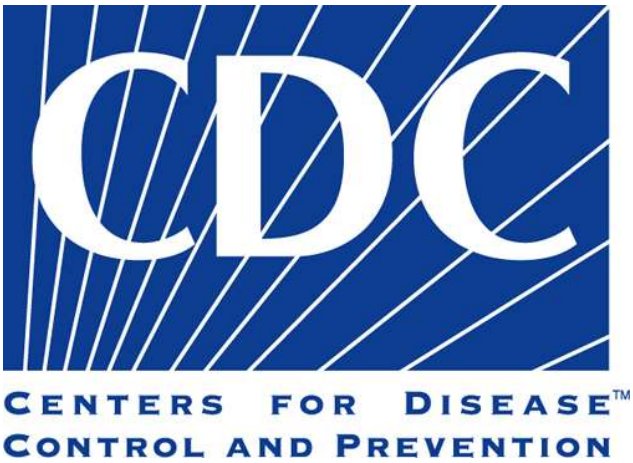

Centers for Disease Control and Prevention

NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

Advancing Policy as a Public Health Intervention to Reduce Morbidity, Mortality and Disparities in HIV, Viral Hepatitis, STDs, and Tuberculosis

CDC-RFA-PS-23-0009

02/01/2023

Table of Contents

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-PS-23-0009. 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:

Advancing Policy as a Public Health Intervention to Reduce Morbidity, Mortality and Disparities in HIV, Viral Hepatitis, STDs, and Tuberculosis

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-PS-23-0009

E. Assistance Listings Number:

93.084

F. Dates:

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

The LOI date will generate once the Synopsis is published if Days or a Date are entered.
Recommended but not Required

2. Due Date for Applications:
02/01/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
November 14, 2022
Date: November 14, 2022 - 2:00pm ET **AND** January 11, 2023 - 2:00pm ET
For more information and how to access these calls, please visit
https://www.cdc.gov/nchhstp/funding/PPHI

F. Executive Summary:

Summary Paragraph
This NOFO will strengthen the ability of leaders who make decisions in public health to identify, develop, and implement evidence-based policy interventions that can save lives, save money, reduce health disparities, and protect adults and youth from HIV, viral hepatitis, STDs, and TB. Component One will leverage legal epidemiological methods to analyze laws, regulations, and other policies to determine their impact on health and economic outcomes. Component Two will assist leaders with navigating complex legal and policy landscapes including those unique to their jurisdiction. Upon request, recipients of Component Two funding will provide direct legal and policy technical assistance (TA), proactively produce TA tools, and develop a centralized resource center accessible to the public. Applicants may apply to one or both components. Expected outcomes from both components include (1) increased breadth and depth of available evidence demonstrating the impact that laws and policies have on health and economic outcomes and (2) increased application of legal TA tools and resources in advancing evidence-based laws and policies.

a. Eligible Applicants:
Open Competition

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
2
CDC anticipates making 1 award per component; 2 awards total.

d. Total Period of Performance Funding:
$7,500,000

e. Average One Year Award Amount:
$750,000
This is the average one year award amount for each component. There is no ceiling for this NOFO.

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

g. Estimated Award Date:
May 01, 2023

h. Cost Sharing and / or Matching Requirements:

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Science-based policymaking can improve health outcomes, increase efficiency, reduce costs, identify and eliminate ineffective programs and policies, and strengthen governmental accountability. Through leveraging legal epidemiological methods, complex laws and policies can be distilled into data that can be used to evaluate their impact on a population's health and determine the economic impact of policy approaches. This evidence then would be translated into actionable strategies and resources for leaders who make decisions in public health to advance impactful policy that saves lives, saves money, reduces health disparities, and protects all people.

Laws and policies to reduce morbidity and mortality from HIV, viral hepatitis, STDs, TB, and other health conditions are complex and applicable at every level of society; many of these laws and policies can be evaluated through the application of legal epidemiology. Legal epidemiology is the study of law as a factor in disease causation, distribution, and prevention. Legal epidemiology analyses can empower leaders who make decisions in public health to understand the effectiveness of policy changes and implement evidence-based law and policy interventions to inform public health practice.

This NOFO provides funding to conduct robust policy surveillance and legal mapping of priority and emerging policy levers, including cross-cutting syndemic topics (e.g., social determinants of health, infectious disease consequences of the opioid crisis, safe and supportive school environments, and other health conditions). The data collected will be used to evaluate the impact that laws and policies have on health and economic outcomes, including examining their impact on health disparities. In addition, the aforementioned legal epidemiological activities will inform the development of specific tools and resources that leaders can use to identify approaches and processes to advance evidence-based policy making and health equity.

Additionally, this NOFO will fund the creation of a resource center for leaders who make decisions in public health to request technical assistance (TA) and other support in navigating complex law and policy issues in their jurisdictions. Law and policy-related issues and questions occur as state, tribal, local, and territorial jurisdictions develop, adopt, and implement policies. However, leaders who make decisions in public health often lack access to quality tools and resources to make evidence-based policy decisions. By providing TA and building public health capacity, this resource center will support leaders who make decisions in public health in advancing their understanding of how laws are developed, adopted, implemented, and enforced. It will also support jurisdictions and their partners in gaining comprehensive and critical knowledge on how to successfully achieve (1) reductions in morbidity, mortality, and disparities from HIV, viral hepatitis, STDs, and TB and (2) increased use of evidence-based policy

decision-making.

Key lessons learned from prior funding opportunities include (1) the value and urgent need to systematically collect and assess that include federal, state, tribal, territorial, and local public health laws and policies over time, (2) the need for a dedicated law and policy technical assistance hub, and (3) the need for evidence-based, comprehensive, and publicly accessible tools to understand how the application of laws and policies can inform public health practice.

References for this section can be found at https://www.cdc.gov/nchhstp/funding/PPHI

b. Statutory Authorities
This program is authorized under Public Health Service Act sections 301(a), 317(k)(2), and 318(b) [42 USC sections 241(a), 247b(k)(2), and 247c(b)]

c. Healthy People 2030
Including but not limited to and in no particular order:

- Infectious Disease
- Sexually Transmitted Infections
- Pregnancy and Childbirth
- Addiction
- Children and Adolescent Development
- Drug and Alcohol Use
- Family Planning
- LGBT
- Adolescents
- Healthcare
- Public health infrastructure
- Schools
- Health Care Access and Quality
- Social and Community Context
- Health IT
- Health Insurance

d. Other National Public Health Priorities and Strategies
National HIV/AIDS Strategy – 2021-2025 - https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025
National STI Action Plan – 2021-2025 - https://www.hhs.gov/sites/default/files/STI-National-Strategic-Plan-2021-2025.pdf
Viral Hepatitis National Strategic Plan – 2021-2025 - https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf
National Drug Control Strategy - https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf
National Center for HIV, Viral Hepatitis, STD, and TB Prevention StrategicPlan - 2022-2026 - https://www.cdc.gov/nchhstp/strategicpriorities/

CDC Division of Tuberculosis Elimination Strategic Plan - https://www.cdc.gov/tb/about/strategicplan.htm

e. Relevant Work

National Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation Funding Opportunity, CDC-RFA-PS19-1909
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments, CDCRFA-PS21-2103
Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments, CDC-RFA-PS18-1802
Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States, CDC-RFA- PS20-2010
Strengthening Syringe Services Programs, CDC-RFA-PS22-2208
Tuberculosis Elimination and Laboratory Cooperative Agreement, CDC-RFA-PS20-2001

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

<table>
<tr><th>Strategies and Activities</th><th>Short-Term Outcomes</th><th>Intermediate Outcomes</th><th>Long-Term Outcomes</th></tr>
<tr><td colspan="3">Component 1: Grown the breadth and dept of longitudinal law and policy surveillance data sets and conduct comprehensive health and economic outcome assessments</td><td rowspan="3">Reduced morbidity, mortality, and health disparities from HIV, viral hepatitis, STDs, and TB.

Increased evidence-based policy decision-making</td></tr>
<tr><td>Conduct a data-driven landscape assessment to determine priority policy topics for legal epidemiology analyses

Systematically collect legal data on priority policy topics and develop publicly available legal data sets

Conduct analyses to determine the impact of laws and policies on health and economic outcomes</td><td>Increased knowledge of evidence-based laws and policies that reduce morbidity, mortality, and health disparities

Increased awareness of and access to longitudinal law and policy surveillance data sets</td><td>Increased application of evidence-based laws and policies that are found to reduce morbidity, mortality, and health disparities

Increased breadth and depth of available evidence demonstrating the impact that laws and policies have on health and economic outcomes</td></tr>
<tr><td colspan="3">Component 2: Conduct and facilitate policy and legal-related technical assistance (TA) among leaders who make decisions in public health</td></tr>
</table>

Develop a process to address incoming legal TA requests to formulate evidence-based responses to address jurisdiction-specific policy and legal barriers Identify solutions to policy and legal barriers by developing and using evidenced-based TA tools and resources Proactively disseminate TA-related resources to leaders who make decisions in public health	Increased knowledge of evidence-based TA resources to address policy and legal barriers **Increased awareness of and access to legal TA among leaders who make decisions in public health**	Increased nationwide capacity for addressing policy and legal barriers to inform public health practice **Increased application of legal TA tools and resources in advancing evidence-based laws and policies**	

i. Purpose

This NOFO aims to strengthen the ability of leaders who make decisios in public health to identify, assess, and implement evidence-based law and policy interventions through (1) the systematic collection and analysis of longitudinal law and policy surveillance data and (2) the provision of proactive and jurisdiction-specific legal and policy technical assistance.

ii. Outcomes

The recipient is expected to implement activities that will impact relevant short-term, intermediate, and long-term outcomes within five years or earlier. Data for the long-term outcomes are measured by CDC.

Component 1

Short Term

- Increased awareness of and access to longitudinal law and policy surveillance data sets

Intermediate

- Increased breadth and depth of available evidence demonstrating the impact that laws and policies have on health and economic outcomes

Component 2

Short Term

- Increased awareness of and access to legal TA among leaders who make decisions in public health

Intermediate

- Increased application of legal TA tools and resources in advancing evidence-based laws and policies

iii. Strategies and Activities

Component 1 –Grow the breadth and depth of longitudinal law and policy surveillance data sets and conduct comprehensive health and economic outcome assessments

The recipient will use legal epidemiological methods to inform public health practice by identifying laws and policies, systematically collecting data, and conducting analyses to determine the potential or actual impact of laws and policies on health and economic outcomes, including health equity.

Strategy 1.1 - Conduct a data-driven landscape assessment to determine policy topics for legal epidemiological analyses

The recipient will conduct a comprehensive legal and policy landscape assessment in collaboration with subject matter experts (SMEs) to identify priority federal, state, tribal, local, and territorial laws and policies that will advance the long-term outcomes of the NOFO. The landscape assessment should include cross-cutting syndemic topics (e.g., racial and ethnic disparities, social determinants of health, infectious disease consequences of the opioid crisis, safe and supportive school environments, and other health conditions).

- SMEs include, but are not limited to, advocacy organizations, nongovernment organizations (NGOs), private sector partners, public health lawyers, state and local health department leadership, and CDC staff. Key informant interviews with SMEs are an essential component of this process to (1) contextualize the assessment being done, (2) identify gaps not easily gleaned from reading laws and policies, and (3) identify any barriers to subsequent work to be done within this program.
- The recipient (at minimum) should review the landscape assessment annually to identify any emerging policy or legal issues (e.g., public health preemption laws resulting from the COVID-19 pandemic)

Strategy 1.2 - Systematically collect legal data on policy topics and develop publicly available legal data sets

The recipient will draft a framework documenting the replicable and scientifically rigorous methods that will be used for conducting legal epidemiological assessments, which will be leveraged to inform public health practice across federal, state, tribal, local, and territorial jurisdictions**.**

- The recipient will leverage this framework to systematically collect data for the policy priorities identified in Strategy 1.1
    - Data should be collected using established legal epidemiological methods and via appropriate legal and policy databases (e.g., Westlaw)
    - When applicable, the recipient should collect data over a specified time series to capture changes and trends in public health laws and policies over time.
- The recipient will package the data as well as protocols, codebooks, and any other relevant documentation for use within a CDC-housed publicly available website and dashboard.
- The recipient will be expected to produce a plan - in consultation with CDC - to routinely update data sets over time in an effort to establish longitudinal data sets and to support the activities to be completed in Strategy 1.3.

Strategy 1.3 - Conduct analyses to determine the impact of laws and policies on health and economic outcomes
The recipient will leverage scientifically valid methods (see Table 1 for examples) using the data collected in Strategy 1.2 to determine the impact of laws and policies on health and economic outcomes.

- The recipient should work closely with CDC (e.g., with representatives from the *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Epidemiologic and Economic Modeling Agreement*) to define analytical questions, generate hypotheses, conduct literature searches, and perform statistical analyses.
- The recipient should generate materials, reports, and/or peer-reviewed journal manuscripts in collaboration with CDC staff.

Component 2 - Conduct and facilitate policy and legal-related technical assistance (TA) among leaders who make decisions in public health
The recipient will inform public health practice by providing legal and policy-related technical assistance (TA) and developing evidence-based resources and tools for leaders who make decisions in public health.

Strategy 2.1 – Develop a process to address incoming legal TA requests to formulate evidence-based responses to address jurisdiction-specific policy and legal barriers
In consultation with CDC, the recipient will be required to develop a formal system to receive technical assistance (TA) requests, prioritize requests, and determine the appropriate person, partner, or entity to respond effectively.

- The system should be designed to provide data for evaluation reports and success stories.
- The recipient will be required to promote the availability of the technical assistance center.

Strategy 2.2 – Identify solutions to policy and legal barriers by developing and using evidenced-based TA tools and resources
The field of public health law and its implications for HIV, viral hepatitis, STD, and TB prevention work is constantly changing (e.g., new court decisions and the passage of new legislation). Likewise, the public health policy landscape rapidly evolves based on emerging issues (e.g., the intersection of HIV, viral hepatitis, STD, TB, or disproportionately affected priority populations with other infections, conditions, or factors). Therefore, the recipient must be agile enough to assess TA needs for emerging issues and identify gaps in laws or policies to develop cutting-edge TA resources.

This strategy requires the recipient to develop (outside of specific requests for TA) tools, resources, and other helpful aids (e.g., model laws) to advance evidence-based policies. The information should be designed to assist leaders who make decisions in public health to increase evidence-based policy decision-making.

- Tools and resources should:

    - Emphasize health equity and the impact of laws and policies on health disparities
    - Provide strategies and activities to support and promote evidence-based law and policy options that will save lives, save money, reduce health disparities, and protect all people
    - Promote a thoughtful approach to the consideration of consequences of law and policy changes for different stakeholders and communities
    - Use available legal and policy data sets (e.g., from Component One) to inform resource development and assess implications for changes in health outcomes that are related to policy implementation within a specific jurisdiction.

- The recipient should maintain ongoing and consistent situational awareness of rapidly evolving issues (e.g., tracking introduced legislation) and be prepared to translate the information into easy-to-understand and person-first communication materials for various audiences, communities, and stakeholders.

Strategy 2.3 - Proactively disseminate TA-related resources to leaders who make decisions in public health

Legal and policy issues are complex, and the recipient should explore evidence-based and innovative ways to communicate these nuanced issues in plain and person-first language. The recipient should have the capacity to tailor and disseminate resources widely, including, but not limited, to the following audiences:

    - State, tribal, local, and territorial health department leaders
    - Governors and legislators
    - Academic institutions
    - Researchers
    - Non-governmental organizations
    - Healthcare providing institutions and businesses
    - Private sector partners
    - Advocacy organizations

- The recipient is expected to compile and format all TA resources for use within a CDC-housed publicly available website and dashboard.
    - This resource center will host all final products to facilitate public health leaders' access to and use of program resources.
    - Further, this dissemination activity will assist public health leaders in planning, implementing, and evaluating evidence-based policies.

- The recipient will plan, develop, implement, and evaluate stakeholder meetings (e.g., webinars, peer-to-peer facilitation, and learning labs) in consultation with CDC to provide tailored technical assistance on legal/policy barriers and solutions generally, as well as on regional, jurisdiction, and population-specific approaches.
    - Geographic disparities in infection disease incidence and prevalence are a type of health disparity. Many jurisdictions within geographic regions share similar policy environments. Convening jurisdictions in the same region to share best practices for addressing these issues or navigating similar environments is an effective approach to providing nuanced technical assistance and support to state officials and their partners.

TABLE 1 - Example of law and policy analyses
NOTE: The topics included within this table do not necessarily represent the topics the recipient will be required to address. **These are merely examples of law and policy analyses.**

Topic	Outcome	Methods	Citation
Examples of Legal Epidemiology Publications			
Syringe Services Programs (SSPs)	Legal barriers to effective operation of SSPs have declined but continue to hinder the prevention and reduction of drug-related harm.	Developed cross-sectional data set of state laws and regulations in effect on August 1, 2019; compared data with previously collected data on laws as of August 1, 2014.	Fernández-Viña MH, Prood NE, Herpolsheimer A, Waimberg J, Burris S. State Laws Governing Syringe Services Programs and Participant Syringe Possession, 2014-2019. Public Health Reports. 2020;135(1_suppl):128S-137S.
Prenatal syphilis screening	Only six states (11.8%) do not require prenatal syphilis screening	Targeted search terms were used to identify laws in legal research databases. The timing of the screening mandates for each state law was coded for: (1) first visit, (2) third trimester, and (3) delivery. Descriptive statistics were	Warren, H.P., Cramer, R., Kidd, S. *et al.* State Requirements for Prenatal Syphilis Screening in the United States, 2016. *Matern Child Health J* **22**, 1227–1232 (2018). https://doi.org/10.1007/s10995-018-2592-0

		calculated to examine the number of states with each type of requirement	
Sexual orientation, gender identify & health status	Local (county/city) laws prohibiting discrimination were less common. State laws differed significantly by US census region – West, Midwest, Northeast, and South. Future analyses of these data could examine the impact of these laws on various outcomes, including health among LGB populations.	Collected laws that in 2013 prohibited discriminati on based on sexual orientation; coded certain aspects of laws to create a dataset. Generated descriptive statistics by jurisdiction type and tested for regional differences in state law using Chi-square tests	Cramer, R., Hexem, S., LaPollo, A. *et al.* State and local policies related to sexual orientation in the United States. *J Public Health Pol* **38**, 58–79 (2017). https://doi.org/10.1057/s41271-016-0037-9
Hepatitis C	Only three states had laws and Medicaid policies capable of comprehensivel y preventing and treating HCV among persons who inject drugs.	Existing state laws in all states related to access to clean needles and syringes by persons who inject drugs were reviewed using the legal database	Campbell CA, Canary L, Smith N, Teshale E, Ryerson AB, Ward JW. State HCV Incidence and Policies Related to HCV Preventive and Treatment Services for Persons Who Inject Drugs — United States, 2015–2016. MMWR Morb Mortal Wkly Rep 2017;66:465–469.

		WestlawNext	
Hand hygiene; animal exhibits	Seven states require hand sanitation stations for certain animal contact exhibits through statute or regulation.	A list of statutes and regulations was compiled using WestlawNext from March 17 to April 1, 2016.	Hoss A, Basler C, Stevenson L, Gambino-Shirley K, Robyn MP, Nichols M. State Laws Requiring Hand Sanitation Stations at Animal Contact Exhibits—United States, March–April 2016. MMWR Morb Mortal Wkly Rep 2017;66:16–18. DOI: http://dx.doi.org/10.15585/mmwr.mm6601a4
Cytomegalovirus (CMV)	State-level CMV laws have been enacted to increase CMV awareness and to implement CMV testing for infants at higher risk for infection	Systematic review and code legal texts for themes	Yassine, Brianne B. PhD, MPH; Hulkower, Rachel JD, MSPH; Dollard, Sheila PhD; Cahill, Eric MA; Lanzieri, Tatiana MD, MPH. A Legal Mapping Assessment of Cytomegalovirus-Related Laws in the United States. Journal of Public Health Management and Practice: March/April 2022 - Volume 28 - Issue 2 - p E624-E629 doi: 10.1097/PHH.0000000000001401
Medicaid; ADHD	Medicaid policies on ADHD medication treatment are diverse; some policies are tied to diagnosis and treatment guidelines	A 50-state legal assessment characterized ADHD prior authorization policies in state Medicaid programs	Hulkower RL, Kelley M, Cloud LK, Visser SN. Medicaid Prior Authorization Policies for Medication Treatment of Attention-Deficit/Hyperactivity Disorder in Young Children, United States, 2015. Public Health Reports. 2017;132(6):654-659.
Other Examples of Law and Policy Publications			
Naloxone Access Laws	Naloxone access laws were associated with an average increase of 78 prescriptions dispensed per state per quarter.	Regression analysis and a negative binomial estimator	Xu J, Davis CS, Cruz M, Lurie P. *State naloxone access laws are associated with an increase in the number of naloxone prescriptions dispensed in retail pharmacies.* Drug Alcohol Depend. 2018 Aug 1;189:37-41.

Prescription Order Laws for Zoster Vaccination	Zoster vaccination rates for adults ages 60 and older were significantly higher in states that did not require a prescription order.	Propensity score-matched multilevel logistic regression model	Tak CR, Gunning K, Kim J, Sherwin CM, Ruble JH, Nickman NA, Biskupiak JE. *The effect of a prescription order requirement for pharmacist-administered vaccination on herpes zoster vaccination rates*. Vaccine. 2019 Jan 21;37(4):631-636.
Vaccination Authority for Pharmacists	Pharmacist authority laws were not statistically significantly associated with increased HPV vaccine initiation or completion.	Difference-in-difference regression model	Justin G. Trogdon, Paul R. Shafer, Parth D. Shah, William A. Calo, *Are state laws granting pharmacists authority to vaccinate associated with HPV vaccination rates among adolescents*, Vaccine, Volume 34, Issue 38, 2016, Pages 4514-4519.
Repeal of Comprehensive Background Check Policies	No evidence of an association between the repeal of comprehensive background check policies and firearm homicide and suicide rates in Indiana and Tennessee.	Synthetic control method	Kagawa RMC, Castillo-Carniglia A, Vernick JS, Webster D, Crifasi C, Rudolph KE, Cerdá M, Shev A, Wintemute GJ. *Repeal of Comprehensive Background Check Policies and Firearm Homicide and Suicide.* Epidemiology. 2018 Jul;29(4):494-502.
Cannabis Use Disorder and Medical Marijuana Laws (MML)	Overall, from 1991-1992 to 2012-2013, illicit cannabis use increased significantly more in states that passed MML than in other states.	Differences in degree of change	Hasin DS, Sarvet AL, Cerdá M, Keyes KM, Stohl M, Galea S, Wall MM. *US Adult Illicit Cannabis Use, Cannabis Use Disorder, and Medical Marijuana Laws: 1991-1992 to 2012-2013.* JAMA Psychiatry. 2017 Jun 1;74(6):579-588.

Naloxone Access Laws and Outpatient Prescriptions	The presence of any naloxone law was significantly associated with increases in outpatient naloxone reimbursed through Medicaid.	State-level fixed effect models	Gertner AK, Domino ME, Davis CS. *Do naloxone access laws increase outpatient naloxone prescriptions? Evidence from Medicaid.* Drug Alcohol Depend. 2018 Sep 1;190:37-41.
Texting Bans and Motor Vehicle Crashes	Texting bans were associated with a 7% reduction in crash-related hospitalizations among all age groups.	Pooled cross-sectional time series data, a difference-in-difference framework, and a count data model	Ferdinand AO, Menachemi N, Blackburn JL, Sen B, Nelson L, Morrisey M. *The impact of texting bans on motor vehicle crash-related hospitalizations.* Am J Public Health. 2015 May;105(5):859-65.
Survival Gains from Revising State Laws Requiring Written Opt-in Consent for HIV Testing	Potential survival gains of increased testing are substantial, suggesting that state laws requiring opt-in HIV testing should be revised.	Model-driven projection of survival based on consent method	April MD, Chiosi JJ, Paltiel AD, Sax PE, Walensky RP. *Projected survival gains from revising state laws requiring written opt-in consent for HIV testing.* J Gen Intern Med. 2011 Jun;26(6):661-7.
HIV Testing Regulations in Opioid Treatment Programs	Opioid treatment programs in states whose laws do not require pretest counseling and that use opt-out consent were more likely to provide HIV testing and to test higher	Random-effects logit and interval regression analyses	D'Aunno T, Pollack HA, Jiang L, Metsch LR, Friedmann PD. *HIV testing in the nation's opioid treatment programs, 2005-2011: the role of state regulations.* Health Serv Res. 2014 Feb;49(1):230-48

	percentages of clients.		
Written Informed-Consent Statutes and HIV Testing	Those living in a state with a requirement for written informed consent were significantly more likely to report a recent HIV test if they self-reported having an HIV risk factor compared to those who did not report such risk factors.	Regression analysis	Ehrenkranz PD, Pagán JA, Begier EM, Linas BP, Madison K, Armstrong K. *Written informed-consent statutes and HIV testing*. Am J Prev Med. 2009 Jul;37(1):57-63.
State Mandated Benefit Laws	State laws had a significant impact on only the likelihood of outpatient mastectomy, which was reduced by five percentage points.	Difference-in-difference model	Bian J, Lipscomb J, Mello MM. *Spillover effects of state mandated benefit laws: the case of outpatient breast cancer surgery.* Inquiry. 2009-2010 Winter;46(4):433-47.
Medical Cannabis Legalization and Prevalence of Mental Illness	Medical cannabis laws are likely related to state mental health, and a higher prevalence of cannabis use partially explains this relationship.	Covariate-adjusted meta-regression	Dutra LM, Parish WJ, Gourdet CK, Wylie SA, Wiley JL. *Medical cannabis legalization and state-level prevalence of serious mental illness in the National Survey on Drug Use and Health (NSDUH) 2008-2015*. Int Rev Psychiatry. 2018 Jun;30(3):203-215.
Immunization Mandates and Vaccination Coverage	State policies that refer to Advisory Committee on Immunization	Retrospective, longitudinal analysis	Shaw J, Mader EM, Bennett BE, Vernyi-Kellogg OK, Yang YT, Morley CP. *Immunization Mandates, Vaccination Coverage, and Exemption*

	Practices recommendations were associated with 3.5% and 2.8% increases in MMR and DTaP vaccination rates.		*Rates in the United States.* Open Forum Infect Dis. 2018 Jun 2;5(6):ofy130.
State Legal Restrictions and Prescription-Opioid Use among Disabled Adults	No significant associations between opioid outcomes and specific types of laws or the number of types enacted.	Logistic regression models	Meara E, Horwitz JR, Powell W, McClelland L, Zhou W, O'Malley AJ, Morden NE. *State Legal Restrictions and Prescription-Opioid Use among Disabled Adults.* N Engl J Med. 2016 Jul 7;375(1):44-53.
Effects of State-Level Earned Income Tax Credit Laws on Birth Outcomes	Across all subgroups, any level of state EITC is associated with better birth outcomes with the largest effects seen among states with more generous EITCs.	Quasi-experimental multistate and multiyear difference-in-differences	Komro KA, Markowitz S, Livingston MD, Wagenaar AC. *Effects of State-Level Earned Income Tax Credit Laws on Birth Outcomes by Race and Ethnicity.* Health Equity. 2019 Mar 12;3(1):61-67
Ignition Interlock Laws: Effects on Fatal Motor Vehicle Crashes	State laws requiring interlocks for all drunk driving offenders were associated with a 7% decrease in the rate of BAC >0.08 fatal crashes	Multilevel modeling	McGinty EE, Tung G, Shulman-Laniel J, Hardy R, Rutkow L, Frattaroli S, Vernick JS. *Ignition Interlock Laws: Effects on Fatal Motor Vehicle Crashes, 1982-2013.* Am J Prev Med. 2017 Apr;52(4):417-423.
State Laws and Influenza Vaccination of	Facility-level mandates were estimated to	Hierarchical linear modeling	Lindley MC, Mu Y, Hoss A, Pepin D, Kalayil EJ, van Santen KL, Edwards JR, Pollock DA. *Association of State Laws*

Hospital Personnel	increase mean influenza vaccination coverage among all healthcare personnel.		*with Influenza Vaccination of Hospital Personnel.* Am J Prev Med. 2019 Jun;56(6):e177-e183.
Minimum Wage Increases and Infant Mortality and Birth Weight	Across all models, a dollar increase in the minimum wage above the federal level was associated with a 1% to 2% decrease in low birth weight births and a 4% decrease in post neonatal mortality.	Quasi-experimental difference-in-difference models	Komro KA, Livingston MD, Markowitz S, Wagenaar AC. The Effect of an Increased Minimum Wage on Infant Mortality and Birth Weight. Am J Public Health. 2016 Aug;106(8):1514-6.
Opioid-overdose Laws and Overdose Mortality	States with naloxone access laws or Good Samaritan laws had a lower incidence of opioid-overdose mortality.	Difference-in-differences and mixed-effects negative binomial regression models	McClellan C, Lambdin BH, Ali MM, Mutter R, Davis CS, Wheeler E, Pemberton M, Kral AH. Opioid-overdose laws association with opioid use and overdose mortality. Addict Behav. 2018 Nov;86:90-95.

1. Collaborations

Recipients should establish, build, and maintain collaborative relationships with organizations/entities funded and/or not funded by CDC to support the strategies and activities of this NOFO. Recipients for both components are expected to share information with each other to achieve program goals.

Applicants who have identified a gap in their capacity - meaning they cannot provide evidence of their ability to perform a certain strategy or achieve a certain outcome - are required to submit a detailed narrative in the form of a Letter of Support from an organization who has the demonstrated ability to address this gap. This letter must clearly indicate the organization's willingness to participate in this activity and explicitly define their role. For example, if an applicant is applying to Component One and does not have

the capacity to do health and economic modeling work, they will need to submit a Letter of Support from another organization who has sufficient experience in modeling work demonstrating their intent to partner. There is no limit to the number of Letters of Support that an applicant can submit as part of their application. These partnerships can be with CDC funded or non-CDC funded entities. Applicants are strongly encouraged to review the organizational capacity section of this NOFO in detail.

Any Letters of Support should have a file name that is easily identifiable as to the Letter's purpose and be uploaded as a PDF to www.grants.gov.

a. With other CDC programs and CDC-funded organizations:
Recipients are strongly encouraged to work with CDC-funded state and local health department programs to inform aspects of their work throughout the duration of the NOFO. Recipients of both Component One and Component Two are expected to share information with one another.

OPTIONAL
Applicants may submit a letter of support from an infectious disease program manager at a state or local health department to demonstrate their willingness to collaborate.

b. With organizations not funded by CDC:
Recipients are strongly encouraged to establish, build, and maintain collaborative relationships with organizations not funded by CDC that will support the strategies and activities of this NOFO.

OPTIONAL
To help demonstrate experience and capacity to achieve NOFO outcomes, applicants to either or both components may submit letters of support from any of the three categories described below.

- **Institutions of higher education (e.g., graduate schools of public health, schools of law, schools of public policy)**
- **Public Health Organizations**
    - Not-for profit/non-governmental organizations where advancing law and policy as a tool to improve health, reduce disparities, and/or improve whole communities is a central tenant, but not necessarily the primary activity, of the organization's mission.
- **Law and Policy Organizations**
    - Not-for profit/non-governmental organizations where advancing law and policy as a tool to improve health, reduce disparities, and/or improve whole communities is the primary purpose of the organization's mission.

Any Letters of Support should have a file name that is easily identifiable as to the Letter's purpose and be uploaded as a PDF to www.grants.gov.

2. Target Populations
For purposes of this NOFO, the target population is comprised of policy makers in roles including, but not limited to, state and local health department officials, general counsels, attorneys general, state legislators, and governors, including all support and professional staff

who staff or advise these leaders. Successful applicants must execute program deliverables in a manner that is available, accessible, and acceptable regardless of age, race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant social determinants. Recipients are encouraged to include priority populations in the program's planning, implementation, and evaluation.

a. Health Disparities

The program supports efforts to improve the health of populations disproportionately affected by HIV, Viral Hepatitis, sexually transmitted diseases (STDs) and TB by maximizing the health impact of public health services, reducing disease incidence, and advancing health equity. A health disparity occurs when a health outcome is seen to a greater or lesser extent between populations. Health disparities in HIV, Viral Hepatitis, STDs, and TB are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these infections and diseases.

Social determinants are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes (https://www.cdc.gov/socialdeterminants/index.html). These include conditions for early childhood development, education, employment, and work; food security, health services, housing, income, and social exclusion. Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic challenges. It requires:

- Continuous efforts focused on elimination of health disparities, including disparities in health and in the living and working conditions that influence health
- Continuous efforts to maintain a desired state of equity after health disparities are eliminated.

Recipients should use data, including social determinants data, to identify communities within their jurisdictions that are disproportionately affected by HIV, viral hepatitis, STDs and TB and related diseases and conditions, and plan activities to help eliminate health disparities. In collaboration with partners (including NCHHSTP's Office of Health Equity) and appropriate sectors of the community, recipients should consider social determinants of health in the development, implementation, and evaluation of program specific efforts and use culturally appropriate interventions and strategies that are tailored for the communities for which they are intended.

iv. Funding Strategy

There is no ceiling for this NOFO. CDC anticipates other CIOs across CDC may need to utilize one or both components of this NOFO and the NOFO is designed to accommodate this. CDC will use technical monitors to help facilitate specific projects, as needed. Recipients should demonstrate their ability to remain flexible with incoming funds.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

The evaluation and performance measurement plan should cover the 5-year cooperative agreement and can be updated as work plans change throughout the cooperative agreement. It should include process and outcome evaluation questions, and a data collection plan that informs

performance measures.

The recipient will refine the evaluation and performance measurement plan within six (6) months of award. A more detailed plan should be developed by the recipient with support from CDC as part of first year project activities and should build on the elements stated in the initial evaluation plan described in the application. The recipient will be required to update CDC on progress in implementing the plan by reporting evaluation findings; evaluation findings must be reported annually in the Annual Progress Report, and per CDC guidance throughout the cooperative agreement

The evaluation and performance strategy will measure the implementation of the key activities by the recipient and the achievement of the relevant outcomes as noted in the logic model. While the recipient is encouraged to implement strategies and activities to achieve all outcomes listed in the logic model, as appropriate, the recipient will only be asked to report on performance measures related to outcomes that are bolded in the logic model. Performance measures will be reported annually to CDC, and CDC will manage and analyze the data to assess recipient program improvements, respond to broader technical assistance needs, and report to stakeholders. The performance measures listed in the table below relate to the specific outcomes that are bolded in the logic model.

	Outcomes	Performance Measures
Component 1: Short-Term	**Increased awareness of and access to longitudinal law and policy surveillance data sets**	1. Number of public health law data sets published 2. Number of downloads of public health law data sets
Component 1: Intermediate	**Increased breadth and depth of available evidence demonstrating the impact that laws and policies have on health and economic outcomes**	1. Number of analyses conducted to determine the impact laws and policies have on health and economic outcomes
Component 2: Short-Term	**Increased awareness of and access to legal TA among leaders who make decisions in public health**	1. Number of TA requests received 2. Number of legal TA products developed and publicly accessible
Component 2: Intermediate	**Increased application of legal TA tools and resources in advancing evidence-based laws and policies**	1. Number of TA recipients that used provided resources to advance evidence-based polices

Data source: Annual Progress Report

CDC will provide technical assistance and ongoing guidance in planning and operationalizing the recipient-led evaluations, including development of the evaluation questions, further defining each performance measure prior to the first year of reporting and requirements for the evaluation plan and reporting. All evaluation findings produced by CDC and recipients, where appropriate,

will contribute to (1) demonstrating the value of the program, (2) continuous improvement and effectiveness of program strategies, (3) the evidence base, (4) documentation and sharing of lessons learned, and (5) future funding opportunities supported by CDC. All long-term outcome evaluation measures will be provided by CDC.

Recipient-led evaluations should employ the use of methods and data sources that fit the evaluation questions; this may include, but is not limited to, quantitative, qualitative, and/or mixed methods. Potential data sources include, but are not limited to:

- Tracking the number of public health law data sets shared or published
- Tracking the number of technical assistance (TA) requests
- Tracking feedback from the recipients about the quality of the TA

Data Management Plan Requirements
Applicants will determine if a Data Management Plan (DMP) is required. If the applicant believes that their project does not meet the criteria for submission of a DMP, the applicant must provide a justification

CDC requires applicants for projects that involve the collection or generation of public health data with federal funds to submit an DMP prior to the initiation of generating or collecting public health data unless CDC will aggregate and disseminate the data. Public health data means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation. The initial DMP should be submitted with the application and an update is due with the recipient's work plan within 6 months of initial award . The DMP must then be updated and submitted to CDC at least annually, or whenever plans for data collection or generation activities change. Costs associated with developing and implementing an DMP, including costs of sharing, archiving and long-term preservation, may be included in the budget submissions for grants and cooperative agreements.

The contents of the DMP are described in AR-25 https://www.cdc.gov/grants/additional-requirements/ar-25.html.

Public health data are expected to be made freely available to the public (in a de-identified format) and archived long-term unless there are compelling reasons not to do so. When it is not feasible to make data freely available to the public, it may be possible to make data available to users on a restricted basis. The DMP should describe the expected level of public access, if any, and must justify the planned access level and describe how privacy and confidentiality will be protected. The final version of a collected and/or generated data set intended for release or sharing should be made available within thirty (30) months after the end of the data collection or generation, except surveillance data from ongoing surveillance systems which should be made accessible within 12 months of the end of a collection cycle. Recipients who fail to release public health data in a timely fashion may be subject to procedures normally used to address lack of compliance consistent with applicable authorities, regulations, policies or terms of their award. For data underlying scientific publications such as peer review journal articles, the recipient should make the data available coincident with publication of the paper, unless the data set is already available via a release or sharing mechanism. At a minimum, release of the data set

accompanying a scientific paper should consist of a machine-readable version of the data tables shown in the paper.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

The recipient should possess a variety of organizational skills and strengths to be successful in executing this funding opportunity, including tailored experience specific to public health law and its application in the HIV, viral hepatitis, STDs, and TB policy landscape. Recipients should have adequate infrastructure, staffing capacity and competence, relevant skill sets, information and data systems, and electronic information and communication systems to implement the award. Applicants should include an organizational chart(s), name the file "Organizational Chart", and upload it to www.grants.gov

Applicants must describe their organizational **capacity and prior experience (which will serve**

as "evidence") to carry out the strategies and activities of the NOFO as described below:

Both Components:

- The recipient's national leadership is crucial in reaching key stakeholders, fostering engagements, and facilitating discussions among partners to advance evidence-based policy decision-making
- Adequate staffing with appropriate expertise in federal, state, tribal, territorial, and/or local law, regulatory and/or administrative law, and infectious disease policy. Applicants should include CVs/resumes, name the file "Resumes", and upload to www.grants.gov
    - Descriptions of staff to be hired to carry out the project activities, including a description of tasks or roles, required experience, and time commitment for each of the project staff is required if the applicant plans to hire additional staff.
- How the applicant plans to manage the program fiscally including timely spending and contract management of the award.
- Demonstrated experience in carrying out similar strategies to those detailed in this NOFO
- Current partnerships with other public health law and policy organizations
- Organizational knowledge and expertise in addressing social determinants of health and working to eliminate health disparities and inequities by advancing evidence-based laws and policies
- Ability to reach governmental and non-government leaders who make decisions in public health
- A financial management system that will allow proper funds management

Component 1:

- Prior success in conducting law and policy landscape assessments, describing lessons learned and challenges overcome
- Evidence (e.g., past legal epidemiological studies) of the organization's ability to leverage legal epidemiological methods to successfully code law and policy data for use in subsequent analyses
- Evidence (e.g., publications that include health and economic modeling) of the organization's ability to assess the impact of laws and policies on health and economic outcomes

Component 2:

- Evidence of the organization's ability to develop a process to address incoming legal TA requests to formulate evidence-based responses to address jurisdiction-specific legal concerns and policy issues
- Evidence of the organization's ability to identify solutions to policy and legal barriers by developing and using evidenced-based TA tools
- Evidence of the organization's ability to disseminate resources to leaders who make decisions in public health
- Prior success in planning and convening multi-stakeholder meetings to include federal, NGO, state, tribal, territorial, and local partners and facilitating policy and law goal setting, action planning, and other strategic discussions and sessions, including the

provision of public health law technical assistance and facilitation of peer-to-peer learning
- Evidence of translation of infectious disease-related policies at federal, state, tribal, territorial, and local levels into actionable resources. Examples may include legal briefs, issue briefs, policy fact sheets, policy assessments, model laws/policies, and/or other translational tools created by the recipient
- Evidence of prior experience evaluating policy training and technical assistance activities and outcomes

Applicants may upload additional documentation that demonstrates evidence of their capacity and prior experience (e.g., a bibliography of citations, prior work products, previous agendas) as a PDF to www.grants.gov

Applicants who have identified a gap in their capacity - meaning they cannot provide evidence of their ability to perform a certain strategy or achieve a certain outcome - are required to submit a detailed narrative in the form of a Letter of Support from an organization who has the demonstrated ability to address this gap. This letter must clearly indicate the organization's willingness to participate in this activity and explicitly define their role. For example, if an applicant is applying to Component One and does not have the capacity to do health and economic modeling work, they will need to submit a Letter of Support from another organization who has sufficient experience in modeling work demonstrating their intent to partner. There is no limit to the number of Letters of Support that an applicant can submit as part of their application. These partnerships can be with CDC funded or non-CDC funded entities. Applicants are strongly encouraged to review the organizational capacity section of this NOFO in detail.

Any submitted Letters of Support or similar files should have a file name that clearly its purpose and the name of the partnering organization. All MOUs/MOAs should be uploaded accordingly to www.grants.gov

d. Work Plan

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

- Strategy
- Period of Performance Outcome
- Outcome measures
- Activities
- Process measures
- Responsible Position/Party
- Completion Date

Work plans should be detailed enough to include estimated and quantifiable outputs (e.g., number of completed legal/policy data sets). CDC will provide feedback and technical assistance to the recipient to finalize the work plan post-award. A sample workplan has been provided here:

Period of Performance Outcome: *[from Outcomes section and/or logic model]*	**Outcome Measure:** *[from Evaluation and Performance*

		Measurement section]	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
6			

Workplan narratives should accompany this application. Included in the narrative should be a suggestion of possible legal and policy topics that would fit well within the scope of work outlined in this NOFO.

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 use Technical Monitors with subject matter expertise as part of NOFO oversight. For example, the NOFO Project Officer will oversee the administration of the NOFO whereas a

Technical Monitor will support the day-to-day activities of a particular project.

CDC will provide ongoing technical assistance, information, and support, including regular meetings, conference calls, and the inclusion of the recipient in relevant meetings and events. To accomplish the strategies and activities, the recipient is required to:

- Collaborate with CDC's National Center for HIV, viral hepatitis, STD, and TB Prevention (NCHHSTP)
- Participate in key meetings with NCHHSTP
- Ensure all NCHHSTP-funded entities and their partners have access to legal and policy technical assistance

f. CDC Program Support to Recipients

In a Cooperative Agreement, CDC and the recipients share responsibility for successfully implementing the award and meeting identified project outcomes. Recipients are required to collaborate with CDC's NCHHSTP Office of the Director and Divisions (Division of HIV Prevention [DHP], Division of Viral Hepatitis [DVH], Division of STD Prevention [DSTDP], Division of Tuberculosis Elimination [DTBE], and Division of Adolescent and School Health [DASH]). CDC will provide substantial involvement beyond regular performance and financial monitoring during the period of performance. Substantial involvement means that the recipient can expect federal programmatic partnership in carrying out the effort under the award.

CDC will work in partnership with the recipient to ensure the success of the cooperative agreement by:

- Making available subject matter experts, including scientific leadership, program planning, evaluation, and senior leadership to foster strategic discussions on the best approaches to achieve program goals.
- Conducting an in-person or virtual kick-off meeting with NCHHSTP leadership and staff at the beginning of the five-year award period.
- Sharing scientific and policy reports, research publications, education media campaign updates, and other work
- Assist in refining existing NCHHSTP policy priorities and/or desired policy outcomes
- Provide data and expert opinion to inform project activities
- Consulting in health and economic impact analyses

B. Award Information

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

2. Award Mechanism:
U38

3. Fiscal Year:
2023
Estimated Total Funding:
$1,500,000
4. Approximate Total Fiscal Year Funding:
$1,500,000
There is no ceiling for this NOFO.

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$7,500,000
There is no ceiling for this NOFO.

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

year(s)
7. Expected Number of Awards:
2
CDC anticipates making 1 award per component; 2 awards total.

8. Approximate Average Award:

$750,000
Per Budget Period

This is the average one year award amount for each component. There is no ceiling for this NOFO.

9. Award Ceiling:
$0
Per Budget Period

CDC anticipates awarding a minimum of $750,000 per component, per year, subject to the **availability** of funds.

10. Award Floor:
$0
Per Budget Period

CDC anticipates awarding a minimum of $750,000 per component, per year, subject to the **availability** of funds.

11. Estimated Award Date:
May 01, 2023
Budget start date: 6/1/2023

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

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

12. Budget Period Length:
12 month(s)

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

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)

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

1. Required Registrations

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website,

SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

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

b. System for Award Management (SAM):

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

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

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to	Register early! Applicants can

		Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	register within minutes.

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.

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)

Due Date for Letter Of Intent 12/01/2022

12/01/2022

b. Application Deadline

Due Date for Applications 02/01/2023

02/01/2023

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

November 14, 2022

Due Date for Information Conference Call

Date: November 14, 2022 - 2:00pm ET **AND** January 11, 2023 - 2:00pm ET
For more information and how to access these calls, please visit https://www.cdc.gov/nchhstp/funding/PPHI

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI:
Recommended but not Required
The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Please include which component(s) you are applying for. The information contained in the letter of intent is not binding but informative for program staff.
The LOI must be sent via email to:
Michael D. Williams, MPH
Lead, Policy as a Public Health Intervention
Public Health Analyst
National Center for HIV, Viral Hepatitis, STD, and TB Prevention
Office of Policy, Planning, and Partnerships

xkk3@cdc.gov

Please indicate "Letter of Intent for PS-23-2309 Policy as a Public Health Intervention" in the subject line.

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 https://www.cdc.gov/od/science/integrity/reducePublicBurden/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative,

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

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

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

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

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

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO,

applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file

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

13. Pilot Program for Enhancement of Employee Whistleblowers 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.

13a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

13b. 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.

13c. Data Management Plan

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

14. 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 andadditional 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.

15. Other Submission Requirements

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

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt whenwww.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 bywww.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non- validated applications will not be accepted after the published application deadline date.

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

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service atwww.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 thatwww.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call thewww.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by 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:** 30

COMPONENT 1 - APPROACH

Applicants will be scored on the extent to which the project narrative and work plan:

- Proposes activities that can be attained during the period of performance that are consistent with the logic model's short-term and intermediate outcomes
    - (10 pts) Discusses plans to work with CDC to identify initial policies and associated legal variables
    - (10 pts) Discusses efforts to systematically collect legal data on policy topics for federal, state, tribal, local, and territorial jurisdictions and develop publicly available data sets
    - (10 pts) Discusses efforts to conduct analyses to determine the impact of laws and policies on health and economic outcomes

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

COMPONENT 1 - Evaluation and Performance Measurement

Applicants will be scored on the extent to which the evaluation and performance measurement plan demonstrates the following:

- (10 pts) Describes the monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of associated project activities.
    - This should include:
        - The data to be collected and the instruments that will be used
        - The availability of data sources and the feasibility of collecting appropriate evaluation and performance data
        - The key evaluation questions, the types of evaluations conducted (i.e., process and/or outcome), and how performance measures are addressed, evaluated, and reported.
- (10 pts) Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO.
- (5 pts) Describes how evaluation findings are used for continuous program and quality improvement.

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 45

COMPONENT 1 - Applicant's Organizational Capacity to Implement the Approach

(15 pts) Applicant provides sufficient detail and evidence as to their ability to carry out the functions of this NOFO and achieve short-term and intermediate outcomes through their documentation of organizational capacity **and/or** through accompanying letters of support.

- (5 pts) The applicant's national leadership in reaching key stakeholders, fostering engagements, and facilitating discussions among partners to advance evidence-based policy decision-making.
- (5 pts) Ability to reach governmental and non-government leaders who make decisions in public health
- (5 pts) Current partnerships with other public health law and policy organizations.

(12 pts) Applicant will be scored on the extent to which the applicant demonstrates adequate infrastructure and capacity to implement the activities and achieve project outcomes, including:

- (4pts) Evidence of prior success in conducting law and policy landscape assessments
- (4pts) Evidence (e.g., past legal epidemiological outcome studies) of the organization's ability to leverage legal epidemiological methods to successfully code law and policy data for use in subsequent analyses
- (4pts) Evidence (e.g., publications that include health and economic modeling) of the organization's ability to assess the impact of laws and policies on health and economic outcomes.

(10 pts) Applicant will be scored on their institutional knowledge and leadership in furthering public health law and policy including:

- (5 pts) Describes current staff and/or staff that will be hired to carry out the project activities, including a description of tasks or roles, required experience, and time commitment for each of the project staff and the organizational capacity and history to manage funds effectively; applicant must also provide an organization chart and CVs/resumes.
- (3 pts) Experience with legal and policy analysis at all jurisdictional levels, including federal, state, tribal, territorial, and local.
- (2pts) Describes how the applicant plans to manage the program fiscally including timely spending and contract management of the award.

(8 pts) Applicant will be scored on the extent to which the applicant demonstrates adequate:

- (4 pts) Proposed collaboration with CDC
- (4 pts) Organizational knowledge and expertise addressing social determinants of health and working to eliminate health disparities and inequities by advancing evidence-based laws and policies.

Budget **Maximum Points:** 0

Applicant provided a budget and budget narrative for Component 1. The budget will be reviewed for alignment with the proposed strategies and activities but will not be scored

Approach **Maximum Points:** 30

COMPONENT 2- Approach

Applicants will be scored on the extent to which the project narrative and work plan:

- Proposes activities that can be attained during the period of performance that are consistent with the logic model's short-term and intermediate outcomes
    - (10 pts) Describes efforts to develop a process to address incoming legal TA requests to formulate evidence-based responses to address jurisdiction-specific legal concerns and policy issues
    - (10 pts) Describes efforts to identify solutions to policy and legal barriers and provide technical assistance that is aimed at increasing knowledge and application of legal and policy strategies and activities among leaders who make

decisions in public health that can advance health equity and reduce health disparities.
    - (10 pts) Describes efforts to develop policy resources and a dissemination plan for promoting evidence-based law and policy strategies and practices for implementation among leaders who make decisions in public health.

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

COMPONENT 2 - Evaluation and Performance Measurement

Applicants will be scored on the extent to which the evaluation and performance measurement plan demonstrates the following:

- (10 pts) Describes the monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of associated project activities.
    - This should include:
        - The data to be collected and the instruments that will be used
        - The availability of data sources and the feasibility of collecting appropriate evaluation and performance data.
        - The key evaluation questions, the types of evaluations conducted (i.e., process and/or outcome), and how performance measures are addressed, evaluated, and reported.
- (10 pts) Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO.
- (5 pts) Describes how evaluation findings are used for continuous program and quality improvement.

Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 45

COMPONENT 2 - Applicant's Organizational Capacity to Implement the Approach

(15 pts) Applicant provides sufficient detail and evidence as to their ability to carry out the functions of this NOFO and achieve short-term and intermediate outcomes through their documentation of organizational capacity **and/or** through accompanying letters of support.

- (5 pts) The applicant's national leadership in reaching key stakeholders, fostering engagements, and facilitating discussions among partners to advance evidence-based policy decision-making.
- (5 pts) Ability to reach governmental and non-government leaders who make decisions in public health
- (5 pts) Current partnerships with other public health law and policy organizations.

(12 pts) Applicant will be scored on the extent to which the applicant demonstrates adequate infrastructure and capacity to implement the activities and achieve project outcomes, including:

- (4 pts) Evidence of the organization's ability to develop a process to address incoming legal TA requests to formulate evidence-based responses to address jurisdiction-specific legal concerns and policy issues
- (4 pts) Evidence of the organization's ability to identify solutions to policy and legal barriers by developing and using evidenced-based TA tools
- (4 pts) Evidence of the organization's ability to disseminate resources to leaders who make decisions in public health

(10 pts) Applicant will be scored on their institutional knowledge and leadership in furthering public health law and policy including:

- (5 pts) Describes current staff and/or staff that will be hired to carry out the project activities, including a description of tasks or roles, required experience, and time commitment for each of the project staff and the organizational capacity and history to manage funds effectively; applicant must also provide an organization chart and CVs/resumes.
- (3 pts) Experience with legal and policy analysis at all jurisdictional levels, including federal, state, tribal, territorial, and local.
- (2 pts) Describes how the applicant plans to manage the program fiscally including timely spending and contract management of the award.

(8 pts) Applicant will be scored on the extent to which the applicant demonstrates adequate:

- (4 pts) Proposed collaboration with CDC
- (4 pts) Organizational knowledge and expertise addressing social determinants of health and working to eliminate health disparities and inequities by advancing evidence-based laws and policies.

Budget **Maximum Points:** 0

Applicant provided a budget and budget narrative for component 2. The budget will be reviewed for alignment with the proposed strategies and activities but will not be scored.

c. Phase III Review

Applications will be funded in order by score determined by the review panel. If an organization applies for both components, each component will be scored separately, and funding decisions will depend on score order for each component.

Review of risk posed by applicants.

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

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

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

Anticipated Award Date: May 1, 2023

F. Award Administration Information

1. Award Notices

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

in application and the Program Director.

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

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

2. Administrative and National Policy Requirements

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

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

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

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider- obligations/index.html and https://www.hhs.gov/civil-rights/for- individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and

associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).

• The frequency that evaluations will be conducted.

• How evaluation reports will be published on a publicly available website.

• How evaluation findings will be used to ensure continuous quality and program improvement.

• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).

• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**

- Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
- Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
- Recipients must describe success stories.

- **Challenges**
  - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
  - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.

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

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

The recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 120 days prior to the end of the budget period.

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

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

e. Final Performance and Financial Report (required)

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

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

- All reports should also be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC Project Officer.

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

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

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

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

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

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

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

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Michael

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

Address:
1600 Clifton Road

Telephone:
404-718-4516

Email:
xkk3@cdc.gov

Grants Management Office Information

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

First Name:
Arthur

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

Address:

Telephone:

Email:
cmx3@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

I. Glossary

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

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

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

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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

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

Budget Period or Budget Year: The duration of each individual funding period within the 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.

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

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

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

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

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees

assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

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

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

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

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

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

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

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

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

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

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

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

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

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

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

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount. Memorandum of Understanding (MOU) or Memorandum of Agreement**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the

public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs. **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

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

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

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

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

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

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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