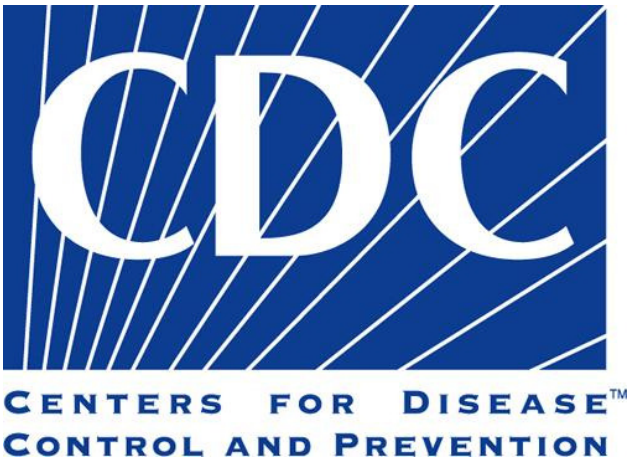


Centers for Disease Control and Prevention

NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

Modernizing Environmental Public Health Tracking to Advance Environmental Health Surveillance

CDC-RFA-EH22-2202

05/01/2022

Signature _____ Date _____

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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-EH22-2202. 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:

Modernizing Environmental Public Health Tracking to Advance Environmental Health Surveillance

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)).

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-EH22-2202

E. Assistance Listings Number:

93.070

F. Dates:

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

N/A

2. Due Date for Applications:
05/01/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
March 17, 2022
3:00 - 4:00 PM Eastern Time
Call in (audio only)
+1 404-498-3000,,192180607# United States, Atlanta
(888) 994-4478,,192180607# United States (Toll-free)
Phone Conference ID: 192 180 607#

G. Executive Summary:

1. Summary Paragraph
The Centers for Disease Control and Prevention, National Center for Environmental Health, Division of Environmental Health Science and Practice announces the availability of fiscal year 2022 funds for a cooperative agreement to strengthen and modernize environmental health data and surveillance in the United States. The purpose of the funding is to continue building public health capacity and expertise in environmental health surveillance and to modernize data systems to empower public health practitioners, healthcare providers, community members, policy members, and others to make information-driven decisions that affect their health. Since 2002, the Environmental Public Health Tracking Program has provided the United States with accurate and timely standardized information from a nationwide network of environmental health data to help drive actions to improve the health of communities. The information is shared via a network of people and the Environmental Public Health Tracking Network, a web-based system of integrated health and environmental data with components at the national, state, and local levels.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
30

d. Total Period of Performance Funding:
$175,000,000

e. Average One Year Award Amount:
$700,000
Over a five-year period of performance, CDC will award approximately $20 million each budget year with the average award varying. This cooperative agreement will range from approximately $300,000 - $1.5 million per year depending on the size and scope of activity. The range of funds is broad to accommodate a varied number of organizational needs and availability of funding. Approximate average one-year award amounts for each component are:

Component A-Capacity Building: $300,000 - $1,000,000

Component B-Emerging Topics: $100,000 - $1,000,000

Component C-Portal: $100,000 – $1,000,000

Population Funding Level	Components A and B
< 2 million	$800,000
2 million – 10 million	$1,300,000
> 10 million	$2,000,000

f. Total Period of Performance Length:
5

g. Estimated Award Date:
September 01, 2022

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
The World Health Organization estimates that 23% of the disease burden and 24% of all deaths worldwide are attributable to the environment. Accurate and timely data help public health leaders monitor trends and make informed decisions about prevention and control strategies that can protect individuals and communities from health issues arising from or directly related to environmental factors. The Environmental Public Health Tracking Program (Tracking Program) has collected, integrated, analyzed, and disseminated non-infectious disease, environmental, and sociodemographic data from a nationwide collective of partners through the Environmental Public Health Tracking Network (Tracking Network), an easy-to-access, online, multi-tiered, interoperable system of data, tools, and services.

The Tracking Program's core strategies are to enhance data utility; improve data access and sharing; and increase Tracking Network awareness and use. The Tracking Program will modernize surveillance activities and strengthen capacity of recipients by bolstering and scaling the Tracking Program's infrastructure and processes. With this approach, CDC will modernize the Tracking Network to improve data timeliness and accuracy while reducing the burden on recipientss. In line with CDC's data modernization efforts, the Tracking Program will continue efforts to integrate existing data sources to create reusable, sustainable data pipelines for collecting, validating, visualizing, and sharing data.

The proposed activities will provide recipients with data science and informatics resources and staff to build reusable, plug-and-play processes which will modernize the collecting and sharing of data with CDC and other partners. Recipients will also develop and share resources, code, tools, and other supportive materials which will be made available to all recipientss to build their capacity.

This combination of efforts helps fill critical information gaps that contribute to health inequities by providing data to better understand a community's health burden and the characteristics that make individuals more susceptible to negative health effects associated with environmental factors.

The Tracking Network provides the U.S. with accurate and timely standardized data and supports ongoing efforts within the public health and environmental sectors to improve data collection, accessibility, and dissemination as well as analytic and response capacity. The Tracking Program focuses on developing standardized and automated processes, interoperable infrastructure, and creating shareable tools and data—all hallmarks of what is defined currently as data modernization. Building on these advancements, the Tracking Program aims to improve and further expand its efforts to integrate and synthesize information and data to drive positive change in the nation's environmental public health.

Component A-Capacity Building - these activities support the development of the applicants' programmatic infrastructure. The applicant should leverage existing capacity to strengthen their application.

Component B-Emerging Topics - most activities in Component B are dependent on available funding and may not be awarded. These activities address key Program and Agency priorities.

Component C-Portal - these activities support the development of an environmental health portal.

b. Statutory Authorities

This program is authorized under Sections 311 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 243 and 247b(k)(2)], as amended.

c. Healthy People 2030

The Environmental Public Health Tracking Program is committed to achieving the HHS Healthy People 2030 health promotion and disease prevention objectives. This NOFO addresses the Healthy People 2030 topic(s) of Environmental Health (Environmental Health - Healthy People 2030 | health.gov), and Public Health Infrastructure (Public Health Infrastructure - Healthy People 2030 | health.gov).

d. Other National Public Health Priorities and Strategies

- The U.S. Department of Health and Human Services Strategic Plan and Annual Performance Plan: FY 2021 Annual Performance Plan and Report - Goal 4 Objective 1 | HHS.gov

- U.S. Environmental Protection Agency - https://www.epa.gov/
- National Aeronautics and Space Administration - https://science.nasa.gov/earth-science
- CDC's Data Modernization Initiative - https://www.cdc.gov/surveillance/data-modernization/index.html
- The Guide to Community Preventive Services - http://www.thecommunityguide.org
- The National Institutes of Health Minority Health and Health Disparities Strategic Plan 2021-2025 - https://nimhd-nih.gov/about/strategic-plan

e. Relevant Work

CDC-RFA-EH22-2202 builds on activities conducted under previous NOFOs, including CDC-RFA-EH17-1702, CDC-RFA-EH14-1405, CDC-RFA-EH14-1403. The program has grown to become one of NCEH's key cooperative agreements for supporting state and local information technology and surveillance capacity for 1) integrating health, exposure, and hazard information and data, 2) building and maintaining an IT infrastructure--including web-based portals that follow Tracking metadata, data and functional standards--that allows for controlled access to and exchange of data with CDC's Tracking Program, 3) conducting analyses using Tracking data and expertise to address environmental health issues.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-EH22-2202 Logic Model: Modernizing Environmental Public Health Tracking to Advance Environmental Health Surveillance

Bold indicates period of performance outcome

Items with an asterisk * have a health equity focus.

Strategies	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
COMPONENT A - (All recipients) **Surveillance** **Information Technology** **Partnerships**	**COMPONENT A - (All recipients)** **Surveillance** **1. Increased data monitoring of environmental health topics**	**Increased use of public health data among public health practitioners and environmental professionals to develop and deliver informed programs, prioritized interventions, and**	**Reduced environmental and related health effects** **Reduced environmental**

Outreach/Communications **Program Capacity** **Program Evaluation/Performance Measurement** **<u>Component B- (All recipients)</u>** **Emerging Topics - will be addressed if funded**	**2. Improved completeness, timeliness, and quality of environmental public health surveillance data** **3. Increased surveillance of environmental health disparities *** **Information Technology** **1. Improved information technology tools and systems** **Partnerships** **1. Increased stakeholder inclusion in data sharing, communication, and response** **2. Increased collaboration with stakeholders to reduce health disparities *** **Outreach/Communications** **1. Increase dissemination of environmental health information using communication best practices to appropriate audiences**	**policies to address environmental public health issues** **Improved identification, monitoring, and addressing of health disparities *** **health disparities ***

	Program Capacity **1. Increased knowledge and ability among EPHT workforce** **2. Increased recipient capacity to provide technical assistance to advance environmental public health interventions** **Program Evaluation/Performance Measurement** **1. Improved completeness, timeliness, and quality of evaluation data**		
COMPONENT C Portal	COMPONENT C 1. Improved portal functionality 2. Increased portal utilization		

i. Purpose

The purpose of this NOFO will provide funding to: build state and local public health capacity & expertise in environmental health surveillance; create modern, interoperable, and real-time public health data and surveillance systems; modernize the collection, integration, dissemination, & application of timely, local environmental health data; and empower public health practitioners, healthcare providers, community members, policy members, and others to make information-driven decisions that affect their health.

ii. Outcomes

The logic model displays the outcomes that are expected to result from recipient efforts in the short-, mid-, and long-term. As noted in the logic model, these key outcomes are expected to result during the period of performance:

Short-Term (1-2 years):

1. SURVEILLANCE

- Increased data monitoring of environmental health topics
- Improved completeness, timeliness, and quality of environmental public health surveillance data
- Increased surveillance of environmental health disparities

2. INFORMATION TECHNOLOGY

- Improved information technology tools and systems

3. PARTNERSHIPS

- Increased stakeholder inclusion in data sharing, communication, and response
- Increased collaboration with stakeholders to reduce health disparities

4. OUTREACH/COMMUNICATION

- Increased dissemination of environmental health information using communication best practices to appropriate audiences

5. PROGRAM CAPACITY

- Increased knowledge and ability among Environmental Public Health Tracking workforce
- Increased recipient capacity to provide technical assistance to advance environmental public health interventions

6. PROGRAM EVALUATION/PERFORMANCE MEASUREMENT□

- Improved completeness, timeliness, and quality of evaluation data

Intermediate (3-4 years):

- Increased use of public health data among public health practitioners and environmental professionals to develop and deliver informed programs, prioritized interventions, and policies to address environmental public health issues
- Improved identification, monitoring, and addressing of health disparities *

Long-term (5+ years):

- Reduced environmental exposures and related health effects
- Reduced environmental health disparities *

iii. Strategies and Activities

Component A activities fall into six broad strategies:

- Surveillance,
- Information Technology,
- Partnerships,
- Outreach/Communication,
- Program Capacity, and
- Program Evaluation/Performance Measurement.

Component B includes activities that address potential emerging topics.

Component C includes activities that address portal development and sustainability.

Please see the Funding Strategy section below for more details. Each applicant must address every activity in Component A and Component B. Applicants can also apply for Component C; however, applicants must be approved for Component A and Component B to be eligible for review and funding for Component C. Applicants for Component C funding must indicate that a publicly visible portal (that hosts environmental data) already exists and provide supportive links to the portal.

Most activities in Component B are dependent on available funding and may not be awarded. These activities will be placed on the "approved but unfunded" (ABU) list. The Program is including these activities in preparation of possible future year funding. Applicants must address each activity in Component B. These tasks will be placed on the ABU list following the objective review process. Recipients that are not awarded Component B funding in Year 1, will be placed on the ABU list and eligible for future year funding.

Eligible applicants for Component C funding may not be awarded in Year 1 but will be placed on the ABU list for potential future year funding.

Strategies and Activities

Component A – Capacity Building

- Surveillance:

- Establish processes and ensure data quality for data submitted by jurisdictions for CDC data calls (or CDC data submission).
- Integrate data into recipient's Tracking portal and ensure the availability and accessibility of data as appropriate for program staff and internal and external partners.
- Maintain existing and newly adopted Nationally Consistent Data and Measures (NCDM) requirements including maintenance of data within the recipient tracking network, submission of data to CDC, and dissemination of required data via recipient's Tracking Network.
- Disseminate additional indicators and measures to address recipient's priorities, optional NCDMs or other agreed-upon standards.
- Address gaps or limitations in available data by collaborating with state and local programs to optimize data collection, ensuring inclusion of data elements relevant to environmental public health tracking, and/or conducting analyses/activities that fill identified data gaps or extend applicability of available data.
- Conduct routine descriptive analysis of Tracking data to evaluate quality and completeness of data; examine state and local environmental public health issues; or generate information for other state and local programs, decision makers, and the public.
- Use Tracking data to identify and prioritize the jurisdiction's concerns, priorities, and need for action to help direct Tracking program activities.
- Develop and maintain at least one sub-county and/or real-time/near real-time data feed.
- Develop and implement plans for surveillance data, quality checks, and dissemination with a focus on data interoperability.
- Use Tracking data to identify at least one disproportionately affected population and identify a solution to creatively address the concern.
- Apply and interpret Tracking data to inform the development of public health actions.
- Identify and develop advanced analytic data science methods to effectively advance the use of new and existing sources of data.

- Information Technology (IT):

- Enhance existing information systems by adding or improving functionality to integrate, analyze, and visualize data.
- Modernize existing data, data pipelines, or systems.
- Evaluate informatics needs and conduct a gap analysis to address barriers to the effective use of data for environmental public health decision making or by environmental public health decision makers.
- Maintain the technology infrastructure and resources to submit Tracking NCDMs to CDC during scheduled data calls.

- Implement additional innovative enhancements that improve analysis, enable collaboration, or increase the sustainability or efficiency of systems.
- Establish repeatable, reliable, and readily accessible electronic access to data sources, including tools and processes to increase the availability and accessibility of timely and locally relevant data (e.g., sub-county and real-time data) and any needs discovered as the result of the gap analysis.
- Increase data management efficiency by developing state/local standard operating procedures and increasing the use of routine, reusable, and electronic processes and scripts for obtaining, validating, and disseminating data, including use of application programming interfaces.
- Make data sharing easier through common policies, practices, and standards.
- Support the development and sustainability of a technical portal that shares data for exploratory services, including mapping, downloading, visualizing data.

- Partnerships:

- Lead, maintain, and grow existing partnerships with diverse public and private organizations to inform decisions about Tracking data, data analysis, and communication messages and products.
- Collaborate with CDC, data stewards, data users, and other Tracking recipients to improve existing NCDMs and adopt new and optional NCDMs as developed by the Content Workgroup.
- Develop a partnership with the applicant's IT department and establish a scope of work to coordinate IT investments, decisions, and policies across the applicant's jurisdiction; ensure program informatics/IT activities align with organizational strategies and objectives; and leverage jurisdictional IT resources.
- Establish and maintain relationships with at least one university/college program. Possible collaborations include, but are not limited to, guest lecturing, mentoring students, co-presenting (webinar/meetings/conference), GIS, data analysis, or other projects.

- Outreach/Communication:

- Create and disseminate communication messages and products (e.g., data stories, community health reports, social media posts) to key audiences. Ensure messaging aligns with CDC's health equity guiding principles for inclusive communication (https://www.cdc.gov/healthcommunication/Health_Equity.html).
- Present and/or exhibit at meetings and conferences.
- Conduct needs assessment with priority audiences to inform communication message and product development and dissemination methods selection.

- Participate in one coordinated, program-wide communication activity (e.g., Tracking Awareness Week) each year.
- Maintain existing and add new contextual/explanatory content/messaging about Tracking data, products, and projects, including plain language interpretations (as appropriate) and risk communication as needed.
- Develop and implement an annual communication plan that includes a risk communication plan; specific, measurable, achievable, realistic, time-bound (SMART) objectives; and targets key tracking audiences including data stewards, jurisdiction staff, policymakers, technical advisory group, relevant community groups or non-governmental organizations. The initial communication plan should include a high-level description of the applicants methods to communicate program announcements, new findings, and to disseminate communication products. The applicant should identify any relevant or existing partnerships and identify target key audiences and/or partners for year 1 communications efforts.

- Program Capacity:

- Develop a formal mentoring relationship with one unfunded jurisdiction and provide support, facilitate data and knowledge sharing, build capacity, and increase Tracking program reach. For example – a state health department could mentor a county or local health department, tribal area, a territory, or an unfunded state
- Develop and maintain an Environmental Public Health Tracking Program within the applicant's jurisdiction. Provide technical assistance on Environmental Public Health Tracking best practices; integrate Tracking priorities throughout the jurisdiction; improve workforce and skills in key programmatic areas including data science, epidemiology, bioinformatics, and computer science.
- Support and facilitate the development of state and local public health workforce to train staff and partners on understanding the Tracking Program principles.
- Plan for/address surge capacity needs for responding to outbreaks and/or known, reemerging, and/or new environmental health concerns (e.g., establishing teams/workforce, cross-training staff, building resilience).
- Plan to participate and serve a substantial role in the Tracking Working Groups. Potential activities include developing and updating evaluation metrics; proposing a topic/method/data that is of interest for potential standard adoption and using peer learning; integrating data into the recipient’s portal and ensuring the availability and accessibility of data as appropriate for program staff and internal and external partners.

- Program Evaluation/Performance Measurement:

- Document and submit program accomplishments and public health actions (PHAs) at least twice a year to highlight recipient’s use of surveillance data.

- Using standardized methods established by Tracking, collect website statistics to measure performance (e.g., reach, impressions) of Tracking web resources.
- Monitor program implementation and progress through performance measurement.

Component B – Emerging Topics

- Conduct an evaluation project (health improvement, cost-benefit analysis, impact evaluation, etc.) that identifies key impacts of a public health actions (PHA).
- Identify an overarching strategy for implementing key surveillance activities to address climate and health needs and outcomes.
- Identify an overarching strategy for implementing key surveillance activities to address the needs and outcomes of tribal communities in the state or jurisdiction. Collaborate with the tribal community to determine those needs.
- Identify an overarching strategy for partnering with laboratories to implement key biomonitoring, bioinformatics, and disease outbreak surveillance activities.
- Collect and use syndromic surveillance data to validate and monitor health effects of exposures to environmental hazards.
- Conduct routine analyses using Tracking data for the discovery of spatial, temporal, and demographic patterns of diseases, exposures, or environmental hazards; the timely identification of unusual events signaling the need for further investigation; or the non-research purposes of analyzing or linking health, exposure, and hazard data to help provide new insights or solutions to environmental health issues.
- Identify an overarching strategy for implementing key surveillance activities to address cancer cluster needs and outcomes.
- Surveil emerging environmental health topics of interest and disproportionately affected populations.
- Identify an overarching strategy for creating or strengthening predictive analytics and forecasting or using non-traditional or innovative data sources (e.g., citizen science, sensor data).
- Advance electronic information exchange between electronic health records and public health.
- Develop a sustainable and modernized IT infrastructure for environmental health services (EHS) data collection, management, and sharing that is reusable, transparent, extendable, and adaptable in partnership with the jurisdiction's EHS program and users of their data.

Component C – Portal

- Coordinate/lead and support existing Environmental Public Health Tracking portal within state or local jurisdictions.

- Share data for exploratory services, including mapping, downloading, or visualizing data through a Tracking portal.
- Maintain a web-based publicly available environmental health tracking system that complies with CDC recipient portal requirements.

1. Collaborations

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

Applicants are expected to pursue strategic collaborations and partnerships with groups that are cross-cutting and multi-sectoral in nature to strengthen their workplans. Applicants are required to collaborate with other NCEH-funded programs within their jurisdictions that focus on related issues when interests and activities align. Applicants are also encouraged to align, but not duplicate, proposed activities with other CDC NOFOs as appropriate. Collaborations and a letter of support should be created for the purposes of sharing data; developing consistent definitions and measures; and creating maps, tables, or other appropriate tools for demonstrating alignment between surveillance findings and program efforts. There is no limit to the number of letters of support, but it must describe how the applicant will address a NOFO need. Letters of support must be dated within 60 days of the application. Label the letter of support "LOS" and upload it as a PDF file at www.grants.gov.

NCEH-funded programs include:

- Healthy Homes and Lead Poisoning Prevention Program- Childhood Lead Poisoning Prevention Program | CDC
- National Asthma Control Program-National Asthma Control Program | CDC
- Climate and Health Program- Climate and Health Program | CDC
- The Water, Food, Environmental Health Services Branch, Environmental Health Capacity (EHC) program- Environmental Health Capacity (EHC) | EHS | CDC
- Division of Laboratory Science- Division of Laboratory Sciences | CDC

Examples of other relevant CDC programs include, but are not limited, to:

- Division of Birth Defects and Developmental Disabilities- National Center on Birth Defects and Developmental Disabilities Home | NCBDDD | CDC
- Safe Water System- The Safe Water System | CDC
- Division of Cancer Prevention and Control- About CDC's Division of Cancer Prevention and Control | CDC
- ATSDR Partnership to Promote Local Efforts To Reduce Environmental Exposure (APP LETREE) Program- ATSDR - State Cooperative Agreement Program - Home Page (cdc.gov)
- Division of State and Local Readiness- Public Health Emergency Preparedness (PHEP) Cooperative Agreement | CDC

- Epidemiology and Laboratory Capacity Program- CDC - ELC Cooperative Agreement - DPEI - NCEZID
- Association of State and Territorial Health Officials (ASTHO)- Welcome to ASTHO
- National Association for Public Health Statistics and Information Systems (NAPHSIS)- NAPHSIS | Protecting Personal Identity Promoting Public Health
- National Association of Health Data Organizations (NAHDO)- Welcome to NAHDO | National Association of Health Data Organizations

b. With organizations not funded by CDC:
Applicants are required to collaborate with several key partners, including their state environmental agencies. These established relationships may also benefit recipients by further enhancing their activities. When possible, applicants should incorporate external partners (e.g., accountable care organizations, big data providers, new commercial technology, and service providers in consumer-driven healthcare); and non-traditional public sector organizations (e.g., Tribal Nations, Department of Transportation) into their workplan.

An important component of this announcement is to build partnerships among environmental and health agencies, their subordinate departments and staff, county health departments, and public health laboratories. Applicants must demonstrate that their program will be a collaborative effort by including the following with their application, if applicable:

1. State, Territorial, Local, and Tribal (STLT) applicants should include a letter of collaboration confirming that a partnership exists or will be developed within 60 days from receiving funds. Evidence of a partnership may be a confirmation of an existing memorandum of understanding (MOU) between Health and Environment that covers activities related to this NOFO. The letter of collaboration should be signed:

- Between the state (or local) Secretary/Director of Health or equivalent and the state (or local) Secretary/Director of Environmental Quality/Protection/Natural Resources or the equivalent agency/department.

  or

- Between Health and Environmental Agencies/Departments to exchange and/or share data, provide technical expertise on data interpretation.
  or
- Between appropriate organizational units within each Agency/Department (within the Health Department this may include birth defect programs, cancer registries, vital statistics, lead programs, environmental epidemiology, the state laboratory, chronic disease, and others).

2. All applicants must include a letter designating a public health liaison within the environmental agency/department and an environmental liaison within the health agency/department, describing their roles and responsibilities respectively.

3. Eligible local health departments must provide a letter from responsible state authority assuring that activities related to this program will be coordinated with the State Health Department, and that the state will cooperate in providing relevant data to support NCDMs on the local and CDC network portals.

4. All applicants should include a letter of collaboration from the applicants Public Health and/or Environment Health Laboratory director to confirm their collaboration with the applicant throughout the funding period.

5. All applicants must include a letter of commitment from applicant's information technology management office indicating intent for collaboration and coordination on all IT focused activities listed under "Recipient Activities."

Applicants must file the MOU, MOA, or letters of support, as appropriate, name the file "MOUs/MOAs or LOS", and upload it as a PDF file at www.grants.gov.

2. Target Populations

Target populations will vary depending on the jurisdictions strategies and activities funded under this NOFO. This cooperative agreement should directly impact the health of the public, through the collection, exploration, visualization, and analysis of Tracking data. Applicants must identify populations most at-risk for specific environmental health concerns. Applicants must describe the selected population, including relevant health disparities.

a. Health Disparities

CDC recognizes that social and economic opportunities, health behavior, and the physical environment in which people live greatly impact health outcomes. Health disparities and inequities represent preventable differences in the burden of disease, disability, injury, or violence, or in opportunities to achieve optimal health. Applicants must describe the population(s) selected and how Tracking data and activities will improve health and reduce or eliminate one or more identified health disparities or inequities. This cooperative agreement includes activities that can be used to target many diverse populations at disproportionate risk of environmental health concerns and/or adverse outcomes or are those directly affected by environmental health.

iv. Funding Strategy

This NOFO contains three components:

- Component A-Capacity Building: estimated funding $300,000 - $1,000,000 (approximately 30 awards and is contingent upon available program funding).
- Component B-Emerging Topics: estimated funding $100,000 - $1,000,000 (approximately 30 awards and is contingent upon available program funding)
- Component C-Portal: estimated funding $100,000 – $1,000,000 (approximately 25 awards and is contingent upon available program funding)

Applicants are eligible to apply (total for Components A and B) for the funding levels outlined in the table below based on population size (based on US Census data - 2018 estimates or other appropriate document if the Census data is not available):

Population Funding Level	Components A and B
< 2 million	$800,000

2 million – 10 million	$1,300,000
> 10 million	$2,000,000

Each applicant must address every activity in Component A and Component B. Applicants can also apply for Component C; however, applicants must be approved for Component A and Component B to be eligible for review and funding for Component C. No other component combinations will be accepted. Applicants for Component C funding must indicate that a publicly visible portal (that hosts environmental data) already exists and provide supportive links to their portal.

Applications for all 3 Components (A, B, and C) will be reviewed and funded separately. Only one application per organization will be considered for either Components A and B or Components A, B, and C. Applications for all 3 components may not be awarded Component C funding but will be considered and eligible for funding to support Components A and B. Applicants must submit one application, but with separate work plans and budgets for each component.

Most activities in Component B are dependent on available funding and may not be awarded. These activities will be placed on the "approved but unfunded" (ABU) list. The Program is including these activities in preparation of possible future year funding. Applicants should not prioritize Component B activities in their workplan, but must address each activity in Component B. These tasks will be placed on the ABU list following the objective review process. Recipients that are not awarded Component B funding in Year 1, will be placed on the ABU list and eligible for future year funding.

Eligible applicants for Component C funding may not be awarded in Year 1 but will be placed on the ABU list for potential future year funding.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement helps demonstrate the implementation of program activities and achievement of program outcomes, build a stronger practice base for specific program strategies, and support continuous program improvement. Evaluation and performance measurement can also determine if program activities are scalable and effective at reaching their target populations. The Tracking Program's evaluation strategy is grounded in CDC's Evaluation Framework for Public Health, MMWR, September 18, 1999, Vol. 48/ No. RR-11, (http://www.cdc.gov/mmwr/PDF/RR/RR4811.pdf) as well as in the surveillance system focused approach described in CDC's Updated Guidelines for Evaluating Public Health Surveillance Systems, MMWR, July 27, 2001, Vol. 50/ RR-13, (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm). Ultimately, CDC's Tracking Program will be evaluated by how well it has documented and identified the environment's impact on health and the extent to which the Tracking Program has effectively leveraged its resources to improve the public's health.

At the core of the evaluation and performance measure strategy is a set of outcomes expected from all strategies and activities, and performance measures to use for tracking those outcomes. CDC will collect data for these measures along with qualitative data to further describe

recipients' progress. Proposed outcomes with related measures will include (but are not limited to):

1. SURVEILLANCE□□

Process measure:
1. Submission of complete standardized NCDMs to CDC during scheduled data calls; Number and description of data gaps or limitations addressed.

Outcomes/performance measures:

1. Increased data monitoring of environmental health topics/Number and list of Tracking datasets for which routine descriptive analyses are conducted.

2. Increased surveillance of environmental health disparities/Number of program activities developed, informed, or improved after Tracking data were used to identify a disproportionately affected population.

2. INFORMATION TECHNOLOGY□□

Outcome/performance measure:

1. Improved information technology tools and systems/Number of new tools and processes developed to improve the quality, usefulness, availability, and timeliness of data related to recipient Tracking systems.

3. PARTNERSHIPS

Process measure:
1. Number of new and existing partners collaborating on recipient Tracking activities.

Outcomes/performance measures:

1. Increased stakeholder inclusion in data sharing, communication, and response/Number of internal and external partners participating in data sharing, communication, or response activities.

2. Increased collaboration with stakeholders to reduce health disparities/Number of partners collaborating on initiatives to address health disparities.

4. OUTREACH/COMMUNICATION

Process measure:
1. Number of program announcements or updates disseminated by medium or channel.

5. PROGRAM CAPACITY

Process measure:
1. Number of emergency response related support and technical assistance provided.

Outcome/performance measure:

1. Increased recipient capacity to provide technical assistance to advance environmental public health interventions/Number of Tracking trainings provided to state and local public health workforce and partners.

6. PROGRAM EVALUATION/PERFORMANCE MEASUREMENT

Process measure:
1. Number of program accomplishments and public health actions submitted annually.

Data Management Plan

A Data Management Plan (DMP) is required for any NOFO involving the collection or generation of public health data ("Public health data" means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation. Public health data includes those from research and non-research activities). As a result of the data generated from this NOFO a DMP is required for all applicants.

- Please include the following DMP requirements, at a minimum:

1. Do you agree to publicly release the full dataset?

- If so, please indicate that the dataset can be made available without restrictions; data steward no longer controls data.
- If not, please provide a justification that explains why the recipient cannot publicly release or share the data.

2. Provide a description of the data to be collected or generated in the proposed project

3. Provide a brief description of your data collection protocol with reference (if available) to a document or website that provides detailed information
4. Provide a brief description of the mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights

5. Provide a statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use

6. Provide your plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified

Applicants that can not provide all of this information when applying, should include a DMP that is as complete as possible.

ii. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance

Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe and provide supporting documentation to show evidence of their organizational capacity to implement the approach. Applicants should include an organizational chart and Curriculum Vitas with their application material. Applicants should name the letter of support or evidence submitted to demonstrate capacity to develop a data portal or relationships with data stewards. Include instructions to upload as a pdf to www.grants.gov.

Documentation supporting this element must be named "CVs/Resumes" or "Organizational Charts" and uploaded at www.grants.gov.

Applicants must meet the following criteria to successfully compete:

- Describe expertise and institutional staffing capacity.
- Describe operational experience and capacity to successfully implement the strategies and activities outlined in the Approach section of this NOFO.

Expertise and institutional staffing capacity:

- Describe experience implementing and leading a comprehensive surveillance/data system program.
- Describe how qualified and experienced staff, including key staff, will be identified to manage the program. Key staff include Program Manager, Epidemiologist, Data Scientist, Computer Scientist, and Communications Specialist.

Operational experience and capacity:

- Describe the capacity to provide coordinated national leadership on the promotion and support of Tracking activities and data that creates a culture of sustained change.
- Describe experience developing new and strengthening collaborations that increase access to and support for Tracking activities and data.
- Evidence of an existing or the capacity to develop a new data platform/portal. Letters of commitment or evidence of new/existing relationships with required data stewards. Applicants should name this letter, which demonstrates capacity to develop a data portal or relationships with data stewards, as "letter of commitment". Applicants must upload the letter as a pdf to www.grants.gov.
- Describe the ability to maintain required data flows to CDC through regularly scheduled data calls. If staff outside the immediate organizational unit are responsible for maintaining data flows, the applicant should provide a letter of support or other documentation detailing their commitment to submitting required data in the specified format.
- Describe the ability to engage key Tracking audiences including state and jurisdictional decision makers, data stewards, technical advisory groups, and relevant community or nongovernmental organizations to support policy and systems changes and expand to include diverse populations at disproportionate risk of environmental health concerns and/or adverse outcomes.
- Describe the project management structure and experience to plan, implement, and evaluate the project and achieve the project outcomes.
- Describe the ability to analyze and apply data to generate evidence-based activities.
- Describe experience creating and disseminating communications messages and products to target audiences.

d. Work Plan

Applicants must submit a work plan that covers the first year of the five-year period of performance. Applicants may include a high-level summary of activities for subsequent project years if space allows.

An applicant’s work plan must include the following elements:

Project Title, Strategy (from the NOFO Logic Model), Activity (from the NOFO Logic Model), Activity Description, Output, Outcome, and Timeline.

Project Tile:	Logic Model Strategy:	Logic Model Activity	Activity Description:	Output:	Outcome:	Timeline:
1.	1.					
	2.					
	3.					
2.	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.

Recipients will participate in monthly technical assistance calls to track progress, barriers, unexpected events, activities, successes, and other relevant information that describe the implementation of the strategies and accomplishment of outcomes. The recipient must also be available to participate in working groups, site and/or reverse site visits, and calls and email communications with CDC staff, as needed.

CDC staff will monitor the cooperative agreement in partnership with the recipients. CDC will provide tools and resources aligned with program activities and outcomes for this NOFO, analyze performance measurement data, review progress, and identify technical assistance needs for all NOFO recipients. The proposed work plan and performance measures will be reviewed by the project officer and evaluator and may need to be altered to better reflect program activities as outlined in the NOFO. CDC may also develop annual aggregate performance measure reports to be disseminated to recipients, key stakeholders, federal partners, and policy makers as appropriate.

f. CDC Program Support to Recipients

CDC will provide substantial involvement beyond site visits and regular performance and finance monitoring during the period of performance. Areas of support include technical assistance, information sharing between recipients, as well as other areas of support. Activities include:

1. Maintain and revise the National Tracking Network Architecture as Tracking/Public Health Information Network (PHIN) standards evolve to meet the recipient's needs.

2. Manage and maintain the National Tracking Network based on specifications in the Technical Network Implementation Plan (TNIP) https://www.cdc.gov/nceh/tracking/network.htm with input from recipients and other Tracking partners.

3. Maintain the CDC gateway of the National Tracking Network.

4. Maintain and revise Tracking standards for the portal and NCDMs.

5. Review public health actions and maintain a repository of approved public health actions.

6. Facilitate collaborative opportunities with other CDC funded NOFO recipients and partners:

- CDC's National Center of Environmental Health's Office of the Director, as needed, to maintain and facilitate the creation of any emerging Tracking-related technical and data standards.
- CDC's Office of Public Health Scientific Services (OPHSS), as needed, to maintain and facilitate the creation of any new Tracking-related technical and data standards.
- CDC's Center for Preparedness and Response (CPR), as needed, to maintain and facilitate the creation of any emerging Tracking-related technical and data standards.
- Federal data partners such as the U.S. Environmental Protection Agency (EPA), the U.S. Geological Survey (USGS), National Aeronautics and Space Administration (NASA), and National Oceanic and Atmospheric Administration (NOAA) to further the use of environmental data, fill data gaps, and develop methods and tools for use in Tracking.
- Recipients on projects to (a) improve the quality of data provided to CDC for the National Tracking Network Portals, and (b) explore methods and best practices for linking and analyzing health and environmental data.

- National data stewards and other professional organizations to facilitate data and information sharing and improvements in data quality that will support the recipients' Tracking activities.
- Tribal organizations to develop environmental health capacity and assess tribal environmental health priorities within recipient jurisdictions.

7. Coordinate:

- Technical assistance to recipients in design and implementation of program activities, including analysis and presentation of data; and facilitation of regional trainings.
- Recipient data submissions and develop/maintain tools to assist recipients during the data submission process.
- With EPA and OPHSS to ensure interoperability between CDC's PHIN and EPA's National Environmental Information Exchange Network.
- Identification, development, and/or maintenance of appropriate methods and tools for use in the National Tracking Network and facilitate license agreements, where appropriate, to provide broad access among Tracking partners to these tools.
- Activities at the national level among Centers, Institutes and Offices at CDC and the Agency for Toxic Substances and Disease Registry as well as other federal partners, national data organizations, and national partners.

8. Facilitate the development of Tracking-specific communication and outreach strategy guidelines with input from recipients and other Tracking partners, and the criteria to evaluate the effectiveness of the activities in the guidelines.

9. Provide specific NCDMs from federal partners for use on state and local network portals as appropriate and in compliance with CDC data sharing agreements.

10. Facilitate:

- A monthly forum for principal investigators via teleconference to promote the discussion of key Tracking issues and exchange of ideas.
- A National Tracking Program meeting approximately once every other year, and up to two annual recipient meetings.

11. Implement and participate in projects and workgroups as needed to address specific program issues. Work with recipients on workgroups as needed to solicit input from state/local partners, academic partners, and other stakeholders on issues relevant to the implementation of the state and national Tracking networks.

12. Conduct program evaluation activities including but not limited to annual or semi-annual portal evaluations for all recipients. Program evaluation activities will also include: 1) comprehensive program assessment of overall progress made toward network development at the state and national levels; 2) training activities; 3) data utilization; 4) partnership, outreach, and communication activities.

13. Securely maintain, manage, and disseminate data provided by recipients and other partners as described in the Tracking Programs Data Re-Release Plan https://www.cdc.gov/nceh/tracking/pdfs/tracking-re-release-plan-v3.0.pdf

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:
UE1

3. Fiscal Year:
2022

4. Approximate Total Fiscal Year Funding:
$20,000,000

5. Total Period of Performance Funding:
$175,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$175,000,000

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

7. Expected Number of Awards:
30

8. Approximate Average Award:

$700,000
Per Budget Period

Over a five-year period of performance, CDC will award approximately $20 million each budget year with the average award varying. This cooperative agreement will range from approximately $300,000 - $1.5 million per year depending on the size and scope of activity. The range of funds is broad to accommodate a varied number of organizational needs and availability of funding. Approximate average one-year award amounts for each component are:

Component A-Capacity Building: $300,000 - $1,000,000

Component B-Emerging Topics: $100,000 - $1,000,000

Component C-Portal: $100,000 – $1,000,000

Population Funding Level	Components A and B
< 2 million	$800,000
2 million – 10 million	$1,300,000
> 10 million	$2,000,000

9. Award Ceiling:
$3,000,000
Per Budget Period

This amount is subject to the availability of funds.

The ceiling for Years 2-5 is $2,000,000 and based on potential available funding.

10. Award Floor:
$300,000
Per Budget Period

11. Estimated Award Date:
September 01, 2022

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 available through this NOFO.

Direct Assistance requests must be sent to the Program Office with a detailed justification that describes the need.

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

Other

Ministries of Health

2. Additional Information on Eligibility

Bona fide agents are eligible to apply. For more information about bona fide agents, please see the CDC webpage on Expediting the Federal Grant Process with an Administrative Partner

located at https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html#Q2.

For-profits and small businesses are not eligible under this statutory authority. Private institutions of higher education are eligible if they are also non-profit.

If an applicant applies for funding above the funding level for their population, the application will not be reviewed.

3. Justification for Less than Maximum Competition
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.

PLEASE NOTE: For applications due on or after April 4, 2022, applicants must have a unique entity identifier (UEI) at the time of application submission (SF-424, field 8c). In preparation for the federal government's April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), applicants must obtain a UEI. The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and grants.gov. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available on the GSA website, SAM.gov, and Grants.gov-Finding the UEI.

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS) (Required until April 4, 2022)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM)	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on	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

		grants.gov). The UEI is generated as part of your registration.		
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)

b. Application Deadline

Due Date for Applications 05/01/2022

05/01/2022
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
March 17, 2022
3:00 - 4:00 PM Eastern Time
Call in (audio only)
+1 404-498-3000,,192180607# United States, Atlanta

(888) 994-4478,,192180607# United States (Toll-free)
Phone Conference ID: 192 180 607#

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

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

Duplication of Efforts

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

not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

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

6. Content and Form of Application Submission

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

7. Letter of Intent

LOI is not requested or required as part of the application for this NOFO.

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.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

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

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

16. Funding Restrictions

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

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

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

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

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical

difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

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

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

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

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

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

i. Approach **Maximum Points:** 40

Evaluate the extent to which the applicant:
- Uses state and national Tracking data to select and target jurisdictions or populations disproportionately at risk for environmental health concerns (5 points)
- Presents a work plan that includes the required elements - Project Title, Strategy, Activity, Activity Description, Output, Outcome, and Timeline (10 points)

- Describes strategies and activities that are evidence-based (to the degree practicable), achievable, and appropriate to achieve NOFO outcomes for the first year of the 5-year period of performance (5 points)

- Provides letters of support stating how the organizations will work with the applicant to achieve NOFO activities and outcomes. Letter must be dated within 60 days of the application (5 points)

- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the outcomes throughout the period of performance (5 points)
- Describes an adequate and measurable plan to progressively strengthen the capacity of government partners, local organizations and identified populations (5 points)
- Provides a plan to build, maintain, and/or strengthen an IT infrastructure, including a web-based platform/portal (5 points)

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

Evaluate the extent to which the applicant:

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach (9 Points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities (8 Points)
- Describes how performance measurement and evaluation findings will be collected, reported, and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement (8 Points)

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

Evaluate the extent to which the applicant provides:

Expertise and institutional staffing Capacity: 10 Points

- Describes experience leading, implementing and evaluating a comprehensive surveillance/data system program.
- Describes how qualified and experienced staff, including key staff, will be identified to manage the program. Key staff include Program Manager, Epidemiologist, Data Scientist, Computer Scientist, and Communications Specialist. An organizational chart must be included.

Operational experience and capacity: 25 Points

- Describes the capacity to provide coordinated national leadership on the promotion and support of Tracking activities and data that creates a culture of sustained change.
- Describes experience developing new and strengthening collaborations that increase access to and support for Tracking activities and data.
- Provides evidence of an existing or the capacity to develop a new data platform/portal. Letters of commitment or evidence of new/existing relationships with required data stewards.

- Describes the ability to maintain required data flows to CDC through regularly scheduled data calls. If staff outside the immediate organizational unit are responsible for maintaining data flows, the applicant should provide a letter of support or other documentation detailing their commitment to submitting required data in the specified format.
- Describes the ability to engage key Tracking audiences including state and jurisdictional decision makers, data stewards, technical advisory groups, and relevant community or nongovernmental organizations to support policy and systems changes and expand to include diverse populations at disproportionate risk of environmental health concerns and/or adverse outcomes.
- Describes the project management structure and experience to plan, implement, and evaluate the project and achieve the project outcomes.
- Describes experience disseminating communications messages and products to target audiences.

Budget **Maximum Points:** 0

Is the budget itemized, well justified, reasonable, and consistent with stated objectives and planned program activities?

c. Phase III Review

The following factors also may affect the funding decision:

- Applications for all 3 Components (A, B, and C) will be reviewed and funded separately. Only one application per organization will be considered for either Components A and B or Components A, B, and C. Applications for all 3 components may not be awarded Component C funding, but will be eligible for funding to support Components A and B.
- CDC may fund out of rank order to ensure geographical representation in each of the 10 HHS regions.
- For Component C, CDC may fund out of rank order to ensure that innovative approaches are geographically dispersed.
- CDC will provide justification for any decision to fund out of rank order.

Review of risk posed by applicants.

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold,

defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

Anticipated Announcement Date: April 01, 2022

Anticipated Award Date: August 19, 2022

F. Award Administration Information

1. Award Notices

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

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

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

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.

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

AR-8: Public Health System Reporting Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

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

AR-14: Accounting System Requirements

AR-15: Proof of Non-profit Status

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

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

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

AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and

pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

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

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

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

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

3. Reporting

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

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

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

Report	When?	Required?

Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
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
Communications Plan	With initial application. Annual communication plans will be included with the APR.	Yes
Evaluation Plan	With initial application. Annual communication plans will be included with the APR.	Yes

CDC seeks to maximize the benefit of reporting by requiring high-impact data, while streamlining reporting to minimize the burden on recipients. Reporting allows for continuous program monitoring and identifies successes and challenges encountered throughout the award. Reporting is also necessary for recipients to apply for yearly continuation of funding.

The Environmental Public Health Tracking Program will explicitly plan how recipient reports will be used to support, implement, and monitor the award. This planning will focus on the individual progress or performance of each recipient and how the reports will be aggregated and analyzed to understand the overall performance of all the recipients.

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

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

This report must include the following:

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

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

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

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

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

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities

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

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

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only

those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

g. amount of foreign taxes unreimbursed by each foreign government.

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

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

Address:

Telephone:

Email:
CMQ8@cdc.gov

Grants Staff Contact

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

First Name:
Wanda
Last Name:
Tucker
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:

Telephone:

Email:
kna9@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

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

Position descriptions

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

Applicants can include the below documents as seperate attachments. The attachments do not count towards the 20-page project narrative.
- Communications Plan
- Data Management Plan (DMP)
- Evaluation Plan
- Work Plan

I. Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by

program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

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

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

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

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

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

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

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

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

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

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

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

Work Plan: The summary of period of performance outcomes, strategies and activities,

personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms