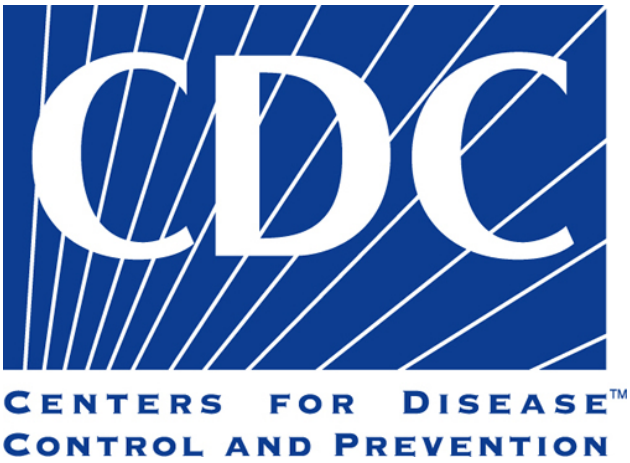


Centers for Disease Control and Prevention

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

Development of a COVID-19 Monitoring System for U.S. Correctional and Detention Facilities

CDC-RFA-PS21-2107

03/31/2021

Table of Contents

A. Funding Opportunity Description 3
B. Award Information 16
C. Eligibility Information 17
D. Application and Submission Information 18
E. Review and Selection Process 29
F. Award Administration Information 31
G. Agency Contacts 38
H. Other Information 39
I. Glossary 40

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-PS21-2107. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Development of a COVID-19 Monitoring System for U.S. Correctional and Detention Facilities

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-PS21-2107

E. Assistance Listings (CFDA) Number:

93.283

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.

2. Due Date for Applications:

03/31/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

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

G. Executive Summary:

1. Summary Paragraph
This NOFO will fund a partner to engage a representative group of correctional and public health stakeholders nationwide to design a novel COVID-19 data system for correctional and detention facilities, and to implement it in one pilot state. The data system will improve data sharing among correctional and detention facilities during the COVID-19 pandemic to reduce transmission and will allow state and local health departments and CDC to access COVID-19 data in real time to support guidance development and technical assistance to reduce COVID-19 morbidity and mortality. Strategies include intensive stakeholder engagement, data system design and ongoing data quality assurance, pilot implementation in at least one state prison and two local jails in the same state, and a plan for scale-up after the pilot phase. By the end of the period of performance, a user-friendly, validated COVID-19 data system will be accessible by pilot correctional/detention facilities and by CDC and local and state health departments in pilot site jurisdictions; data will be hosted, maintained, and transferred in compliance with identified data security and confidentiality requirements. As a result, there will be increased COVID-19 data sharing between pilot correctional/detention facilities, and between these facilities and public health. The pilot will demonstrate the feasibility of the system and inform scale-up to additional sites and to include additional disease areas

a. Eligible Applicants:
Single

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
1

d. Total Period of Performance Funding:
$ 970,550

e. Average One Year Award Amount:
$ 970,550

f. Total Period of Performance Length:
1

g. Estimated Award Date:
April 30, 2021

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

Persons experiencing incarceration are disproportionately affected by coronavirus disease 2019 (COVID-19). Correctional environments have demonstrated the potential for rapid spread of SARS-CoV-2 (the virus that causes COVID-19), high attack rates, and high mortality rates.

SARS-CoV-2 can be introduced into correctional/detention facilities through numerous routes, including staff who move between the facility and the community, as well as newly incarcerated/detained persons and those who are transferred between facilities. Inside the facility, SARS-CoV-2 transmission can often be rapid and widespread due to congregate living conditions and limited capacity for physical and social distancing. Transmission between facilities during transfers has been documented in numerous states, sometimes initiating outbreaks in facilities that previously had no cases. In addition to the risks to incarcerated/detained populations and staff working in these facilities, transmission within and among correctional and detention facilities poses a risk to the communities where the facilities are located. Although incarcerated/detained persons cannot move freely, the facilities where they are held are not closed systems; preventing and slowing SARS-CoV-2 transmission within and among correctional and detention facilities will also contribute to the prevention and slowing of community transmission.

There is currently no comprehensive data system allowing correctional and detention facilities under the jurisdiction of different federal, state, and local entities to share information related to SARS-CoV-2 in their populations in a direct and secure manner. This Cooperative Agreement will fund the development and pilot implementation of such a system, in order to facilitate communication a) between facilities regarding cross-jurisdictional COVID-19 prevention and b) with public health entities including state and local health departments and CDC.

In the future, this data system could be expanded to include other infectious and chronic diseases and behavioral health conditions within incarcerated populations. Such an expansion would improve public health reporting from correctional and detention facilities, reduce morbidity and mortality from these conditions within incarcerated populations, and facilitate coordination, collaboration, and technical assistance during future public health emergencies as well as routine operations.

b. Statutory Authorities

Grant Authority: 42 USC 317(k)(2) Funding Authority: Coronavirus Aid, Relief, and Economic Security (CARES) Act, Pub. L. 116-136 (2020)

c. Healthy People 2030

Infectious Disease: https://health.gov/healthypeople/objectives-and-data/browse-objectives/infectious-disease
Respiratory Disease: https://health.gov/healthypeople/objectives-and-data/browse-objectives/respiratory-disease
Emergency Preparedness: https://health.gov/healthypeople/objectives-and-data/browse-objectives/emergency-preparedness

Vaccination: https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination
Health IT: https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-it
Public Health Infrastructure: https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure

d. Other National Public Health Priorities and Strategies
NA

e. Relevant Work
This NOFO builds on the ongoing work of the Corrections Unit within the CDC COVID-19 emergency response. In addition, it supports the objectives of the NCHHSTP Corrections Work Group to develop programmatic and data-based partnerships to improve the health of persons who experience incarceration.

2. CDC Project Description

a. Approach
Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Engage Stakeholders • Engage correctional and public health stakeholders Design data system • Design data system • Develop data management plan • Test data system Pilot data system	• **A representative group of corrections and public health stakeholders is invested in project success** • **User-friendly, validated data system is accessible by correctional/detention facilities and by CDC and local and state health departments** • **Key correctional and public health stakeholders in pilot state are**	• Enhanced system capabilities, data quality, and data completeness • **Increased data sharing between correctional/ detention facilities** • **Increased data sharing between correctional/detention facilities and public health** • **Feasibility of system and justification for scale-up have**	• Improved communication and partnerships between correctional/detention facilities and with public health • Improved use of COVID-19 data for public health action and policy related to correctional settings • Improved use of COVID-19 data to inform prevention practices within and between correctional/ detention facilities

• Implement in pilot state • Provide trainings • Implement data quality assessment plan • Report results <u>Plan for system scale-up</u>	**invested in project success** • **Operational requirements and data security, confidentiality, and validation requirements are met by the data system**	**been demonstrated**	• Improved COVID-19 outcomes in incarcerated/detained populations • Expansion of system's geographic representation and content • Improved availability of data for other public health concerns affecting incarcerated/detained people

i. Purpose

This NOFO will fund a partner to engage a representative group of correctional and public health stakeholders nationwide to design a novel COVID-19 data system for correctional and detention facilities, and to implement it in one pilot state. The data system will improve data sharing among correctional and detention facilities during the COVID-19 pandemic to reduce transmission and will allow state and local health departments and CDC to access COVID-19 data in real time to support guidance development and technical assistance to reduce COVID-19 morbidity and mortality in these settings.

ii. Outcomes

The following outcomes will be achieved by the end of the period of performance:

Short-term Outcomes

- A representative group of corrections and public health stakeholders is invested in project success.
- User-friendly, validated data system is accessible by correctional/detention facilities and by CDC and local and state health departments.
- Key correctional and public health stakeholders in pilot state are invested in project success.
- Operational requirements and data security, confidentiality, and validation requirements are met by the data system.

Intermediate Outcomes

- Increased data sharing between correctional/detention facilities.

- Increased data sharing between correctional/detention facilities and public health.
- Feasibility of the system and justification for scale-up have been demonstrated.

iii. Strategies and Activities

As depicted in the Logic Model, there are four main strategies for project success. The recipient will be expected to implement all strategies and activities.

Engage Stakeholders

- **Identify correctional and public health stakeholders** to provide input in system content and design, implementation, and dissemination of results. (See list of key stakeholder groups in the "Collaborations" section of the NOFO.)
- **Host a series of stakeholder calls in collaboration with CDC technical partners** to introduce the project and seek input on a) the operational context in which the system would operate in different types of facilities, b) regulatory requirements for data collection and sharing, and c) how the data would be used by end users.
- **Maintain contact** with stakeholders and communicate results to continue engagement.
- **After presenting pilot results, request stakeholder input on eventual project scale-up,** including identifying modifications that may be needed to address the needs of stakeholder groups and promoting scale-up with their colleagues to expand buy-in.

Design data system

- **Identify all potential data users** (correctional, public health, academic, etc.)
- **Determine the technical specifications and system requirements** to meet the operational and data needs identified by stakeholders, including data security and confidentiality standards maintained by the facilities providing data and entities that will ultimately use the data (including CDC). The system should be able to ingest data from each site's a) electronic health record system (EHR), b) electronic operational/management data system, and c) internal or external laboratory data system. It should also include a manual data entry interface for facilities without an EHR. The data system should also have the capacity to allow local, state, and federal public health partners (including CDC) to access real-time data according to each partner's security and confidentiality requirements, in order to satisfy public health reporting requirements and to facilitate broader data-based partnerships.
- **Determine data system content**. Data elements represented in the system should include but may not necessarily be limited to the following:
    - SARS-CoV-2 testing and results
    - vaccination (COVID-19 and influenza) offer and uptake (including brand, number of doses, and dates administered)
    - contact tracing
    - isolation and quarantine disposition (for incarcerated/detained persons)
    - exclusion from work (for staff)
    - transfer and release disposition
    - COVID-19-related hospitalization
    - COVID-19-related death

- Long-term health impacts of COVID-19

The data system should be designed in a manner that can accommodate data from additional, non-COVID-related disease areas in the future (e.g., infectious diseases such as HIV/AIDS, viral hepatitis, STD, TB, influenza; chronic diseases; drug use disorders and treatment; mental health conditions).

- **Research existing and de-novo options to build the data system**. Choose and justify the best option based on its ability to meet identified system requirements and to interface with public health data systems. Involve CDC technical partners in this process.
- **Finalize the Data Management Plan**, building off the draft plan included in the application.
    - Include measures in place to meet confidentiality and ethical standards identified from stakeholder input (including CDC's). This plan should include physical factors (such as the location and protection of data servers) and technological factors related to confidentiality, and a data stewardship plan detailing data governance and access levels.
    - Include a **Data Quality Assessment Plan**, a methodology detailing how data quality will be monitored. The plan should include specific data elements chosen as quality indicators and a protocol for how those indicators will be monitored over time (including cross-checking a sample of records for accuracy and completeness at the facility level, and checking logic connecting different data elements at the system level). This plan should include a methodology to verify data quality, as well as approaches to improve data quality when challenges are identified, including designating responsible parties at each site and within the team responsible for system development and maintenance. It should also include specified frequency for quality checks, and specified frequency of reporting quality check results to CDC. A phased approach for implementing a Data Quality Assessment Plan is recommended to prioritize data quality activities and scale them up over time.
- **Develop and test the data system**. Report the results of system testing to CDC, and consult with CDC surveillance and public health informatics subject matter experts.
- **Develop technical documentation and user guides as resources for sites to use during implementation.**

<u>Implement in pilot state</u>

- **Identify one state to pilot the data system,** and provide criteria that were used to choose the state. Identify and engage state-specific stakeholders during the initial stakeholder engagement work, and intensify engagement during the pilot implementation phase to ensure continued buy-in and maximize data completeness and quality. (See list of key stakeholder groups in the "Collaborations" section of the NOFO.)
- **Implement the data system in the state's prison system and at least 2 local jails in the state.** Work with each site to develop site-specific instances of the data system, and

work with CDC and state and local health departments corresponding to pilot site locations to develop the system's public health-facing interface.
- **Provide trainings** for pilot sites and public health partners on how to use the system to collect, view, and share data.
- **Implement the Data Quality Assessment Plan** with pilot data, and report results of the quality assessment to CDC. Discuss any challenges to data quality with CDC technical partners; identify and implement solutions.
- **Report pilot results** (including data quality assessment) a) to CDC, pilot site stakeholders, and larger stakeholder groups and b) to the wider corrections and public health fields through a scientific journal article (in collaboration with CDC, pilot sites, and state and local health departments in the pilot state).

Plan for scale-up

- **Develop a plan for scale-up of the data system**, including plans for onboarding additional sites, ensuring financial sustainability, planning for ongoing technical management and stewardship of the system, and expanding the Data Quality Assessment Plan. Update technical documentation and user guides for use by additional sites onboarded during scale-up. Include a plan for how additional disease areas can be incorporated during scale-up (e.g., infectious diseases such as HIV/AIDS, viral hepatitis, STD, TB, influenza; chronic diseases; drug use disorders and treatment; mental health conditions).

This NOFO may fund health information systems infrastructure, including workforce and public health laboratories, to support the specific strategies, activities, and outcomes described in this NOFO. Any proposed health information system infrastructure activities should be reflected in the detailed budget submitted by grant applicants.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:
The recipient will be required to maintain regular contact with CDC technical partners during development and implementation of the data system to ensure that a) the system meets the CDC Office of Science requirements for data security and confidentiality, b) CDC has the opportunity to provide technical input into its content and public health reporting capabilities, and c) CDC has the opportunity to contribute to and review the Data Quality Assessment Plan, including selection of quality indicators and review of quality assessment reporting forms.

Because this NOFO is in furtherance of the COVID-19 response, data collected in the data system must be shared with CDC and must be interoperable with CDC systems. The recipient will work with CDC subject matter experts throughout the course of the period of performance to ensure that this requirement is met.

b. With organizations not funded by CDC:
The corrections "universe" includes a wide variety of local, state, federal, and non-governmental entities that have unique perspectives, operational requirements, and data standards. The recipient will be required to engage with a representative group of these stakeholders in order to maximize data completeness and quality, and to encourage broad buy-in and participation in data

system scale-up after this pilot. Corrections stakeholders should include (but may not be limited to) the following categories:

- Local jails (municipal, county, and Indian Country)
- State prisons
- Federal Bureau of Prisons
- ICE, Customs and Border Protection
- Office of Refugee Resettlement
- U.S. Marshals
- Private contractors providing facility operations/management services
- Private contractors providing healthcare services for correctional/detention populations
- Private contractors providing laboratory services for correctional/detention facilities
- Professional organizations dedicated to correctional health

In addition, the recipient will be required to collaborate with public health entities to assure that the data system will be able to interact with and contribute to existing public health reporting systems. Public health stakeholders should include (but may not be limited to) the following categories:

- Governmental public health entities (local health departments, state health departments)
- Non-governmental public health entities/organizations

In addition, stakeholder engagement should include research/academic and other non-governmental institutions addressing correctional health, including those that focus on the ethics of the collection and sharing of data from incarcerated populations.

2. Target Populations

All people held in correctional or detention facilities are at increased risk for SARS-CoV-2 infection compared with the general U.S. population because of factors related to congregate living, including hygiene constraints and limitations on physical and social distancing. Thus, this NOFO does not target specific subpopulations within the overall incarcerated population. However, it will be critical for the recipient to address how the COVID-19 data system will allow different correctional and detention facilities and the jurisdictions that manage them to communicate with one another and with public health entities in order to identify groups at greatest risk at any given time based on epidemiologic and operational factors.

a. Health Disparities

It has been suggested that due to incarceration, large numbers of the U.S. population are missing from the noninstitutionalized community. Because of this, incarcerated individuals are also missing from national health surveillance systems. This fact suggests that current estimates of population health and health disparities may be incomplete and biased toward the nonincarcerated population and may bias population estimates. This NOFO addresses ensuring data from incarcerated individuals is included in the national health surveillance systems and will facilitate efforts and the nation's ability to better understand, describe, and design interventions that address the complexities of health disparities. This NOFO will contribute to understanding the consequences of incarceration on health disparities statistics and facilitate improved data

collection on incarcerated individuals and health, so they may be included in upcoming cycles of national health surveys.

iv. Funding Strategy
NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy
CDC will work with the recipient to develop a feasible plan for Evaluation and Performance Measurement that ensures successful monitoring of project implementation and outcomes and that provides for an understanding of the barriers and facilitators to progress. The following are measurable process measures and outcome measures that will be finalized in collaboration with the recipient within 6 months of the start of the project period.

PROCESS MEASURES for this NOFO's Strategies and Activities will be as follows:
Process Measures for Stakeholder Engagement strategy:

- Number of stakeholder calls
- Number and representativeness of stakeholder groups included in engagement activities
- Retention of stakeholders involved through the course of the project

Process Measures for Data System Design Strategy:

- Number and representativeness of potential data users identified
- Documentation of data system requirements (including data security and confidentiality), and documentation of engagement with CDC technical experts on developing those requirements
- Documentation of data system content
- Documentation detailing the system options considered for building the data system, and rationale for the best option chosen
- Completion of final Data Management Plan and Data Quality Assurance Plan, including data quality indicators
- Documentation confirming the system's compliance with the Data Management Plan

Process Measures for Pilot Implementation Strategy:

- Number and representativeness of state-specific stakeholders engaged
- Number of pilot sites (prisons and jails) recruited in pilot state
- Number of trainings provided for pilot sites
- Number of trainings provided for local and state health departments corresponding to pilot site locations, and to CDC

Process Measures for Plan for Scale-up Strategy:

- Documentation of a plan to pursue system scale-up, including plans for onboarding additional sites, ensuring financial sustainability, and planning for ongoing technical management and stewardship of the system and continued data quality assurance

OUTCOME MEASURES for this NOFO's project period outcomes will be as follows:

Outcome: *A representative group of corrections and public health stakeholders is invested in project success.*
Outcome Measure: Post-pilot stakeholder feedback on the data system's ability to meet their needs, and potential modifications needed prior to scale-up in order to do so

Outcome*: User-friendly data system is accessible by correctional/detention facilities and by CDC and local and state health departments.*
Outcome Measures:

- Number of pilot sites with 100% of relevant data represented in data system
- Number of pilot sites with data viewable in data system
- Number of public health agencies involved in pilot (state and local health departments and CDC) able to successfully access data in the system

Outcome***:*** *Key correctional and public health stakeholders in pilot state are invested in project success.*
Outcome Measures:

- Number of sites from pilot state that participated in the pilot project
- Post-pilot stakeholder feedback (in pilot state) on the data system's ability to meet their needs, and potential modifications needed prior to scale-up in order to do so

Outcome***:*** *Operational requirements and data security, confidentiality, and validation requirements are met by the data system.*
Outcome Measures:

- Percent of data quality indicators (to be defined in collaboration with CDC when developing the system) achieved
- Number of pilot sites with ability to access their own data

Outcome***:*** *Increased public health-related data sharing between correctional/ detention facilities.*
Outcome Measures:

- Number of pilot sites sharing their facilities' data with at least 1 other pilot site
- Number of pilot sites achieving data sharing metrics such as length of time between the sharing request and successful receipt of data

Outcome***:*** *Increased public health-related data sharing between correctional/detention facilities and public health.*
Outcome Measures:

- Number of public health agencies (state and local health departments and CDC) that can view data from pilot sites in real time through the novel data system
- Number of pilot sites that have successfully integrated their data into state and local health departments' existing public health reporting systems (including identification of their data as coming from a correctional or detention facility)

- Length of time between reporting of pilot site data into the novel data system and when a) the state/local health department receives the data in its existing public health reporting system and when b) CDC receives the data in its surveillance system
- Frequency that public health agencies (CDC and state and local health departments) access pilot sites' data, as well as a) whether the information they were seeking is available, b) how the data were used, and c) whether there was any follow-up communication between the public health entity and the facility.

Outcome***:*** *Feasibility of the system and justification for scale-up have been demonstrated.*
Outcome Measures:

- Results of pilot disseminated in a scientific journal article for publication and dissemination (in collaboration with CDC, pilot sites, and state and local health departments in the pilot state).
- Post-pilot stakeholder and pilot site feedback regarding feasibility, usefulness, and any modifications needed before scale-up
- Number of sites that have committed to scaled-up implementation of the data system

Data collected for evaluation will be limited only to data that will be analyzed and used. The process and outcome evaluation measures described above will be used to demonstrate the value of this NOFO in the following ways:

- Stakeholder Engagement measures will demonstrate potential strengths and limitations of the data system from a) facilities providing data and b) potential end users of the data – both operationally and for evaluation and improvement of health outcomes for correctional populations.
- Data System Design measures will demonstrate the intended capabilities of the data system.
- Pilot Implementation measures will demonstrate the feasibility of the data system a) to successfully connect correctional and detention facilities with each other and b) to successfully share data with public health entities to improve collaborations, partnerships, and technical assistance.
- Scale-up measures will demonstrate the potential growth and sustainability of the data system over time, including its potential to serve as a long-term data source that can improve CDC's ability to support the health of people who experience incarceration beyond COVID-19.

Because this NOFO involves the collection or generation of public health data applicants are required to submit a Data Management Plan (DMP) that includes, at minimum, the following components:

- A description of the data to be collected or generated;
- The standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to the data to different categories of potential users including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights. Specifically, the DMP

should address access for correctional and detention facilities as well as state and local health departments and CDC. The DMP should also describe any categories of entities that would be prohibited from accessing the data;
- Statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent;
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified; and
- A Data Quality Assessment Plan, a methodology detailing how data quality will be monitored. The plan should include specific data elements chosen as quality indicators and a protocol for how those indicators will be monitored over time (including cross-checking a sample of records for accuracy and completeness at the facility level, and checking logic connecting different data elements at the system level). This plan should include a methodology to verify data quality, as well as approaches to improve data quality when challenges are identified, including designating responsible parties at each site and within the team responsible for system development and maintenance. It should also include specified frequency for quality checks, and specified frequency of reporting quality check results to CDC. A phased approach for implementing a Data Quality Assessment Plan is recommended to prioritize data quality activities and scale them up over time.

If all of the information for the DMP components above is not available at the time of the application, include information that is as complete as possible. The DMP may be submitted as a checklist, paragraph, or any other format the applicant chooses.

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/additionalrequirements/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
In addition, the recipient must have (and describe within the application narrative):

- Relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes (applicant should describe this experience and capacity within the narrative, including a staffing plan and description of the project management structure);
- Experience and capacity to implement the Data Management Plan (applicant should describe this experience and capacity within the narrative);
- Demonstrated experience working with a variety of governmental and non-governmental correctional stakeholders, with emphasis on the 3,000+ local jails that would comprise the bulk of the eventual participants in a scaled-up data system (applicant should describe their stakeholder relationships and stakeholder engagement strategy within the narrative;
- Leverage and high standing in the correctional field to increase the buy-in and commitment required of partners in this effort (applicant should describe within the narrative);
- Established relationships with these stakeholders and the ability to communicate the benefits of the proposed COVID-19 data system for their operations and population health (applicant should describe within the narrative);
- A sophisticated and nuanced understanding of the different pieces of the U.S. correctional and detention system (applicant should describe within the narrative);
- Experience working with CDC to improve public health surveillance in correctional settings (applicant should describe this experience within the narrative, including any specific past collaborations, funded or un-funded – including dates, topics, and outcomes achieved);
- The ability to quickly (i.e., within 15 days of the Award) identify at least 1 state prison and at least 2 local jails in the same state that have the operational capacity and interest in becoming pilot sites for this project, and obtain their commitment (applicant should describe within the narrative);
- Either in-house IT capacity or the ability to sub-contract with a qualified IT firm to develop the data system within 15 days of the Award (applicant should describe within the narrative); and
- The ability to mobilize immediately to meet this Cooperative Agreement's time-sensitive performance objectives related to the COVID-19 pandemic (applicant should describe within the narrative).

d. Work Plan

Applicants are required to provide a detailed work plan that provides both a high-level overview and a detailed description of the work to be conducted during the period of performance. The work plan should incorporate all program strategies and activities outlined in this NOFO and should clearly align with the logic model, outcomes, and measures from the Evaluation and Performance Measurement section of the NOFO.

The work plan should include the following:

- Intended outcomes
- Program strategies and activities aligned with intended outcomes
- How each strategy and activity will be monitored (outcome measure)
- Identified partners and/or affiliates

Each required strategy and activity should be clearly labeled. Failure to clearly label work plans may affect funding decisions. No specific work plan format is required, as long as it is clear how the components in the work plan crosswalk to the strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO. An example of a work plan template follows (though this format is not required).

Project 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.			

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.

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:
U50

3. Fiscal Year:
2021

4. Approximate Total Fiscal Year Funding:
$ 970,550

5. Total Period of Performance Funding:
$ 970,550
This amount is subject to the availability of funds.

Estimated Total Funding:
$ 970,550

6. Total Period of Performance Length:
1
year(s)

7. Expected Number of Awards:
1

8. Approximate Average Award:

$ 970,550
Per Budget Period

9. Award Ceiling:
$ 0

Per Project Period

This amount is subject to the availability of funds.

10. Award Floor:
$ 0
Per Project Period

11. Estimated Award Date:
April 30, 2021

12. Budget Period Length:
12 month(s)

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

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

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

2. Additional Information on Eligibility

The National Sheriffs' Association

3. Justification for Less than Maximum Competition

The National Sheriffs' Association (NSA) is uniquely and distinctively positioned to undertake this work due to its focus on local jails, its comprehensive network of criminal justice stakeholders, its strong track record of working with CDC to improve public health surveillance in correctional settings, and its ability to mobilize immediately to meet this cooperative agreement's time-sensitive performance objectives. No other organization has the combined readiness, expertise, formal stakeholder network, and proven sustainability required by the urgent nature of COVID-19 to implement these activities.

4. Cost Sharing or Matching

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:
All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.
The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

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

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

b. Application Deadline

Due Date for Applications 03/31/2021

03/31/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
N/A

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.

Applicants may follow either of the following processes:

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

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

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories

of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

NA

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

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

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

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

13. Funds Tracking

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

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

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

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

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

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

18. 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/additionalrequirements/ar-25.html

19. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

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

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

i. Approach	**Maximum Points:** 30
ii. Evaluation and Performance Measurement	**Maximum Points:** 30
iii. Applicant's Organizational Capacity to Implement the Approach	**Maximum Points:** 40

Budget **Maximum Points:** 0

c. Phase III Review
Application will undergo Objective Review

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

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

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

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

(1) Financial stability;

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

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

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

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

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions

restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Announcement Date: March 25, 2021
Anticipated award date: April 30, 2021

F. Award Administration Information

1. Award Notices

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

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

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

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation. In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: https://HYPERLINK http://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent on agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition,

recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

2. Administrative and National Policy Requirements

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

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

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

1. *AR-9: Paperwork Reduction Act Requirements*
2. *AR-10: Smoke-Free Workplace Requirements*
3. *AR-11: Healthy People 2030*
4. *AR-12: Lobbying Restrictions*
5. *AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities*
6. *AR-14: Accounting System Requirements*
7. *AR-21: Small, Minority, And Women-owned Business*
8. *AR-24: Health Insurance Portability and Accountability Act Requirements*
9. *AR-25: Data Management and Access*
10. *AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009*
11. *AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973*
12. *AR-32: Enacted General Provisions*
13. *AR-34: Language Access for Persons with Limited English Proficiency*
14. *AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020 (NOTE: AR-37 is required on all NOFOs).*

Organization-specific ARs:

1. *AR-8: Public Health System Reporting Requirements*
2. *AR-15: Proof of Non-profit Status*

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

3. Reporting

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

- Helps target support to recipients;

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	2 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	No (Final only, since the period of performance is 1 year)
Data on Performance Measures	Monthly upon implementation of pilot system (data quality indicators). The remainder can be reported in the Final Performance Report.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

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

by HHS/CDC, or other guidance otherwise applicable to this Agreement.

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later 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.

An Annual Performance Report is not required. Only a Final Performance and Financial Report is required, since the period of performance of this Cooperative Agreement is 1 year.

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

c. Performance Measure Reporting (optional)

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

Data quality indicators and associated data should be reported to CDC monthly upon implementation of the data system in pilot sites. Data quality indicators and the format for reporting will be determined in collaboration with CDC 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.

An Annual FFR is not required. Only a Final Performance and Financial Report is required, since the period of performance of this Cooperative Agreement is 1 year.

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

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

In addition, the recipient must include all data required for the development of a scientific journal article detailing the development of the system, data quality assessment procedures (and associated data), user metrics (corrections and public health), and a summary of the data reported by the system.

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.

7) Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Liesl

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

Address:
1600 Clifton Road NE
Mailstop US12-3, Atlanta, GA 30333

Telephone:
404-718-8336

Email:
Vqf8@cdc.gov

Grants Staff Contact

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

First Name:
Terrian

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

Address:
2939 Flowers Road
Atlanta, GA 30341

Telephone:
770-488-2774

Email:
TDixon@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424

- SF424A
- Funding Preference Deliverables

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

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Program website: https://www.cdc.gov/coronavirus/2019-ncov/index.html

I. Glossary

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

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

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

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

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

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

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

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

CDC Assurances and Certifications: Standard government-wide grant application forms.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant

aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOFO-specific Glossary and Acronyms