy People 2030 objectives for vision health Improve functionality and user experience by enhancing the visualization and presentation of website data Conduct outreach and dissemination of the surveillance system among key partners Promote the availability of this valuable source of vision and eye health surveillance data through publications in peer reviewed scientific journals and presentations at scientific conferences.	electronic health record data Increased frequency of website updates to provide timely and accurate dissemination of VEHSS surveillance data and trends **Increased number of products and publications pertaining to the VEHSS**	and eye health research	

i. Purpose

The NOFO purpose is to maintain and enhance CDC's Vision and Eye Health Surveillance System, using valid and reliable data from a variety of sources, in order to assess national, state, and county-level prevalence of eye diseases, vision loss, and utilization of eye care. The objective is to provide researchers, health departments, and policy makers with vital data on the burden of vision impairment and eye diseases, in order to inform research, resource allocation, and the development of policies and interventions to reduce the burden of vision impairment and blindness in at risk communities.

ii. Outcomes

By the end of the performance period:

- Increased number of years of vision and eye health surveillance data, and improved prioritization and streamlining of vision and eye health surveillance topics and indicators
- Increased number of products and publications pertaining to the VEHSS
- Increased use of the VEHSS demonstrated through online metrics and data from various sources like Adobe Analytics

iii. Strategies and Activities

This NOFO will focus on the following strategies and activities:

- Maintain the existing Vision and Eye Health Surveillance System (VEHSS) [https://www.cdc.gov/visionhealth/vehss/index.html] by adding data (at the national-, state-, and county-level) from newer iterations of the key datasets that comprise the surveillance system:
    - National surveys
        - American Community Survey (ACS)
        - Behavioral Risk Factor Surveillance System (BRFSS)
        - National Health Interview Survey (NHIS)
        - National Survey of Children's Health (NSCH)
        - National Health and Nutrition Examination Survey (NHANES); newer data will be added if the NHANES ophthalmology module is implemented again and data are available during the period of performance
    - Administrative claims
        - Medicare, from Centers for Medicare & Medicaid Services (CMS)
        - Medicaid, from CMS
        - Marketscan commercial health insurance
        - VSP (Vision Service Plan) Global managed vision care
    - Electronic Health Records
        - Intelligent Research in Sight (IRIS®) registry created by the American Academy of Ophthalmology using electronic health record data. IRIS® is the largest U.S. ophthalmology registry, as it contains aggregated, de-identified data on nearly 350 million patient visits from 60 million unique patients. Approximately 16,000 clinicians in ophthalmology practices contribute data to the registry.

- Streamline the surveillance system and improve usability by prioritizing the data and indicators that have the greatest value for the purposes of public health surveillance.
    - Utilize existing feedback from CDC's vision surveillance Expert Panel as well as user data from Adobe Analytics reports to identify the most commonly viewed datasets and indicators and those deemed by experts to have the greatest value for the purposes of public health surveillance. Establish a new vision and eye health surveillance Expert Panel and facilitate periodic meetings to seek their recommendations throughout the duration of the NOFO.
    - Employ data visualization tools to highlight these prioritized datasets and indicators and drive end users to these data.
    - Maintain the comprehensive, robust set of data and indicators in archival form, while improving the long-term sustainability of the VEHSS by prioritizing the indicators most informative for public health surveillance.

- Enhance the utility of the VEHSS for both research and public health decision-making by incorporating national-, state-, and county-level data on social determinants of health (SDOH).
    - Perform an inventory of available national-, state-, and county-level data on vision-relevant SDOH.
    - For survey datasets that contain data on both self-reported vision impairment and SDOH, stratify vision impairment indicators by SDOH variables in the interactive VEHSS database. (Some examples of relevant datasets include ACS, BRFSS, and NHIS).
    - For healthcare claims data, explore the possibility of stratifying eye disease prevalence and service utilization by z codes for SDOH.
        - Following are resources for SDOH z codes:
            - https://www.cdc.gov/nchs/data/icd/social-determinants-of-health.pdf
            - https://www.cms.gov/files/document/zcodes-infographic.pdf
            - Johns Hopkins Medicine: ICD-10 Codes to Identify Social Determinants of Health
            - https://www.uhcprovider.com/en/resource-library/news/2019-net-bulletin-featured-articles/0619-social-determinants-health.html
            - https://pubmed.ncbi.nlm.nih.gov/32925453/
    - Create data visualization tools that allow users to explore the relationship between county-level prevalence of vision impairment or eye diseases and county-level indicators of the social determinants of health. (An example of such a data visualization is the United States Diabetes Surveillance System (USDSS), which provides county-level chloropleth maps of diabetes prevalence alongside county-level chloropleth maps of CDC's Social Vulnerability Index: https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html).
    - Incorporate into the VEHSS county-level measures of health care access, such as the number of ophthalmologists and optometrists per 10,000 people (found in the HRSA Area Health Resource Files: https://data.hrsa.gov/topics/health-workforce/ahrf).

The HHS Healthy People objectives provide a useful framework for conceptualizing the social determinants of health:
https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Examples of SDOH indicators can include employment, food security, access to healthy foods, housing security and quality, household income, education, access to health care, health insurance, health literacy, environmental conditions, neighborhood safety, and the built environment.

- Collaborate with the administrators of national surveys (BRFSS, ACS, NHIS) to improve and standardize questions on self-reported vision impairment and visual function, based on the results of a validation study performed in a previous NOFO (DP-19-005 – Research to Enhance the US Vision and Eye Health Surveillance System). This study validated self-reported questions on vision impairment and visual function against the gold standard of clinical chart review in a sample of ophthalmology clinic patients. The results of this study, which will be made available to the NOFO recipient, will inform efforts to improve self-reported vision-related questions on national surveys, an important source of surveillance data for vision and eye health.

- Identify, assess, and analyze other relevant sources of data for vision and eye health and incorporate these new datasets and indicators into the VEHSS. Perform a landscape assessment of other datasets not currently in the VEHSS that contain important vision and eye health indicators. Examples may include but are not limited to data from Veterans Affairs, Indian Health Service, Tricare, and the National Institutes of Health All of Us Research Program. Focus on sources of surveillance data that help address disparities in vision and eye health and on data sources that provide estimates and indicators at various geographic levels. Collaborate with administrators of these datasets to establish data sharing agreements for data access. As data sources allow, identify opportunities to disaggregate prevalence estimates and provide more granular data for different racial/ethnic groups, in order to better understand populations that are disproportionately affected by vision loss and eye diseases.

- In order to align the VEHSS with CDC's data modernization efforts, implement an exploratory pilot project to incorporate into the VEHSS vision and eye health data from other electronic health record systems (in addition to the IRIS® registry). Examples of other electronic health record (EHR) systems include but are not limited to datasets from IQVIA, Kaiser Permanente, and Cerner. Using expert statisticians and modelers, explore the possibility of weighting and adjusting EHR data to produce population estimates of disease. Develop a statistical methodology to make population inferences from large EHR datasets like IQVIA.

- Identify important comorbidities of vision impairment, such as poor mental health outcomes, cardiovascular disease, dementia/cognitive decline, falls, and injuries. Using

VEHSS datasets that contain information on both vision impairment and comorbidities, create data visualization tools that allow users to explore the relationship between vision impairment and these comorbid outcomes.

- Support monitoring of Healthy People 2030 objectives for vision health by creating a featured section of the VEHSS website that allows users to track trends in key indicators related to Healthy People objectives.

- Through discussions with end users, identify opportunities to improve the functionality of the website and user experience with the site. Elucidate how users search for information on the VEHSS and ways in which the VEHSS could be improved to help users find information more readily. Address these opportunities for functionality improvement by enhancing the layout, visualization, and presentation of the data on the website.

- Conduct outreach and dissemination of the surveillance system among key partners: researchers, scientists, public health practitioners, state health departments, and policy makers. Improve awareness and use of the VEHSS by presenting at partner meetings, hosting webinars for end users of the surveillance system, issuing press releases for important data updates, and developing fact sheets, data summaries, and briefs for the website.

- Promote the availability of this valuable source of vision and eye health surveillance data through publications in peer reviewed scientific journals and presentations at scientific conferences. Leverage these scientific manuscripts as opportunities to both promote the VEHSS and publish important findings on the public health burden of vision loss and eye diseases, health service utilization, and population disparities in the prevalence and treatment of eye disease.

- Develop and implement an evaluation plan to quantify end-user engagement with the VEHSS and assess the impact and usefulness of the VEHSS among end-users such as public health professionals, health care providers, and policy makers.

- Provide final project report that includes but is not limited to describing the data sources, data sets, and data analysis (e.g., coding and computer programs) to allow CDC to maintain the surveillance system in the future.

1. Collaborations

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

The recipient is expected to collaborate with CDC programs, as needed, to establish data sharing agreements and obtain access to any data relevant to vision and eye health surveillance that are not publicly accessible. These collaborations could include working with CDC's National Center for Health Statistics, which administers NHANES and NHIS, or CDC's Division of Population Health, which administers BRFSS.

b. With organizations not funded by CDC:
To successfully carry out the activities listed in this NOFO, the recipient will be expected to collaborate with a variety of organizations external to CDC for the purposes of establishing data sharing agreements for data access and disseminating important surveillance data to key partners. Applicants should demonstrate established (or the capacity to establish) collaborations with institutions that administer novel sources of vision and eye health data, or that serve populations that are disproportionately affected by vision loss and eye diseases or other chronic diseases. Applicants should also demonstrate the ability to establish data use agreements for access to data relevant to vision and eye health or chronic disease surveillance or demonstrate evidence of existing partnerships or proposed collaborations to implement the strategies and activities and achieve outcomes.

Possible collaborations may include but are not limited to partnerships with:

- Other federal agencies: Centers for Medicare & Medicaid Services, Department of Veterans Affairs, Indian Health Service, National Institutes of Health or National Eye Institute
- Non-profit organizations
- Professional medical associations
- Academic institutions

Collaborations necessary to establish data sharing agreements and gain data access are required; all others are optional. Applicants should explain how each collaboration would assist in implementing activities and achieving the NOFO period of performance outcomes.

As evidence of collaboration, applicants are strongly encouraged to file the MOU/MOA or letter of support, as appropriate. Name the file "MOUs/MOAs" or "Letters of Support," and upload as a PDF file as part of the appendix to www.grants.gov.

2. Target Populations
The recipient is expected to focus surveillance efforts and provide data on populations at higher risk and disproportionately affected by vision impairment and the major eye diseases. This may include a focus on racial/ethnic minorities, tribal communities, veterans, populations with lower income or medically underserved, and on estimates and indicators at various geographic levels (e.g., national/state/county and urban/rural).

a. Health Disparities
The NOFO aims to focus surveillance efforts on social determinants of health, on populations that are disproportionately affected by vision impairment and the major eye diseases, and on data sources that provide estimates and indicators at various geographic levels (e.g., national/state/county, urban/rural). These efforts to document and monitor trends in vision impairment and the major eye diseases, risk factors, health service utilization, and outcomes will

be crucial in identifying health disparities, informing targeted interventions, and assessing the success of interventions in reducing health disparities.

iv. Funding Strategy
N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Following are the proposed process and outcome measures for the strategies and activities in the logic model. Those that are bolded are proposed outcome measures for the period of performance outcomes in the logic model. These measures will be finalized and operationalized after the awards are made.

- **Increased number of years of vision and eye health surveillance data, and improved prioritization and streamlining of vision and eye health surveillance topics and indicators**
- Improved and standardized self-reported vision impairment and visual function questions in national surveys
- Increased access to new data on populations of interest (e.g. Veterans, American Indian/Alaska Natives), comorbidities (e.g. falls/injuries), social determinants of vision health
- Improved alignment of the VEHSS with the NCCDPHP data modernization strategy by including electronic health record data
- Increased frequency of website updates to provide timely and accurate dissemination of VEHSS surveillance data and trends
- **Increased number of products and publications pertaining to the VEHSS**
- **Increased use of the VEHSS demonstrated through online metrics and data from various sources like Adobe Analytics**

Performance Measures

- Number of years of data, demonstrating expansion and growth of the surveillance system with up-to-date data, trends, and visualization tools.
- Number of visits, type of unique visits, and diversity of visits (e.g., from researchers, public health practitioners, healthcare providers, policymakers, general public) to the website.
- Number of publications or products using VEHSS data to disseminate VEHSS findings, raise awareness of vision impairment/eye disease and its risk factors, and promote early detection, treatment, and improved outcomes.

CDC will work with the recipient to develop and implement an evaluation plan to quantify end-user engagement with the VEHSS and assess the impact and usefulness of the VEHSS to end-users such as public health professionals, health care providers, and policy makers. Potential data

sources include Adobe Analytics metrics and data and discussions with end-users. Key evaluation questions include:

- What has been the change (percent increase or decrease) in the number (per month) of page visits and unique visitors to the VEHSS website during the period of performance for this NOFO?
- What datasets and indicators are most frequently viewed?
- What types of organizations are frequent visitors to the VEHSS (e.g. academic institutions/researchers, public health practitioners, state or local public health departments, policymakers, nonprofit organizations, media, general public, international visitors)?
- What are specific use cases that illustrate how the VEHSS has been used for hypothesis generation in research or public health decision-making?
- What has been the experience of end-users in searching for and finding data on the VEHSS?
- How can the data presentation and functionality of the VEHSS be enhanced or changed to improve user experience with searching for data on the website?

These performance measures and evaluation findings will be used to demonstrate the value of the NOFO by quantifying use of the surveillance system and describing how the VEHSS has been used for hypothesis generation in research or public health decision-making. Evaluation findings will be used by CDC for continuous improvement of the surveillance system.

A data management plan (DMP) is required for this NOFO and at a minimum, needs to include the following requirements. Applicants may not be able to provide all of this information when applying; in these instances, applicants should include a DMP that is as complete as possible. Applicants should use the approved DMP template for the National Center for Chronic Disease Prevention and Health Promotion, which can be found here: https://www.cdc.gov/chronicdisease/programs-impact/nofo/index.htm

DMP elements should include:

- A description of the data to be collected or generated in the proposed project;
- The standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights;
- Statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent, and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified; and,
- Other additional requirements based on the program.

Applicants are advised that any activities involving information collections (i.e., surveys, questionnaires, applications, audits, data requests, reporting, record-keeping and disclosure requirements) from 10 or more non-Federal entities, including State and local governmental agencies, are subject to the conditions of the Paperwork Reduction Act of 1995 (PRA). Under

the PRA, a Federal agency sponsoring a standardized data collection or directly obtaining standardized or substantially similar information from ten or more persons or entities (other than Federal employees within the scope of their employment) in any 12-month period must obtain advance written approval from the Office of Management and Budget (OMB). Regardless of form or format (oral, written, or electronically transmitted), responses of opinion or fact requested or required by or for CDC, except those specifically exempted or excluded, are subject to the provisions of the PRA and its implementing regulation, 5 CFR 1320 (Controlling Paperwork Burdens on the Public).

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

In addition to the above requirements, the Evaluation and Performance Measurement Plan must include:

- How the applicant will assess the utility of vision and eye health indicators (e.g., criteria to add or retire indicators from the surveillance system) and processes to identify gaps in surveillance data and future needs.
- How the applicant will assess Web analytics and usability of the website application to improve the surveillance system and ensure program and user needs are identified and met.

c. Organizational Capacity of Recipients to Implement the Approach
Applicants are expected to demonstrate:

- **Adequate staffing and oversight to accomplish the program goals.**
    - Applicants should clearly define staff roles and demonstrate a team of diverse staff members with the appropriate experience in managing vision and eye health (or chronic disease) surveillance systems. The team should bring complementary and integrated expertise to the project, including expertise in vision and eye health (or other related chronic diseases), biostatistics, epidemiology, communications, informatics, computer programming, graphics and visualization technologies, and Web development and design. The team should include a board-certified ophthalmologist on staff or contracted to provide technical and clinical expertise for the surveillance system. The team should have strong analytical skills and extensive, demonstrable experience in conducting surveillance and in managing, integrating, and analyzing large datasets containing vision and eye health or other chronic disease information. The team should have significant experience in designing, managing, and updating interactive website applications that disseminate surveillance data and trends related to vision and eye health (or other chronic diseases). Applicant must provide a staffing plan that defines the roles, responsibilities, and qualifications of the team and the expected contributions of the key/collaborative partners. In addition to the staffing plan, documents that can be provided to demonstrate organizational capacity include resumes / CVs, position descriptions, organizational charts, and additional subcontractor materials (if applicable). This additional information should be uploaded in a PDF file format to Grants.gov and should be named: Staffing Plan, Curriculum Vitae/Resumes, Position Descriptions, Organizational Charts, and Additional Subcontractor Materials.

- **Prior work on vision and eye health or other chronic disease surveillance.**
    - Applicants should provide evidence of significant experience in establishing and maintaining surveillance systems. Applicants should describe prior work on surveillance systems that focus on providing surveillance data for racial/ethnic minority groups, disproportionately affected groups, and populations at higher risk, or applicants should describe previous work in monitoring and documenting trends in health disparities, risk factors, social determinants of health, health service utilization, and outcomes. The applicant should demonstrate experience in publishing and disseminating vision and eye health (or other chronic disease) surveillance findings and in particular highlighting or addressing health disparities. Documents that can be provided to demonstrate organizational capacity include resumes / CVs and a

bibliography of relevant publications. These supplemental documents should be uploaded in a PDF file format to Grants.gov and should be named: Curriculum Vitae/Resumes and Bibliography of Relevant Publications.

- **Prior work supporting surveillance website applications**
  - Applicants should describe previous work in integrating, visualizing, and disseminating data on vision and eye health (or other chronic diseases) and health disparities using information technology. Applicants should have experience in using website analytics for evaluation and in performing usability testing of website applications. Documents that can be provided to demonstrate organizational capacity include resumes / CVs and a bibliography of relevant publications. These supplemental documents should be uploaded in a PDF file format to Grants.gov and should be named: Curriculum Vitae/Resumes and Bibliography of Relevant Publications.

Appendices will not be counted toward the narrative page limit and there is no limit to the number of allowable electronic attachments uploaded per application.

d. Work Plan

Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years. Applicants should:

- Stratify the workplan by outcomes for the budget period and for the performance period, clearly identifying the outcomes expected to be achieved by the end of the budget period and the outcomes expected by the end of the performance period.
- Outline how the proposed strategies and activities will be carried out together with the evaluation and performance measurements to assess progress towards achieving the proposed outcomes.
- Include quantitative process and outcome measures and proposed strategies and activities that are feasible and adequate to achieve the desired outcomes.
- Provide a detailed timeline with realistic and measurable outcomes for the proposed project strategies and activities.
- Describe how the plan will accomplish the NOFO goals of supporting and improving the Vision and Eye Health Surveillance System in the United States (as well as the website: https://www.cdc.gov/visionhealth/vehss/index.html) with relevant data sources and indicators, up-to-date data and trends, and state-of-the-art technologies and visualization tools.
- Describe collaborative agreements to address the intent and goals of this NOFO and provide evidence of demonstrated partnerships for data access or evidence of data use agreements for the existing or proposed collaborations.
- Describe dissemination plans for producing reports, such as interim progress reports, system documentation, Web analytics, technical reports, final reports, as well as professional presentations and publications that will be produced in collaboration with CDC and other partners.

No specific work plan format is required, as long as it is clear how the components in the work plan crosswalk to the strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of this NOFO. A sample work plan format is presented below to show how a traditional work plan aligns with the logic model and narrative. In this format, the table would be completed for each period of performance outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Period of Performance Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
6			

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

f. CDC Program Support to Recipients

CDC staff will act as consultants for this project. In collaboration with the recipients, CDC activities will include:

- Providing consultation and guidance on all phases of the project.
- Providing expert advice on developing and maintaining surveillance systems.
- Communicating relevant surveillance findings and public health recommendations related to the project.
- Fostering collaborations with other CDC internal and external partners.
- Following up on the recommendations resulting from this project to continue supporting, updating, and improving the Vision and Eye Health Surveillance System.

References

1. Flaxman AD, Wittenborn JS, Robalik T, Gulia R, Gerzoff RB, Lundeen EA, et al. The Prevalence of Visual Acuity Loss or Blindness in the US: A Bayesian Meta-analysis. JAMA Ophthalmol. 2021; doi: 10.1001/jamaophthalmol.2021.0527. Online ahead of print.
2. Crews JE, Chou C-F, Sekar S, Saaddine JB. The Prevalence of Chronic Conditions and Poor Health Among People With and Without Vision Impairment, Aged ≥65 Years, 2010-2014. Am J Ophthalmol. 2017;182:18-30.
3. Patino CM, McKean-Cowdin R, Azen SP, Allison JC, Choudhury F, Varma R. Central and peripheral visual impairment and the risk of falls and falls with injury. Ophthalmology. 2010;117(2):199-206.
4. Ehrlich JR, Hassan SE, Stagg BC. Prevalence of Falls and Fall-Related Outcomes in Older Adults With Self-Reported. Vision Impairment J Am Geriatr Soc. 2019;67(2):239-245.
5. McCarty CA, Nanjan MB, Taylor HR. Vision impairment predicts 5 year mortality. Br J Ophthalmol. 2001;85(3):322-6.
6. Prevent Blindness America. The Cost of Vision Problems: The Economic Burden of Vision Loss and Eye Disorders in the United States. Accessed May 11, 2021 from https://preventblindness.org/wp-content/uploads/2020/04/Economic-Burden-of-Vision-Final-Report_130611_0.pdf.
7. Menke A, Casagrande S, Geiss L, Cowie CC. Prevalence of and Trends in Diabetes Among Adults in the United States, 1988-2012. JAMA. 2015;314(10):1021-9.
8. National Eye Institute. Glaucoma Tables. Accessed on May 11, 2021 at: https://www.nei.nih.gov/learn-about-eye-health/resources-for-health-educators/eye-health-data-and-statistics/glaucoma-data-and-statistics/glaucoma-tables
9. Cole BS, Gudiseva HV, Pistilli M, Salowe R, McHugh CP, Zody MC, et al. The Role of Genetic Ancestry as a Risk Factor for Primary Open-angle Glaucoma in African Americans. Invest Ophthalmol Vis Sci. 2021;62(2).

10. Lundeen EA, Wittenborn J, Benoit SR, Saaddine J. Disparities in Receipt of Eye Exams Among Medicare Part B Fee-for-Service Beneficiaries with Diabetes - United States, 2017. MMWR Morb Mortal Wkly Rep. 2019;68(45):1020-3.

B. Award Information

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

2. Award Mechanism:
U58

3. Fiscal Year:
2022

4. Approximate Total Fiscal Year Funding:
$850,000

5. Total Period of Performance Funding:
$2,550,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$2,550,000

6. Total Period of Performance Length:
3
year(s)

7. Expected Number of Awards:
1

8. Approximate Average Award:

$850,000
Per Budget Period

9. Award Ceiling:
$850,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$425,000
Per Budget Period

11. Estimated Award Date:

12. Budget Period Length:
12 month(s)

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

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

05 (Independent school districts)

08 (Public housing authorities/Indian housing authorities)

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Not applicable.

The award ceiling for this NOFO is $850,000 (per budget period). CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review.

The following documents are required. Applications submitted without these documents will be considered non-responsive and will not receive further review:

- Table of contents
- Project abstract
- Project narrative (including work plan)
- Budget narrative

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

In preparation for the federal government's April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), **applicants must include a UEI in applications (SF-424, field 8c) due on or after January 25, 2022**. The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and grants.gov. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available at: https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update, SAM.gov, https://www.grants.gov/forms/sf-424-family.html and https://grantsgovprod.wordpress.com/2021/09/14/how-to-find-an-applicants-uei-within-grants-gov/.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number to register in SAM.gov prior to April 4, 2022. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS) (Required until April 4, 2022)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM)	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		and create new password 4. This authorizes the AOR to submit applications on behalf of the organization		

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter Of Intent 01/20/2022

01/20/2022

b. Application Deadline

Due Date for Applications 03/14/2022

03/14/2022
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
N/A

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

Management (SAM) exclusions.

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

The LOI is requested but optional. Although the LOI is not required, is not binding, and does not factor into the review of a subsequent application, the purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

LOI must be sent via U.S. express mail, delivery service, fax, or email to:

Elizabeth A. Lundeen, PhD, MPH
Project Officer
CDC, NCCDPHP
Address: 4770 Buford Highway NE, MS S107-3, Atlanta, GA 30341
Telephone number: (770) 488-6517
Fax: (770) 488-5369
Email address: yxj4@cdc.gov

The LOI should include the following information:

- Descriptive title of the proposed project.
- Name, address, and telephone number of the Principal Investigator or the Project Director.
- Names of other key personnel.
- Participating institutions.
- Number and title of this funding opportunity.

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

- Salaries and wages
- Fringe benefits

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

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

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

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

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

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

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

Include a budget plan that is linked to the strategies and activities, and provide a staffing plan that defines the roles, responsibilities and qualifications of the team and the expected contributions of the key/collaborative partners.

13. Funds Tracking

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

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

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

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

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

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

16. Funding Restrictions

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

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

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

17. Data Management Plan

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

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

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

i. Approach **Maximum Points:** 40

The applicant will be evaluated on the extent to which the application describes:

- Relevant background information, including the context of the problem (see CDC Background section). (2 points)
- A purpose and outcomes that are consistent with the intent and goals of this NOFO. (4 points)
- Established (or the capacity to establish) collaborations with institutions (e.g., Indian Health Service, Department of Veterans Affairs) that administer novel sources of vision and eye health data, and data use agreements for access to data relevant to vision and eye health or chronic disease surveillance. (3 points)
- Evidence of existing partnerships or proposed collaborations (e.g., MOAs/MOUs or letters of support) to implement the strategies and activities and achieve outcomes. (3 points)
- A focus on disproportionately affected populations and evidence of existing partnerships or proposed collaborations with institutions that serve populations that are disproportionately affected by vision loss and eye diseases or other chronic diseases. (3 points)
- Comprehensive strategies and activities to:
    - Build upon the previous work in vision and eye health surveillance and continue supporting and improving the current Vision and Eye Health Surveillance System in the United States. (5 points)
    - Obtain access to vision and eye health-relevant surveillance data from partner institutions, with a special focus on populations at higher risk, social determinants of health, and data sources that provide estimates and indicators at various geographic levels (e.g., national, state, county, urban/rural). (5 points)
    - Incorporate new and innovative surveillance data into the Vision and Eye Health Surveillance System and to identify surveillance and information needs to help address population disparities. (5 points)
    - Update and enhance the Vision and Eye Health Surveillance System website https://www.cdc.gov/visionhealth/vehss/index.html with regular data updates and state-of-the-art technologies and visualization tools. (5 points)
    - Enhance the usability of the website application and the user experience. (5 points)

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

The applicant will be evaluated on the extent to which the evaluation and performance measurement plan (including the work plan) is feasible to implement the proposed strategies and activities and to achieve the outcomes of the budget period and of the period of performance.

Specifically, applicants will be evaluated on the extent to which:

- The plan includes quantitative process and outcome measures, the proposed strategies and activities are feasible and adequate to achieve the desired outcomes, and a detailed timeline includes realistic and measurable outcomes for the proposed strategies and activities. (7 points)
- The plan is complete and comprehensive for the entire period of performance. (5 points)
- The applicant will accomplish supporting and improving the Vision and Eye Health Surveillance System in the United States with relevant data sources and indicators and up-to-date data and trends. (5 points)
- The applicant assesses the utility of vision and eye health indicators (e.g., criteria to add or retire indicators from the surveillance system) and processes to identify gaps in surveillance data and future needs. (5 points)
- The applicant outlines production and dissemination of reports, such as interim progress reports, final reports, as well as professional presentations and publications that will be produced in collaboration with CDC and other partners. (2 points)
- The applicant will accomplish the NOFO goals of updating and enhancing the Vision and Eye Health Surveillance System website application with regular data updates and state-of-the-art technologies and visualization tools. (2 points)
- The plan describes the assessment of Web analytics and usability of the website application to improve the surveillance system and ensure program and user needs are identified and met. (2 points)
- The plan outlines production of reports, such as system documentation, Web analytics, and other technical reports. (2 points)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 30

The applicant will be evaluated on the extent to which the organizational capacity supports the successful implementation of the proposed strategies and activities to achieve the outcomes.

Specifically, applicants will be evaluated on the extent to which the applicant's plan:

- Ensures adequate staffing and oversight to accomplish the program goals and provides clearly defined staff roles. Applicant must provide a staffing plan that defines the roles, responsibilities and qualifications of the team and the expected contributions of the key/collaborative partners. Documents that can be provided to demonstrate organizational capacity include: resumes / CVs, position descriptions, letters of support, organization charts, memoranda of agreement (MOAs), and memoranda of understanding (MOUs).
  (5 points)
- Provides a staffing plan that includes a board-certified ophthalmologist on staff or contracted to provide technical and clinical expertise for the surveillance system. (3 points)
- Includes a team of experienced staff members with appropriate expertise in managing vision and eye health (or chronic disease) surveillance systems. The team should have strong analytical skills and extensive, demonstrable experience in managing, integrating, and analyzing large datasets containing vision and eye health or other chronic disease information. (5 points)

- The team should bring complementary and integrated expertise to the project, including expertise in vision and eye health (or other related chronic diseases), biostatistics, epidemiology, communications, informatics, computer programming, graphics and visualization technologies, and Web development and design. (5 points)
- Includes a team with extensive, demonstrable experience in designing, managing, and updating interactive website applications that disseminate surveillance data and trends related to vision and eye health (or other chronic diseases). (3 points)
- Describes and provides evidence (e.g., publications) of prior work on vision and eye health or other chronic disease surveillance, particularly among racial/ethnic minority groups, disproportionately affected groups, and populations at higher risk, or previous work in monitoring and documenting trends in health disparities, risk factors, social determinants of health, health service utilization, and outcomes. (3 points)
- Describes previous work in integrating, visualizing, and disseminating data on vision and eye health (or other chronic diseases) and health disparities using information technology. (3 points)
- Describes previous work in using website analytics for evaluation and in performing usability testing of website applications. (3 points)

Budget **Maximum Points:** 0

Applicants will be evaluated on the extent to which the budget aligns with the proposed work plan.

c. Phase III Review

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

Review of risk posed by applicants.

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

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

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

may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

Announcement date: 12/21/2021
Anticipated award date: 08/30/2022

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

Administrative 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-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2030
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-15: Proof of Non-profit Status
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-22: Research Integrity
- AR-23: Compliance with 45 CFR Part 87
- 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: Enacted General Provisions
- AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern
- AR-34: Accessibility Provisions and Non-Discrimination Requirements
- AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

Applicants are advised that any activities involving information collections (i.e., surveys, questionnaires, applications, audits, data requests, reporting, record-keeping and disclosure requirements, etc.) from 10 or more non-Federal entities, including State and local governmental agencies, are subject to the conditions of the Paperwork Reduction Act of 1995 (PRA). Under the PRA, a Federal agency sponsoring a standardized data collection or directly obtaining standardized or substantially similar information from ten or more persons or entities (other than

Federal employees within the scope of their employment) in any 12-month period must obtain advance written approval from the Office of Management and Budget. Regardless of form or format (oral, written, or electronically transmitted), responses of opinion or fact requested or required by or for CDC, except those specifically exempted or excluded, are subject to the provisions of the PRA and its implementing regulation, 5 CFR 1320 (Controlling Paperwork Burdens on the Public).

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

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

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

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

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

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

3. Reporting

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

- Helps target support to recipients;

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

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

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

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.

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

Evaluation

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

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

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

This report must include the following:

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

- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

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

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

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

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

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.

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

When submitting the report, the applicant must include a copy of the workplan showing the evaluation and performance measurements in achieving the outcomes of the period of performance.

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

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

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

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

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

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

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

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Elizabeth

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

Address:
4770 Buford Highway NE
MS S107-3
Atlanta, GA 30341

Telephone:
(770) 488-6517

Email:
yxj4@cdc.gov

Grants Staff Contact

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

First Name:
Darryl

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

Address:

District at Chamblee 2939 Building, Floor 2
Mailstop: TV-2
2939 Flowers Road South
Atlanta, GA 30341

Telephone:
770-488-2747

Email:
dvm1@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Position descriptions

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

Resumes / CVs

Letters of Support

Organization Charts

Other optional attachments include a staffing plan and a bibliography of relevant publications. Optional attachments will be used to evaluate and score the organizational capacity of the applicant to implement the approach.

I. Glossary

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

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

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

Assistance Listings: A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

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

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

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

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency

funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

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

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

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

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

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a

cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

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

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

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

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

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

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

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

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

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

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

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or

other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOFO-specific Glossary and Acronyms

Glossary of acronyms used throughout the FOA:
ACS American Community Survey
AOR Authorized Organization Representative
APR Annual Performance Report
BRFSS Behavioral Risk Factor Surveillance System
CDC Centers for Disease Control and Prevention
CFDA Catalog of Federal Domestic Assistance
CFR Code of Federal Regulations
CMS Centers for Medicare & Medicaid Services
DA Direct Assistance
D&B Dun and Bradstreet
DDT Division of Diabetes Translation
DUNS Data Universal Numbering System
e-grant Electronic Grant
eRA Electronic Research Administration
FFATA Federal Funding Accountability and Transparency Act
FFR Federal Financial Reporting
FON Funding Opportunity Number
FY Fiscal Year
GMO Grants Management Officer
GMS Grants Management System
GPRA Government Performance Results Act
HHS (Department of) Health and Human Services
HP Healthy People
HRSA Health Resources and Services Administration
IRIS Intelligent Research in Sight
IT Information Technology
L/HHS/Ed Labor, Health and Human Services, and Education
LOI Letter of Intent
MOA Memorandum of Agreement
MOU Memorandum of Understanding
NA Not applicable
NCCDPHP National Center for Chronic Disease Prevention and Health Promotion
NHIS National Health Interview Survey
NHANES National Health and Nutrition Examination Survey
NOA Notice of Award
NOFO Notice of Funding Opportunity
NSCH National Survey of Children's Health
PDF Portable Document Format
PGO Procurement and Grants Office
PMS Payment Management System
PRA Paperwork Reduction Act
RFA Request for Applications
SAM System for Award Management
SF Standard Form

TIMS Technical Information Management Section
USC US Code
USDSS United States Diabetes Surveillance System
VEHSS Vision and Eye Health Surveillance System
VI Vision Impairment