Centers for Disease Control

National Center for Environmental Health

State-Based Public Health Laboratory Biomonitoring Programs
CDC-RFA-EH19-1901
Application Due Date: 04/26/2019

State-Based Public Health Laboratory Biomonitoring Programs
CDC-RFA-EH19-1901
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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-EH19-1901. 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)

B. Notice of Funding Opportunity (NOFO) Title:

State-Based Public Health Laboratory Biomonitoring Programs

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-EH19-1901

E. Assistance Listings (CFDA) Number:

93.070

F. Dates:

1. Due Date for Letter of Intent (LOI):	**03/15/2019**
Is a LOI:	Recommended but not Required
2. Due Date for Applications:	**04/26/2019**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**02/19/2019**

Informational conference calls covering identical content will be held on Tuesday, February 19, 2019, 10:00-11:00 a.m. EST and Thursday, February 21, 2019, 4:30-5:30 p.m. EST. Join by phone 770-488-3600 or (855) 644-0229; conference ID: 5661594 Join Skype Meeting

G. Executive Summary:

1. Summary Paragraph:

The purpose of this notice of funding opportunity is to increase the capability and capacity of state public health laboratories to conduct high-quality biomonitoring science and assess human exposure to environmental chemicals within their jurisdictions. Improved exposure assessment will enable states to reduce or eliminate exposure to certain environmental chemicals by helping to identify at-risk population groups and assess the effectiveness of interventions to reduce harmful exposures.

Applicants may propose biomonitoring activities based on one or all of the following strategies: state-wide population surveillance, targeted investigations, and rapid response. Recipient activities will include biomonitoring to assess exposures of concern, enhancement of laboratory

capability/expertise, coordination/collaboration with partners to improve exposure investigations, and reporting of findings to key audiences.

As a result of recipient activities, CDC anticipates the following outcomes during the period of performance: increased use of biomonitoring to track state-specific exposures and reduce harmful chemical exposures, improved nationwide biomonitoring capacity and capability, greater efficiency and stronger collaborations in conducting biomonitoring, increased awareness of the value of biomonitoring among the general population and scientific community, and improved quality of chemical exposure assessment across the U.S.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	6
d. Total Period of Performance Funding:	$25,000,000
e. Average One Year Award Amount:	$750,000

Average Award for component strategies:

Component A and/or B: $350,000 - $1,000,000

Component C: not to exceed $400,000

f. Number of Years of Award:	5
g. Estimated Award Date:	09/01/2019
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Every day people are exposed to potentially harmful chemicals in their environment from the air, water, soil, food and consumer products. Biomonitoring is the direct measurement of environmental chemicals, or their products, in people's blood and urine. Biomonitoring measurements are the most health-relevant assessments of people's exposure, representing the amount of chemical that enters the body from all environmental sources.

The National Biomonitoring Program at the Centers for Disease Control and Prevention (CDC) develops unique, high-quality biomonitoring methods to measure synthetic and naturally occurring environmental chemicals. CDC also conducts the most comprehensive, ongoing assessment of the U.S. population's exposure to environmental chemicals using biomonitoring of participants in the National Health and Nutrition Examination Survey (NHANES). CDC publishes findings and national reference ranges in peer-reviewed literature and in a periodically updated summary report, the National Report on Human Exposure to Environmental Chemicals.

CDC's biomonitoring data are nationally representative and do not provide exposure information

by specific state or locality. The purpose of this notice of funding opportunity (NOFO) is to increase the capability and capacity of state public health programs to conduct high-quality biomonitoring science, assess human exposure to environmental chemicals within their jurisdictions, and provide biomonitoring data to inform actions that reduce or eliminate human exposure to harmful environmental chemicals.

As a result of recipient activities, CDC anticipates the following outcomes during the period of performance: increased use of biomonitoring to track state-specific exposures and reduce harmful chemical exposures, improved nationwide biomonitoring capacity and capability, greater efficiency and stronger collaborations in conducting biomonitoring, increased awareness of the value of biomonitoring among the general population and scientific community, and improved quality of chemical exposure assessment across the U.S.

Applicants must demonstrate substantial integration in the public health system. Biomonitoring investigations involve community engagement and results reporting to participants. Collaboration with epidemiologists to develop detailed communication plans and community engagement are important in establishing successful biomonitoring programs. Therefore, this NOFO places considerable emphasis on strong collaborations between the laboratory and epidemiologists.

Applicants have the opportunity to develop biomonitoring activities using existing laboratory infrastructure to assess environmental exposures through a multi-component level approach. Applicants can select one or both of the following components: Component A, programs conducting state-wide population surveillance; Component B, programs conducting targeted investigations and/or emergency response. Applicants may apply for an optional Component C to purchase analytical equipment to support biomonitoring methods.

Component A: State-wide Population Surveillance supports biomonitoring investigations that establish reference exposure levels or monitor trends in exposure for chemicals of concern based on a state-wide representative sample of the population within the state and territorial jurisdictions.

Component B: Targeted Investigations support assessment of population exposures in response to a community health concern or discovery of chemical contamination. Rapid Response supports urgent biomonitoring analysis in response to emergencies such as ingestion of contaminated food, uncontrolled releases to air and water, or chemical spills at work or in the community.

(Optional) Component C: Equipment funding for recipients to purchase analytical biomonitoring equipment. This limited funding for Component C is based on availability of funds and the laboratory demonstrating a bona fide need for equipment.

b. Statutory Authorities

Section 317 of the Public Health Service Act, [42 U.S.C. Section 247b], as amended.

c. Healthy People 2020

This NOFO directly addresses the Healthy People 2020 theme of Infrastructure and Surveillance in the Environmental Health topic area. Funding to support state biomonitoring activities will increase national capacity for investigating and responding to disease, monitoring hazards, and educating the public. For more information, see http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=12

d. Other National Public Health Priorities and Strategies

n/a

e. Relevant Work

This activity builds on previous, successful CDC-funded programs to establish and expand national capacity to conduct high-quality biomonitoring science in state public health laboratories. In 2001, CDC launched a grant program to support biomonitoring capacity-building in state public health laboratories. CDC awarded funding via PA 01072, Public Health Laboratory Biomonitoring Planning Grant (http://www.gpo.gov/fdsys/pkg/FR-2001-05-04/html/01-11215.htm), to 22 individual states and 11 states in consortium to develop plans for implementing or expanding biomonitoring programs at the state level. In 2003, CDC funded two individual states (New York and New Hampshire) and six states in consortium (Montana, Wyoming, Utah, Colorado, Arizona, and New Mexico) to implement those biomonitoring program plans via PA 03034, Public Health Laboratory Biomonitoring Implementation Program (http://www.gpo.gov/fdsys/pkg/FR-2003-04-03/html/03-8062.htm). In 2009, CDC awarded five-year funding to three additional individual states (California, New York, and Washington, http://www.cdc.gov/biomonitoring/state_grants.html) via CDC-RFA-EH09-902, State-Based Public Health Laboratory Biomonitoring Programs. In 2014, CDC awarded five-year funding to six recipients including five individual states and one consortium via CDC-RFA-EH14-1402, State-Based Public Health Laboratory Biomonitoring Programs. The states funded include California, New Hampshire, Massachusetts, New Jersey, Virginia, and the 4 Corners States Biomonitoring Consortium (Utah, Colorado, New Mexico, Arizona). Through this NOFO, recipients are expected to further increase use of biomonitoring to track state-specific exposures and reduce harmful chemical exposures.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

The following high-level logic model is a visual representation of the program approach and demonstrates how the strategies and outcomes are related. In the Strategies and Activities section, the strategies apply to both Components A and B, unless noted as an activity for a specific component. The short-term outcomes focus on building laboratory capacity and developing effective biomonitoring approaches. The intermediate outcomes are capabilities that are expected to enhance biomonitoring data impact. The long term outcomes are to improve quality of chemical exposure assessment across the US. This logic model applies to both Component A and B activities.

CDC-RFA-EH19-1901 Logic Model: *State-Based Public Health Laboratory Biomonitoring Programs*

Bold indicates period of performance outcome

Strategies and	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes

Activities			
Biomonitoring			
• Develop measures on state-specific environmental chemical exposures	• **Enhanced data on state-specific environmental chemical exposures** • **Improved response to exposures above a known toxicity threshold** • **Increased use of high-quality laboratory methods for biomonitoring**	• **High quality and interpretable data to inform actions to reduce harmful chemical exposures** • Increased ability to track state-specific exposures • Increased use of biomonitoring to asses harmful environmental chemical exposures	• Improved quality of chemical exposure assessment across the US • Reduction or elimination of human exposure to harmful environmental chemicals
Capability/Expertise			
• Develop quality data collection for biomonitoring activities	• **Increased capability, capacity, and expertise in biomonitoring sciences** • **CLIA compliance for new and existing biomonitoring laboratory methods**	• Improved nationwide biomonitoring capacity	• High-quality biomonitoring techniques used nationwide
Coordination/Collaboration			
• Develop and maintain results driven partnerships that enhance	• **Stronger and improved collaborations for biomonitoring**		• A network of biomonitoring programs to advance the science and

biomonitoring activities	**activities**		quality of biomonitoring
Reporting			
• Communicate results with participants • Publish interpretable results to inform policy	• **Increased awareness about environmental chemical exposures in states** • Improved knowledge about chemical exposures among the scientific community	• Increased awareness of the value of biomonitoring among the general population	

i. Purpose

The purpose of this notice of funding opportunity is to increase the capability and capacity of state public health programs to conduct high-quality biomonitoring science and assess human exposure to environmental chemicals within their jurisdictions. Improved exposure assessment will enable states to reduce or eliminate exposure to certain environmental chemicals by helping to identify at-risk population groups and assess the effectiveness of interventions to reduce harmful exposures.

ii. Outcomes

During the period of performance, a successful recipient will execute the strategies and activities to improve assessment of harmful chemical exposures. Recipients conducting biomonitoring investigations should work toward the bolded short-term and intermediate outcomes outlined in the logic model. The long-term outcomes will contribute to reducing the US populations' exposure to harmful environmental chemicals. The short-term and intermediate outcomes for the first period of performance include:

Short-Term

- Enhanced data on state-specific environmental chemical exposures
- Improved response to exposures above a known toxicity threshold
- Increased capability, capacity, and expertise in biomonitoring sciences
- Increased use of high-quality laboratory methods for biomonitoring
- Clinical Laboratory Improvement Act (CLIA) compliance for new and existing biomonitoring laboratory methods
- Stronger collaborations between the laboratory, epidemiologists, and environmental health stakeholders

- Increased awareness about environmental chemical exposures in targeted populations

Intermediate

- High quality and interpretable data to inform actions to reduce harmful chemical exposures

iii. Strategies and Activities

Recipients are expected to implement the strategies and activities below through developing biomonitoring approaches, laboratory methods, laboratory analysis, reporting results and collaborating with key stakeholders. The strategies and activities apply to both Components A and B, unless otherwise noted.

Biomonitoring: Activities to improve measurements on state-specific environmental chemical exposures through high quality laboratory methods and well-designed biomonitoring approaches.

- Determine levels of environmental chemicals in people and potential sources of exposure through laboratory analyses
- Use laboratory data to assess exposures in targeted populations, population-based surveillance, or emergency response
- Monitor exposure over time and track trends
- Follow guidance on best biomonitoring practices developed by key stakeholders
- (*Component A*) Use laboratory data to assess exposure in population-based surveillance
- (*Component B*) Use laboratory data to assess exposure in targeted populations
- (*Component B*) Use laboratory data to assess exposure in emergency response

Capability/Expertise: Activities to improve operational capacity and ensure quality data collection for biomonitoring approaches.

- Build state workforce capabilities/capacity/competency in biomonitoring sciences
- Participate in CDC-sponsored biomonitoring training/technical assistance
- CLIA compliant for all biomonitoring methods
- Share laboratory methods during development for CDC technical input

Coordination/Collaboration: Activities to build and maintain results driven partnerships that enhance biomonitoring approaches

- Use existing collaborations to investigate exposures
- Collaborate with state epidemiologists or health department
- Collaborate with other award recipients to ensure quality practices
- Establish & use advisory panel
- Participate in the Association of Public Health Laboratories' (APHL) National Biomonitoring Network

Reporting: Activities to communicate results with participants and publish interpretable results

to inform policy changes.

- Develop and implement a Data Management Plan
- Develop risk communication plans for reporting data back to biomonitoring participants
- Communicate data & findings to key audiences
- Track public health impact of biomonitoring

1. Collaborations

Applicants are expected to use or develop strategic partnerships in order to maximize the use of resources, improve the sustainability of state biomonitoring programs, and ensure appropriate expertise toward planning biomonitoring investigations, interacting with communities, and reporting meaningful biomonitoring results. Collaborations should be used to streamline exposure assessment by making use of previously collected, suitable samples or other existing groundwork for biomonitoring investigations.

Applicants can apply as consortia to share resources for biomonitoring activities. Applicants must provide letters of support, a memorandum of understanding (MOU), memorandum of agreement (MOA), or other formal documentation for established collaborations, including a direct or administrative partnership with each state health department they plan to work with.

When uploading supporting documentation for collaborations into this application package, clearly label the documents for easy identification of the type of documentation. For example, an MOA with the state public health department may be labeled using the following format: Collaboration Supporting Documents _ MOA with SPHD.

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

Applicants are encouraged to collaborate with CDC-funded programs at the state level to support high quality biomonitoring approaches. Examples of such programs include:

The Agency for Toxic Substances and Disease Registry's (ATSDR) State Cooperative Agreement Program which builds capacity to assess and respond to site-specific issues involving human exposure to hazardous substances in communities in the U.S.

CDC's Environmental Health Tracking Program which develops a state network to track and report environmental hazards and related health problems.

CDC's Public Health Emergency Preparedness program and Laboratory Response Network (LRN) which builds and strengthens the ability to respond to public health incidents.

b. With organizations not funded by CDC:

Applicants may consider collaboration with existing state biomonitoring programs funded by states (not currently funded by CDC) to share expertise and program challenges and successes. Applicants may also consider appropriate collaboration with and support from biomonitoring stakeholders to accomplish diverse activities. Potential collaborators may include, but are not limited to: academic institutions, professional organizations, non-profit organizations, advocacy groups, community groups, and public health or environmental officials. Engagement with organizations external to CDC will confirm stakeholder support to implement and sustain a state

biomonitoring program.

Applicants must have or propose an advisory committee to assist with planning, collaborations, communication and outreach for biomonitoring programs. Representatives on the committee may include academic institutions, professional organizations, community groups, tribes, health providers, and others deemed appropriate.

The Association of Public Health Laboratories' (APHL) convenes the National Biomonitoring Network (NBN), which may be helpful for recipients to join. This network is a collaboration of federal, regional, state and local laboratories that conduct biomonitoring for use in public health practice and in response to environmental emergencies. To join the NBN, laboratories must apply through APHL's website and undergo a laboratory evaluation and review.

2. Target Populations

The target populations for this NOFO are based on Components A & B. The NOFO provides funding to develop biomonitoring activities for one or both target populations under these two components:

Component A and B address populations and communities within the applicants' jurisdiction:

- Component A: **State-wide population surveillance -** This activity involves assessing exposure of the state-wide population to environmental chemicals and toxic substances using a systematic approach.
- Component B: **Targeted Investigations & Rapid Response -**These activities involve assessing exposures in response to a community health concern or discovery of chemical contamination, or support urgent biomonitoring analysis in response to emergencies.

Applicants should identify which component strategy the program will conduct for each biomonitoring approach. The programs proposal should include strategies and activities that will help to achieve the outcomes of the biomonitoring investigations.

a. Health Disparities

N/A

iv. Funding Strategy (for multi-component NOFOs only)

This NOFO is to support programs who can demonstrate the capability and capacity to measure environmental biomarkers of exposure within their jurisdictions. Applicants apply for NOFO components A, B, and C to directly support biomonitoring activities throughout the duration of the five-year cooperative agreement. Applicants should submit one project and budget narrative that will include all activities for either one or all Components A, B, and C. **The applicant should describe each biomonitoring approach as either component A or B in the project narrative.**

Component A (state-wide population surveillance) activities involves a complex biomonitoring approach to assess biomarkers of exposure across an entire state, region or jurisdiction. The strategies associated with this approach will require additional funding to support the programs activities and outcomes to conduct state-wide biomonitoring.

Component B (targeted investigations or rapid response) activities involve a complex biomonitoring approach but may not assess exposure across an entire state, region or jurisdiction. The strategies involved with this approach are unique to a single community, demographic, or exposure site.

Component C (equipment purchases) is based on availability of funds and a bona fide need. Applicants can apply for additional funding under component C to purchase laboratory equipment in years 1 & 2 of the cooperative agreement.

This funding opportunity will use a two-part strategy to award recipients based on funding availability:

Funding Strategy 1: Funding under this strategy is to award recipients for either one or both components A and B. Applications submitted under this funding opportunity will be reviewed objectively as described in the Review and Selection Process section of this NOFO. Recipients will receive funding based on the size and the complexity of the biomonitoring sampling approach, sample collection strategies, sample analysis, and results reporting for state-wide population surveillance, targeted investigations and/or rapid response. Applicants will not be penalized for selecting only one component category. Applicants should develop activities based on the organizational capacity and capability to complete project outcomes.

Funding Strategy 2: Funding under this strategy is to award recipients for component C. To strengthen laboratory capability and capacity, applicants funded under Funding Strategy 1 will have the opportunity to receive funding to enhance infrastructure through the purchase of analytical equipment for analysis of clinical biomonitoring samples. The objective review panel during the initial NOFO merit review will select the Year 1 and Year 2 recipients of Component C funding.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC's evaluation and performance measurement strategy will evaluate recipient's achievement of desired outcome success during the period of performance. Performance measures will be used to guide continuous program improvement and evaluate the success of this notice of funding opportunity.

Recipients will report on the following specific performance measures on key strategies and activities related to biomonitoring; capability/expertise; coordination/collaboration; and reporting from the logic model.

Biomonitoring Performance Measures:

- Number of biomonitoring laboratory methods developed and validated for measuring environmental chemicals reported in NHANES
- Developed and implemented systematic biomonitoring approach for sample collection in the recipients jurisdiction
- Number of references by key stakeholders for guidance on best biomonitoring practices to develop biomonitoring activities
- (Component A) Number of sub-state regions included in the state-wide biomonitoring surveillance approach

- (*Component B*) Developed and implemented relevant biomonitoring approach for specific targeted investigations
- (*Component B*) Reasonable response time for emergency response activities

Capability/Expertise Performance Measures:

- Number of appropriate staff supporting biomonitoring activities
- Number of appropriate trainings for biomonitoring staff
- Number of highly complex analytical instruments maintained and used for biomonitoring analysis
- Number of laboratory methods shared with CDC for quality review
- CLIA compliance and certification for all biomonitoring methods

Coordination/Collaboration Performance Measures:

- Developed an integrated collaboration with the state health department for biomonitoring activities
- Developed integrated collaborations with federal and non-federal partners
- Participation in recipient activities held by CDC or key stakeholders
- Number of advisory board meetings held and summary of recommendations for biomonitoring activities
- Participation in the Association of Public Health Laboratories' (APHL) National Biomonitoring Network

Reporting Performance Measures:

- Developed and implemented a Data Management Plan (DMP)
- Developed and implemented a risk communication plan for reporting data back to biomonitoring participants
- Number of different communication approaches on biomonitoring activities with key audiences
- Developed tracking plan to evaluate the public health impact of biomonitoring in the recipients jurisdiction

Outcome Measures Recipients must submit outcome performance measures throughout the five-year period of performance related to the short-term outcomes from the logic model.

- **Enhanced data on state-specific environmental chemical exposures.** Program Measure: Number of previously unavailable biomonitoring results measured during the period of performance
- **Improved response to exposures above a known toxicity threshold.** Program Measure: Development of risk communication plan for exposure to chemicals with a known toxicity threshold
- **Clinical Laboratory Improvement Act (CLIA) compliance for new and existing biomonitoring laboratory methods.** Program Measure: Successful CLIA surveys for all validated biomonitoring methods

- **Stronger collaborations between the laboratory, epidemiologists, and environmental health stakeholder.** Program Measure: Number of integrated collaborations between the laboratory, epidemiologists, and environmental health stakeholders
- **Increased awareness about environmental chemical exposures in targeted population.** Program Measure: Development and implementation of biomonitoring communication plan for targeted populations

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. 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/additionalrequirements/ar-25.html.

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must have an active public health laboratory and demonstrate legal authority to conduct biomonitoring investigations. Applicants must demonstrate existing laboratory

infrastructure to conduct biomonitoring including: equipment, laboratory space, staff with appropriate technical and administrative expertise, and collaborative partnerships. Applicants must provide documentation of Clinical Laboratory Improvement Act of 1988 (CLIA) certification. If a bona fide agent conducts biomonitoring analyses, then the bona fide agent must provide CLIA documentation as well as documentation of the mechanism (e.g., contract) under which they perform measurements for the state.

Organizational capacity provides an opportunity for applicants to demonstrate their ability to execute the biomonitoring strategies and activities and achieve its outcomes. Applicants should have adequate infrastructure, communication systems, and workforce capacity and competence to execute the award.

d. Work Plan

Applicants must construct a logical, stepwise work plan including a detailed plan that covers the first year of the period of performance and a high level plan for subsequent years. The work plan must demonstrate alignment between activities (with appropriate performance measures or milestones for accomplishing tasks) and achievement of the NOFO period of performance outcomes shown in the logic model. Applicants must designate the appropriate component strategies (A, B, and/or C) and corresponding activities for each component. The work plan should address the following:

- Activities and timeline to support achievement of NOFO outcomes
- Specific public health needs the state biomonitoring program will address
- Personnel and equipment to support implementation of the award
- Validation and continuous quality assessment of laboratory methods
- Internal and external training for staff
- Activities to establish and maintain an advisory panel or seek citizen/stakeholder input
- Communication plans for reporting laboratory findings to biomonitoring participants and/or publishing findings in peer reviewed literature
- Protocol for follow-up and treatment referral in response to exposures above a known toxicity threshold
- Collaboration with other biomonitoring stakeholders
- Evaluation and assessment processes to ensure successful implementation and quality assurance

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

CDC will also monitor recipients' activities to demonstrate biomonitoring capability through documented method validation, demonstration of competency, and independent CLIA certification by:

- Review of CLIA certifications annually for all biomonitoring methods
- Review of laboratory biomonitoring methods and publications

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

In a cooperative agreement, CDC and recipients share responsibility for successfully implementing the award and meeting identified outcomes. The following are potential areas of substantial involvement, others may also be included:

- Analytical method training at CDC for selected chemicals or groups of chemicals
- Analytical method transfer to state public health laboratories
- Quality assessment testing services to laboratories for selected, existing CDC methods
- Technical review and consultation on biomarker and matrix selection, sample collection, and other aspects of laboratory method and biomonitoring investigation design
- Assistance in developing and evaluating laboratory methods, especially with respect to Quality Assurance/ Quality Control (QA/QC)
- Technical review of final laboratory method
- Technical review of scientific manuscripts and/or other documents disseminating biomonitoring findings before submission for publication
- Facilitation of communication among recipients and other active biomonitoring programs
- Facilitation of use of select reference materials to promote comparability of biomonitoring findings
- Assistance in developing training materials for laboratory methods, evaluations, risk communication, and other topics for state biomonitoring programs
- Convene recipients to facilitate information exchange and collaboration

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

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

2. Award Mechanism: U88

U88, Services Demonstration - Cooperative Agreements

3. Fiscal Year: 2019

Estimated Total Funding: $25,000,000

4. Approximate Total Fiscal Year Funding: $5,000,000

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding: $25,000,000

Throughout the period of performance, 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 (period of performance) 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).

6. Total Period of Performance Length: 5

7. Expected Number of Awards: 6

8. Approximate Average Award: $750,000 Per Budget Period

Average Award for component strategies:

Component A and/or B: $350,000 - $1,000,000

Component C: not to exceed $400,000

This amount is subject to the availability of funds.

9. Award Ceiling: $1,000,000 Per Budget Period

10. Award Floor: $350,000 Per Budget Period

11. Estimated Award Date: 09/01/2019

Throughout the period of performance, 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 (period of performance) 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).

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

Government Organizations:

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

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities
Community-based organizations
Faith-based organizations

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

Additional materials that may be helpful to applicants: http://www.cdc.gov/ od/ pgo/ funding/ docs/ Financial ReferenceGuide.pdf.

1. Required Registrations

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

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

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

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

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be

current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov***.

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow 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 issues a new DUNS number check online at (http:// fedgov.dnb. com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the Account is set up the E_BIZ POC will be	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 to grants.gov)	Register early! Log into Grants.gov and check AOR status until it shows you have been approved

		notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit the 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 funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **03/15/2019**

b. Application Deadline

Due Date for Applications: **04/26/2019** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call: 02/19/2019

Informational conference calls covering identical content will be held on Tuesday, February 19, 2019, 10:00-11:00 a.m. EST and Thursday, February 21, 2019, 4:30-5:30 p.m. EST. Join by phone 770-488-3600 or (855) 644-0229; conference ID: 5661594 Join Skype Meeting

5. CDC Assurances and Certifications

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

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

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

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

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

Duplication of Efforts
Applicants are responsible for reporting if this application will result in programmatic,

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI: Recommended but not Required

The purpose of a letter of intent (LOI) is to allow CDC staff to plan for the review of submitted applications.

Applicants are recommended to submit an LOI (3-page limit) for this NOFO. The LOI should be submitted via email as an attachment to iop2@cdc.gov with a copy to Ralph Robinson, grants management officer, at inp2@cdc.gov.

The LOI should include the following information:

- Name of applicant organization
- Project director's name, address, telephone number, and email address
- Primary application point of contact's name, address, telephone number, and email address (if different from above)
- Number and title of this NOFO
- Component Category or Categories the applicant will address
- Brief Description of the target population for the biomonitoring activities

LOIs must be printed on the applicant organization's letterhead and can be single- or double spaced.

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

Multi-component NOFOs may have a maximum of 15 pages for the “base” (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages.

Page limits include work plan; content beyond specified limits may not be reviewed. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. 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 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 period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

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 period of performance. (See CDC Project Description: Strategies and Activities section.)

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

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

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of

tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

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

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

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

13. Intergovernmental Review

Executive Order 12372 does not apply to this program.

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.

14a. Funds Tracking

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

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

14b. 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.

14c. 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.

14d. Data Management Plan

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

public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

15. Funding Restrictions

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

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

16. 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.
If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

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 I Review
All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by 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 approach criteria applies to both Components A and B categories. Evaluators will review the applicants based on the overall approach to conduct biomonitoring activities.

Approach [40 points]

- To what extent does the applicant describe an overall strategy and activities for Components A and/or B consistent with the CDC Component descriptions and logic model? **(10 points)**
    - To what extent does the applicant present outcomes that are consistent with the

period of performance outcomes described in the CDC Project Description?
    - Is the proposed approach likely to produce high-quality, substantial, and previously unavailable state-specific exposure information by the end of the 5 year period of performance?
    - Component A: To what extent does the applicant describe development of biomonitoring investigation approach assessing harmful chemicals in a state-wide population?
    - Component B: To what extent does the applicant describe development of biomonitoring investigation assessing harmful chemicals in a targeted population?
- To what extent does the applicant describe a biomonitoring approach for analytes reported in CDC's National Report on Human Exposure to Environmental Chemicals? **(5 points)**
- To what extent are appropriate partnerships and collaborations indicated and supported? To what extent does the applicant provide letters of support or other required documentation? **(10 points)**
- To what extent does the work plan include a logical, stepwise process to validate and implement biomonitoring methods? **(10 points)**
    - To what extent does the work plan include a protocol for continuous improvement in laboratory quality?
- To what extent is the proposed protocol for disseminating biomonitoring results adequately developed and appropriate? **(5 points)**

ii. Evaluation and Performance Measurement	Maximum Points: 25

Applications for all Categories:

Evaluation and Performance Management [25 points]

- To what extent does the applicant present a reasonable plan to evaluate progress in attaining program goals?
- To what extent does the applicant present a plan to continuously measure and improve performance for the proposed timeline?

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

Applicant's Organizational Capacity to Implement the Approach [35 points]

- To what extent does the applicant indicate support for biomonitoring as evidenced by legislation or other support (e.g. in-kind) from the state?
- To what extent does the applicant indicate adequate laboratory infrastructure to support biomonitoring (space, equipment, and staffing)?
- To what extent does the applicant demonstrate experience in biomonitoring science?
- To what extent does the applicant indicate appropriate, collaborative relationships to streamline biomonitoring investigations and generation of exposure data?
- To what extent does the applicant or bona fide agent provide documentation of CLIA certification and relevant agreements (contracts, etc.) for testing services by a bona fide

agent?

- To what extent does the applicant indicate a plan for appropriate staff training, including on-site training at CDC?
- To what extent does the applicant provide experience, background, and the curricula vitae for key staff to indicate ability to carry out all activities of the biomonitoring program?
- To what extent does the applicant describe a current or proposed advisory committee?
- To what extent does the proposed budget include appropriate distribution of funds (i.e. equipment, personnel, supplies, etc.) to execute the proposed activities?
- To what extent does the applicant address the sustainability of biomonitoring after the period of performance?

iv. Optional C - Equipment Maximum Points: 10

Applicants can apply for funding to purchase complex analytical equipment to measure human biomonitoring samples. This section is scored independently from Component A & B and is funded to awarded applicants. (10 points)

- To what extent does the applicant describe the intended purpose of the analytical equipment?
- To what extent does the applicant demonstrate a bona fide need i.e., replacement for obsolete equipment, new technologies for measuring new analytes, increase laboratory capability to develop new biomonitoring methods, etc.?
- Does the applicant provide a quote for the equipment?

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

Awards will be announced electronically or by mail on or before July 10, 2019. Anticipated date of award is September 1, 2019.

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 NOFO 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.

***Recipients must comply with the administrative requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at* http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.**

The following Administrative Requirements (AR) apply to this project:

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)

ARs applicable to awards related to conferences:

- AR-27: Conference Disclaimer and Use of Logos

Organization-specific ARs:

- AR-8: Public Health System Reporting (community-based, nongovernment organizations)

For more information on the C.F.R., visit the National Archives and Records Administration at http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit

Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the period of performance. 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 NOFO 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 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 weblinks 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 recipient must submit the Annual Performance Report via www.Grantsolutions.gov 120 days prior to the end of the budget period.

Recipients must provide documentation of CLIA review of new methods.

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. 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, awardees 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)
This report is due 90 days after the end of the period of performance. 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 period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Kristin Dortch, Project Officer
Department of Health and Human Services

Centers for Disease Control and Prevention
Telephone: (770) 488-0346
Email: iop2@cdc.gov

Grants Management Office Information

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

Wanda Tucker, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Telephone: (770) 488-5056
Email: kna9@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.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: ogstims@cdc.gov

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

- Equipment Quotes

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assistance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the period of performance. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the

program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf

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

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

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

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

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

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

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a

grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

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

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

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

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

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

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

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

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

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

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

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

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

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and

encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

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

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