

Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health
CDC-RFA-OT18-18020501SUPP22
06/06/2022

Signature Date

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Announcement Type:

Revision - Type 3 *- (Competitive supplement) Additional funds requested to expand the scope of work have elapsed.*

Agency Notice of Funding Opportunity Number:

CDC-RFA-OT18-18020501SUPP22

Assistance Listings Number:

93.421

Key Dates:

Due Date for Applications 06/06/2022

06/06/2022
Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Standard Time on the deadline date.

Additional Overview Content:

This supplemental funding is only available to the organizations awarded under Funding Strategy 1 of CDC-RFA-OT18-1802: *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health*. Recipients are eligible to submit applications for FY22 CIO Project Plans according to the Target Population Category and Target Population Description for which they received initial funding in FY18.

Executive Summary

The purpose of this notice of funding opportunity (NOFO) is to announce the availability of supplemental funding for the organizations that were previously awarded funding under Funding Strategy 1 of CDC-RFA-OT18-1802: *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health*. The CDC-RFA-OT18-1802 recipients are eligible to submit applications for new FY22 CIO Project Plans according to the Target Population Category (A, B, or C) and Target Population Description for which they received initial funding in FY18. The goal is to fund recipients that have the capability, expertise, resources, reach, and history of providing capacity building relevant to implementing this program's key strategies, activities, and outcomes. The program strategies include strengthening the capacities of public health systems infrastructure; leadership and workforce; data and information systems; communication and information technology; partnerships; laws and policies; and programs and services. The capacity-building efforts of this program are expected to strengthen and optimize the public health system and services to improve and protect the nation's health. This supplemental funding opportunity enables recipients to strengthen the nation's public health infrastructure; ensure a competent, current, and connected public health system; and improve delivery of essential services through capacity-building assistance (CBA). CBA is defined as activities that strengthen and maintain the infrastructure and resources necessary to sustain or improve system, organizational, community, or individual processes and competencies. CBA is delivered through technical assistance, training, information sharing, technology transfer, materials development, or funding that enables organizations to serve customers better and operate in a comprehensive, responsive, and effective manner.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the Office for State, Tribal, Local and Territorial Support

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GPRA goal(s)

- Improve the capacity and performance of state, tribal, local and territorial public health agencies to more efficiently and effectively manage and deliver high quality programs and services to protect the public's health.
- Develop and implement training to provide for competent, sustainable, and empowered public health workforce able to meet emerging and future health challenges.

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.govregs.com/regulations/title42_chapterI_part2_subpartD_section2.52. 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)).

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.govregs.com/regulations/title42_chapterI_part2_subpartD_section2.52. 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)).

Section I. Funding Opportunity Description

Statutory Authority

The program is authorized under sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 247b(k) and 242l, as amended). In addition, this program is authorized under sections 4002 of the Patient Protection and Affordable Care Act, Public Law 111-148, the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123), the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), 2020 (P.L. 116-136), the Paycheck Protection Program and Healthcare Enhancement Act, 2020 (P.L. 116-139), and the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260).

Background

The Institute of Medicine (IOM) published a landmark report in 1988, *The Future of Public Health*, that recognized the daunting role of governmental public health in ensuring basic health and safety. It stated that governmental public health agencies--representing the mainstay of the public health enterprise--were fragmented, underfunded, and lacked cross-cutting capabilities. Recommendations included building key abilities; providing adequate funding for basic services and achieving national goals; and clarifying basic authorities and responsibilities entrusted to public health agencies, boards of health, and health officials.

Persistent challenges such as underfunding, fragmented programs, workforce declines, health disparities and inequities, and emerging health threats continue to strain public health's capacity, resources, and impact. A 2012 IOM report, *For the Public's Health: Investing in a Healthier Future*, recommended that investments be made in six foundational capacities and capabilities for public health departments: 1) information systems, surveillance, and epidemiology; 2) health planning; 3) partnership development and community mobilization; 4) policy development, analysis, and decision support; 5) communication; and 6) research, evaluation, and quality improvement. These investments were further defined under the Foundational Public Health Services and Public Health Accreditation Board (PHAB) Standards & Measures. Both have been cited as complementary and valuable frameworks for strengthening health departments and our nation's public health infrastructure. These needs have also been outlined in two key initiatives: *Healthy People 2020, Healthy People 2030,* and *Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure*.

The public health system represents a complex and broad range of agencies, organizations, and individuals in which each plays a significant role in affecting the health of the population. Engaging multiple entities facilitates coordination to address public health needs in a systematic manner. *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nations Health*, (National Partners Cooperative Agreement) was developed in response to the continued calls for the transformation of the public health system and the need to address ongoing challenges, including emerging health threats, health disparities and inequities, workforce declines, and fragmented programs. FY22 CIO

Project Plans being announce in this supplement include activities to address ongoing public health system challenges, including the continued challenges caused by COVID-19 and the system's ongoing response to combat new infections, variant strains, and vaccine education. The supplemental NOFO provides funding for CBA activities with target populations under three headings: Category A: Governmental Public Health Departments; Category B: Workforce Segments across Governmental Public Health Departments; and Category C: Other Governmental and Nongovernmental Public Health Components.

This supplement is only open to organizations awarded under Funding Strategy 1 of CDC-RFA-OT18-1802. These organizations have demonstrated the capability, expertise, resources, national reach, and track record to implement one or more of the OT18-1802 program strategies: public health systems infrastructure; leadership and workforce; data and information systems; communication and information technology; partnerships; laws and policies; and programs and services. The recipients are eligible to submit applications for new CIO Project Plans according to the Target Population Category (A, B, or C) and Target Population Description for which they received initial funding in FY18.

Purpose

The purposes of this supplemental funding opportunity are to strengthen the nation's public health infrastructure, ensure a competent, current, and connected public health system, and improve delivery of essential public health services through capacity-building assistance (CBA).

Program Implementation

Recipient Activities

Applicants should propose to use the OT18-1802 program strategies to achieve the intended program outcomes. The activities listed below are not exhaustive and should be augmented based on the priority needs of the target population and the strategies and related outcomes outlined in the individual CIO Project Plan.

Note that any activities involving information collection (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities are subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance.

Public Health Systems and Infrastructure--*Activities to improve operational capacity, such as policies and plans, administrative and management, and quality improvement. CBA provided will strengthen the target population's ability to*

- Assess and address gaps in organizational performance, using tools such as national accreditation standards
- Assess and reduce agency fragmentation and duplication
- Develop and implement organizational strategic plans
- Formulate population health goals and strategies
- Ensure generation, analysis, and use of information about emerging health trends
- Ensure organizational structure aligns with health goals and strategies
- Establish performance management systems to monitor organizational objectives
- Establish and maintain effective financial management systems

- Build models that align public health with other sectors
- Ensure system transparency and accountability
- Identify, strengthen, and coordinate stakeholders' roles
- Develop and implement quality improvement processes for practices, processes, and interventions
- Develop and maintain operational infrastructure to support performance of public health functions
- Maintain current operational definitions and statements of organizational roles, responsibilities, and authorities

Leadership and Workforce Development--*Activities designed to improve leadership and workforce competencies, recruitment, and retention. CBA provided will strengthen the target populations ability to*

- Strengthen leadership engagement across public and private sectors
- Determine leaders' engagement in specific public health priorities
- Establish feedback loops across systems for organizational planning
- Address existing and emerging public health priorities
- Address the social determinants of health and health disparities and inequities
- Perform network analysis to identify opportunities for collaboration
- Assess workforce training needs
- Establish and maintain workforce development plan
- Assess the workforce's scientific skills and subject matter expertise
- Develop workforce strategy for hiring and retaining employees
- Develop and implement strategies to sustain supportive work environments
- Establish relationships with organizations that promote the development of future public health workers
- Implement activities to scale-up delivery of public health training at lower costs
- Sustain the working relationship among public health and leaders across sectors

Data and Information Systems--*Activities to improve the collection, management, interpretation, and dissemination of data to guide decision-making. CBA provided will strengthen the target population's ability to*

- Assess health and health-related data sources
- Assess available information systems used across organizations
- Develop systems or processes for cross-integration and ease of use
- Improve system infrastructure for data storage, protection, and management
- Determine readiness for information system implementation, use, and maintenance
- Create manuals and protocols to ensure best practices and standardization of data and information systems
- Establish data governance by creating policies and guiding principles to improve the collection, interpretation, and meaningful use of data
- Increase information access, data use, and sharing across organizations

- Develop and implement protocols critical for integrating surveillance and monitoring systems
- Develop workforce training on managing data and information systems
- Link public health data, clinical care data, and other relevant data sources to improve surveillance
- Determine effective ways to use public health data, health care data, and other relevant data sources to monitor the health of populations

Communication and Information Technology--*Activities to improve the use of communication and information technology to affect health decisions and actions. CBA provided will strengthen the target population's ability to*

- Develop communication processes for effective cross-sector collaboration
- Develop communication procedures to provide information to the public
- Create communication campaigns that are relevant, culturally competent, and at a sufficient level of health literacy
- Provide accessible, accurate, actionable, and current information that is culturally sensitive and linguistically appropriate
- Develop communication systems to enable efficient and effective community-centered dialogue
- Develop and disseminate educational materials, health communication and marketing activities, and program evaluation and assessment tools
- Provide information about public health issues and functions to diverse audiences through multiple methods to inform public health decision making

Partnerships--*Activities to improve the establishment and maintenance of results-driven partnerships. CBA provided will strengthen the target population's ability to*

- Assess agency's current internal and external partnerships
- Expand organization or program partnerships through community engagement and mobilization
- Perform network analysis to identify opportunities for collaboration
- Leverage partnerships to address specific public health issues or population health needs strategically
- Identify successful practices and develop new mechanisms to inform and mobilize the public and private sectors in collaborative efforts
- Engage with the public health system and community in identifying and addressing health problems through collaborative processes
- Engage various sectors in the adoption of Health in All Policies

Laws and Policies--*Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health. CBA provided will strengthen the target population's ability to*

- Conduct systematic surveillance of applicable laws and policies to public health aims and evaluate them

- Engage multiple sectors to identify priorities for development of relevant laws and policies based on needs and data
- Provide technical assistance and develop tools to support public health practitioners and policymakers in advancing evidence-based or evidence-informed law and policy
- Engage multiple sectors in activities that contribute to providing evidence to inform laws and policies that affect public health
- Inform governing entities, elected officials, and the public of potential public health effects from laws and policies
- Educate individuals and organizations on purpose, benefit, and requirements of laws and policies that affect public health
- Identify the common barriers and facilitators of legal and policy strategies that affect health

Note recipients must ensure compliance with Administrative Requirement-12 (Anti-Lobbying) when engaging in all activities, especially those related to laws, policies, and regulations.
Programs and Services--*Activities to improve the identification of best practices and implementation of evidence-based/informed programs and services. CBA provided will strengthen the target population's ability to*

- Identify, prioritize, and fund programs that lower disease rates, prevent injuries, and improve health
- Integrate prevention strategies and actions across multiple settings
- Adopt initiatives to develop, implement, and evaluate effective health promotion and disease prevention strategies
- Translate and disseminate evidence-based public health science to improve health and lower health care costs
- Identify effective mechanisms to ensure capable assessment and response to public health needs
- Develop indicators and measures to determine effectiveness in meeting public health needs
- Use evidence to implement programs and services that address emerging or real-time priority public health needs
- Develop and adopt evidence-based interventions that reduce high-burden diseases
- Assess access to health care services
- Identify and implement strategies to improve access to health care services

CDC anticipates activities funded under this supplement will lead to the collection of data and the development of resources that include but are not limited to toolkits, materials, software, trainings, and webinars. Recipients are expected to share the resulting data and resources with CDC and will receive further guidance upon funding.
In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities

CDC activities for this program are as follows:
1. Collaborate with recipients to ensure coordination and implementation of strategies to provide capacity-building assistance to governmental and nongovernmental components of the public health system.
2. Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
3. Support ongoing opportunities to foster networking, communication, coordination, and collaboration.
4. Serve as a conduit for information exchange.
5. Collaborate with recipients to compile and publish accomplishments, best practices, and lessons learned during the project period.
6. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes.
7. Collaborate on strategies and activities to ensure the provision of CBA to STLT health departments and other components of the public health system as needed.

Funding Strategy

For projects awarded with COVID-19 dollars:

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.
In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf.
Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Section II. Award Information

Type of Award:
CA (Cooperative Agreement)
CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism:
U38
Uniform National Health Program Reporting System

Fiscal Year Funds:
2022

Approximate Total Supplemental Funding:
$98,669,499
This amount is subject to availability of funds. Includes direct costs.

This amount is subject to availability of funds and includes direct and indirect costs. The funding levels (e.g., "approximate total supplemental funding," etc.) represent approximate funding across multiple CIO Project Plans. Individual awards will vary depending on the activities and approximate funding available for each CIO Project Plan. The proposed project funding did not populate for some project plans; however, the approximate amount available for a particular project is provided in the table below and are visible when viewing project plans on the Recipient Dashboard.

The following tables list the CIO Project Plans for this FY22 supplemental NOFO, which is for Year 5 of CDC-RFA-OT18-1802. As a reminder, any activities involving information collection (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities are subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance.

Applicants are eligible to submit applications for CIO Project Plans according to the Target Population Category and Target Population Description for which they received initial funding in FY18.

Table 1. Category A CIO Project Plans

Title	Target Population Description	Proposed Project Funding

Building Capacity to Reduce Menthol and Flavored Commercial Tobacco Products	State Tobacco Control Programs in State Health Departments	$2,000,000
Building Health Department's Older Adult Fall Prevention Capacity	State health departments.	$300,000
Ensuring the Success of the Data Modernization Initiative	State health departments	$1,000,000
Injection Drug Use Surveillance Demonstration Project (IDU-SP)	Local health departments	$1,600,000
Integration of Healthy People 2030 into State/Territorial Health Departments	State and Territorial Health Officers, Staff, and other State Health Agency Leaders	$80,000
Local Health Official Chemical Emergency Guide	Local Health Officials potentially engaged in community response to chemical emergencies in their jurisdictions.	$150,000
Public Health Data Modernization Education for Public Health Agency Leaders	state health officials or their designees and other public health leaders at state health departments	$200,000
Public Health Workforce Cross Sector Collaboration Capacity Development	State health departments	$200,000
Successful informatics alignment between state and local public health agencies	state health officials or their designees and other public health leaders at state health departments	$500,000
Support for the Public Health AmeriCorps Program: Local Heath Agencies	Local health departments	$1,500,000
Support for the Public Health AmeriCorps Program: State Health Agencies	State health departments	$1,500,000
Support for the Public Health AmeriCorps Program: Territorial Health Agencies	Territorial health departments	$300,000

Supporting local HD decision makers with disease forecasts and outbreak analytics	Decision makers in local health departments who are responsible for or participate in public health emergency response	$2,000,000
Supporting state HD decision makers with disease forecasts and outbreak analytics	Decision makers in state health departments who are responsible for or participate in public health emergency response	$1,200,000
Supporting tribal HD decision makers with disease forecasts and outbreak analytics	Decision makers in tribal health departments who are responsible for or participate in public health emergency response	$1,000,000

Table 2. Category B CIO Project Plans

Title	Target Population Description	Proposed Project Funding
Advancing Equity in STLT Emergency Response for People with Disabilities	Epidemiologists in STLT health departments	$250,000
Automated Audiology Concept Extraction Application to Support Public Health Reporting	Public health informaticians in STLT health departments; and Public health professionals in STLT HDs working to improve quality, performance, and outcomes of individuals, programs, and organizations	$175,000
Barriers and Facilitators to Adopting the Updated Blood Lead Reference Value	State, tribal, local and territorial epidemiologists	$100,000
Building Capacity to Use Health and Economic Evidence about Policies	Public health lawyers in State, Tribal, Local, and Territorial (STLT) Health Departments	$250,000
Capacity Building for ELC and EIP Cooperative Agreements	State, Local, and Territorial (SLT) health department epidemiologists	$200,000
Data Modernization - Exploration of Tribal Data Governance Issues	Public health strategist workforce who identify and address governance and data sovereignty issues between state, local and tribla public health agencies	$200,000

Data Modernization Initiative (DMI) Stories from the Field	STLT epidemiologists and public health informaticians	$750,000
Developing a rural health curriculum for STLT public health practitioners	Health strategist workforce in STLT HDs; public health professionals in STLT HDs working to improve quality, performance, and outcomes of programs; chronic disease specialists across HDs.	$200,000
Developing forecast, analytic, and visualization tools to improve outbreak response	State, tribal, local and territorial epidemiologists	$2,000,000
Developing HEDIS follow-up measures for cancer screening.	Health strategist workforce (leaders and mid-career professionals) in state, tribal, local and territorial health departments.	$350,000
Developing state capacity for the collection of cancer genomics data	State, tribal, local and territorial epidemiologists in cancer prevention and control	$650,000
Evaluating Organizational Structures to Support Data Modernization	Health strategist workforce in STLT health department and Public health professionals in STLT health departments working on program performance improvement	$300,000
Evaluation Framework for Legionella Water Management Programs	State, tribal, local and territorial epidemiologists	$50,000
Foundational Public Health Training Development and Support	Health strategist workforce (leaders and midcareer professionals) in STLT health departments	$1,000,000
Health Education Fellowship Development	Health educators in STLT health departments	$510,000
HIV Cluster Detection and Response National Community of Practice	Infectious diseases workforce in state, local, and territorial health departments	$1,500,000
Improving buy-in for providing prevention health insurance coverage	Health strategist workforce	$500,000

Improving data for population-based review of SUID/SUDC through child death reviews	Health strategist workforce (leaders and mid-career professionals) in state, tribal, local and territorial health departments. Organization who coordinate data quality activities with state/local child death review (CDR).	$1,600,000
Improving Protocol for Reporting Ill Travelers to CDC's Quarantine Stations	State, local and territorial epidemiologists	$90,000
Indigenous Tribal Public Health Leaders	Health strategist workforce (leaders and mid-career professionals) in tribal public health departments/organizations.	$650,000
Leveraging the HIV criminalization legal and policy assessment tool	Public health lawyers in STLT health departments	$500,000
Modernizing Environmental Health Data Processes and Informatics Capabilities	Public health informatics organization transforming health professionals' ability to use information effectively. The organization should have experience supporting public health agencies, being a strategic partner.	$300,000
Monitoring the health and well-being of people with disabilities during disasters	Epidemiologists in STLT health departments	$250,000
National Harm Reduction Technical Assistance Center Expansion	Infectious disease workforce in state, local, and territorial public health departments	$5,000,000
Pharmacists providing PrEP and SSP/harm reduction related services	Infectious disease workforce health departments in state, local, and territorial public health departments	$150,000
Policy Strategies to Address Disparities in HIV, Hepatitis, STD, and TB	Health strategist workforce (including public health lawyers) in state, tribal, local and territorial health departments	$100,000
Public Health Law Field Fellowship Program	This program will target Attorneys working in local and state health departments	$1,100,000
STLT Liaison Partnership Program	Epidemiologists and applied public health practitioners at public health departments	$700,000
Supporting and Strengthening Environmental Health (EH)	Environmental Health workforce to include professionals in State, Territorial, Tribal, County and City Programs	$3,000,000

Practice and the EH Workforce		
Supporting epidemiologists with disease forecasts and outbreak analytics	Epidemiologists in state, tribal, local or territorial governments who are responsible for or participate in public health emergency response	$1,000,000
Supporting health educators around mental health and resilience among children/adolescents	Health educators in STLT health departments	$150,000

Table 3. Category C CIO Project Plans

Title	Target Population Description	Proposed Project Funding
Academic Detailing Curriculum 2022 CDC Clinical Practice Guideline for Prescribing Opioids	Clinicians providing pain care, prescribing opioids, outpatient ≥18 years with acute, subacute, chronic pain, excluding sickle cell disease, cancer, palliative care, end-of-life care, and pain management specialists.	$1,000,000
Addressing racial and ethnic disparities in opioid prescribing and use disorder	Health centers and the patients and communities in which they serve	$1,000,000
Barriers Encountered by Providers in Meeting Audiology Best Practices Among Infants.	Pediatric audiology clinicians	$100,000
Building capacity for trauma-informed pediatric care	Pediatric health care clinicians	$2,000,000
Building Community Capacity through Community Behavioral Health Organizations	Community Behavioral Health Organizations	$3,000,000
Building Linkage to Care and Retention Capacity through Clinical Organization Engagement	Health centers and the patients and communities in which they serve	$1,500,000

Business case for hypertension control in the workplace	Community-based organizations	$400,000
Campaign Development and Dissemination—Access to Treatment and Care	Community behavioral health organizations that serve Individuals struggling with SUDs.	$2,000,000
Capacity building for early childhood providers on behavioral intervention skills	The national network of university centers on disabilites in every state and territory, as well as key public health partners	$150,000
Community Based Approaches to Promoting Adolescent Mental Health	YMCAs nationwide	$500,000
Data Modernization initiative Working Groups	Community-based organizations	$2,000,000
Data Modernization Shared Services Development, Testing, and Pilots in STLT Environments	Community-based organizations	$5,000,000
Engaging Pediatric Health Care Providers for Effective COVID-19 Vaccine Conversations	Pediatric health care clinicians	$2,000,000
Engaging Urban Indian Organizations in Tribal Maternal Mortality Review Committees	43 urban Indian health programs	$200,000
Evaluating the Impact of Parent-Engaged Developmental Monitoring	The national network university centers of excellence in disabilities in every state and territory, as well as key public health partners	$350,000
Evaluation of Pediatric Use of NASEM's Resilience and Wellbeing Tools	Pediatric health care clinicians	$250,000
Evaluation of TBI prevention messages communicated to parents by pediatricians	pediatric healthcare clinicians	$225,000
Health Equity in Practice: Integrating Health Equity and Building Capacity	City governments	$200,000

Improving Awareness of Blood Lead Testing Requirements Among Pediatric Healthcare Providers	Pediatric healthcare clinicians	$150,000
Improving brain health knowledge and capacity among physicians	physicians	$500,000
Improving brain health knowledge and capacity among preventive medicine physicians	Preventive medicine physicians	$500,000
Improving Environmental Health Capacity of State Legislators and Legislative Staff	State Legislators and legisltative staff	$100,000
Improving Maternal - Infant Health and Health Care	Community-based organizations that serve pregnant and postpartum people	$2,000,000
Knowing What Works: Informing Public Health/Public Safety to the Overdose Crisis	Peer-led organizations of people who use drugs, are in recovery, or have past criminal justice involvement	$400,000
Medical Examiner and Coroner Data Modernization Implementer's Group	Community-based organizations: Offices of medical examiners and coroners with varying geographic and population coverage.	$1,500,000
Million Hearts Hypertensive Disorders of Pregnancy Project	Obstetrician-gynecologists and other women's healthcare providers	$400,000
Operationalizing Equitable Transportation and Land Use Policy Implementation and Accountability Practices	City governments.	$200,000
Pediatrician Continuing Education on Youth with Mental and Behavioral disorders	Pediatricians and other pediatric health care providers	$150,000
Pilot Projects to Advance Harm Reduction and Partnerships to Prevent Overdose	Community behavioral health organizations	$1,000,000

Power-building Partnerships for Community Violence Prevention	Community-based organizations, community violence prevention organizations	$750,000
Promoting Community-Clinical Linkages for Brain Health	Community-based health centers, community-based programs, and healthcare providers including primary care and preventive medicine.	$500,000
Strengthening Partnerships to Address Post-COVID Conditions	Community-based organizations working toward improved understanding of post-COVID conditions, myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), and other infection-initiated chronic illnesses.	$200,000
Support for the Public Health AmeriCorps Program: Conference and CBO	Persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery systems.	$200,000
Support for the Public Health AmeriCorps Program: Education Award	Community-based organizations	$3,600,000
Supporting Community Health Centers as Partners to Strengthen COVID-19 Vaccine Conversations	Community health centers experienced in working with sex workers, persons experiencing homelessness, and persons who use drugs.	$1,500,000
Supporting Environmental Health Capacity	Community-based Organization	$2,000,000
Supporting gubernatorial staff with disease forecasts and outbreak analytics	Gubernatorial staff who are responsible for or participate in public health emergency response	$1,200,000
Supporting state legislative staff with disease forecasts and outbreak analytics	State legislative staff who are responsible for or participate in public health emergency response	$1,200,000
Supporting urban indian health organizations with disease forecasts and outbreak analytics	Decision makers in urban indian health organizations who are responsible for or participate in public health emergency response	$1,000,000
Working with City and County Governments to Prevent Drug Overdose	City and County Government Officials	$1,000,000

The table below lists COVID-19 projects funded under previous supplements that have been identified for continuation funding in Year 5. Applicants may submit an application for a CIO Project Plan on this list if the Target Population Category and Target Population Description matches the Target Population Category and Target Population Description for which they received initial funding in FY18. The Year 5 Work Plan in Response for CIO Project Plan template should be used to provide the required information and should be included with the Grants.gov application as outlined in the Application and Submission Information section.

Table 4. Continuation Project Plans

Title	Target Population Category	Proposed Project Funding
Strengthening local PH for refugee, immigrant and migrant communities Part 2	Local Health Departments	$2,500,000
Local HDs Informing the Evolution of PH Emergency Preparedness Part2	Local Health Departments	$1,249,999
Addressing Needs of People with Disabilities in COVID19 Local Preparedness Part2	Local Health Departments	$2,569,500
Technical Assistance For Local and State Communication During Public Health Emergencies_Part2	State Health Departments	$2,000,000
Partnerships to Increase Capacity in Evidence-Based Public Health: Phase II	State, territorial, and local public health chronic disease directors	$150,000
Overdose Data to Action (OD2A) Epidemiology Fellowship Program Part 2	Epidemiologists in state, territorial, and local health departments designing, conducting, or analyzing epidemiologic and surveillance data related to drug overdoses.	$1,500,000
Improving Mental, Behavioral and Academic Supports to Students and Families_Part 2	Community-based organizations	$720,000
Improving Minority Physician Capacity to	Preventive medicine physicians	$3,500,000

Address COVID-19 Disparities Part 2		
Supporting YMCAs to strengthen vaccine confidence_Part 2	YMCAs nationwide	$1,000,000
Strengthened Community Partnerships for More Holistic Approaches to Interoperability Part 2	Community-based organizations	$3,600,000
Engaging Preventive Medicine Providers for Effective COVID-19 Vaccine Conversations Part 2	Preventive medicine physicians	$550,000
Increasing HIV testing using EHR information and automated labs Part2	Health centers (& primary care providers) and the patients and communities in which they serve	$300,000

Approximate Number of Awards:
40

Approximate Average Award:
$1,000,000
This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range:
$0

Ceiling of Individual Award Range:
$0
This ceiling is for a 12-month budget period.
CSTLTS advises recipients to disregard the statement "This ceiling is for a 12-month budget period" above and the "Period of Performance Length" below. The statements are system-generated and do not take into account OT18-1802 does not have a ceiling and the supplement will be awarded after the start of the Year 5 budget period. Projects awarded under this supplement will have an 11-month budget period (September 1, 2022-July 31, 2023). The period of performance will be determined by the individual CIO Project Plan but will not exceed 1 year to end July 31, 2023 in accordance with the period of performance for OT18-1802 program.

Anticipated Award Date:
September 01, 2022

Budget Period Length:
11 month(s)

Period of Performance Length:
1 year(s)

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.

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

06 (Public and State controlled institutions of higher education)

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 Information on Eligibility
This funding opportunity is only available to organizations that received funding under Funding Strategy 1 of CDC-RFA-OT18-1802: "Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health" in August 2018. Recipients are eligible to submit applications for CIO Project Plans according to the Target Population Category and Target Population Description for which they received initial funding in FY18.

Required Registrations

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

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

a. Unique Entity Identifier (UEI):

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

The first step in submitting an application online is registering your organization 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.

Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

Other

Special Requirements

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort
Maintenance of Effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

The CIO Project Plans are organized in this supplemental NOFO by Target Population Category (A, B, or C) and new opportunities vs continuation opportunities. These instructions apply to all projects, both new and continuation. Each CDC-RFA-OT18-1802 recipient is eligible to submit Work Plans in Response to CIO Project Plans that align with the Target Population Category and Target Population Description for which the organization competed and was awarded funds under Funding Strategy 1 in FY18. The CIO Project Plans are included as attachments to this supplemental NOFO. Applicants are permitted to submit responses to multiple CIO Project Plans in accordance with the eligibility and responsiveness criteria outlined in this NOFO.

Applicants must submit a Work Plan in Response to CIO Project Plan template for each CIO Project Plan for which they would like consideration. CDC is advising applicants to submit proposals for an 11-month budget period to perform activities within the OT18-1802 Year 5 budget period (September 1, 2022 to July 31, 2023). Each submission must include the proposed strategies and accompanying activities, process measures, outputs, outcomes, and outcome measures for the 11-month budget period. Additionally, each submission must include a description of the recipient's organizational capacity and program experience as it relates to the work outlined in the corresponding CIO Project Plan. Upon completion of each Work Plan in Response to CIO Project Plan, create and save a master merge of all individual files to one PDF document. The master document must be uploaded and submitted as the "Project Narrative" on Grants.gov.

Full CIO Project Plans are accessible on the CSTLTS/NPB SharePoint. The Work Plans in Response to CIO Project Plans must be submitted via the CSTLTS/NPB SharePoint and Grants.gov. The National Partnership Branch will provide further instructions on submitting Work Plan in Response to CIO Project Plans via the CSTLTS/NPB SharePoint. Recipients are expected to carry out program capacity-building strategies and activities to achieve the program outcomes and to identify and document additional outcomes accomplished. The CBA efforts performed under each project should work toward the short- term and intermediate outcomes outlined in the CIO Project Plan.

Applicants must also create a separate budget narrative to accompany each Work Plan in Response to CIO Project Plan. Upon completion of each budget narrative, create and save a master merge of all individual files to one PDF document. The master budget narrative will be uploaded and submitted as the "Budget Narrative" on Grants.gov. A detailed budget narrative is required for each work plan.

Full CIO Project Plans are accessible on the CSTLTS/NPB SharePoint. The Work Plans in Response to CIO Project Plans must be submitted via the CSTLTS/NPB SharePoint and Grants.gov. The National Partnership Branch will provide further instructions on submitting Work Plan in Response to CIO Project Plans via the CSTLTS/NPB SharePoint.

General instructions for submitting Work Plans in Response to CIO Project Plans on Grants.gov:
1. **Submit**: individual Work Plans in Response to CIO Project Plans on the CSTLTS/NPB SharePoint
2. **Save**: master Project Narrative and master Budget Narrative documents
3. **Go to**: Grants.gov
4. **Select**: "Applicants"
5. **Select**: "Apply for Grants
6. **Select**: "Get Application Package"
7. **Insert** the Notice of Funding Opportunity Number only, formatted as: CDC-RFA- OT18-18020501SUPP22
8. **Download** application package
9. **Complete** the Budget Information for Non-constructions Programs (SF424A) form
10. **Complete** the Application for Federal Domestic Assistance-Short Organizational Form (SF425)
11. **Upload** the master Project Narrative and master Budget Narrative documents
12. **Upload** the Indirect Cost Rate Agreement
13. **Follow instructions** to submit the application package to Grants.gov

Project Abstract

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

Note the Project Abstract should reflect the entire submission. If applicants respond to multiple CIO Project Plans, the Project Abstract must cover all applications

Project Narrative

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- 300: Maximum number of pages
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number of all narrative pages; not to exceed the maximum number of pages.

Applicants will use the CSTLTS/National Partnership Branch's " Work Plan in Response to CIO Project Plan" template to create their work plan(s) in response to CIO Project Plans. A copy of the work plan template is available as an attachment on Grants.gov. CSTLTS recognizes the narrative format listed above is not feasible with the Work Plan in Response to CIO Project Plan template. This is CDC NOFO template language and applicants will not be required to adhere to the bulleted format list above. As a reminder, applicants must create and save one master merge of all individual Work Plan in Response to CIO Project Plan PDFs. The master document must be uploaded and submitted as the "Project Narrative" on Grants.gov. Applicants will also create and save one master merge of all individual Budget Narratives. The master budget narrative will be uploaded and submitted as the "Budget Narrative" on Grants.gov.

The Work Plans in Response to CIO Project Plan must include the proposed strategies and their accompanying activities, outputs, performance measures (process and outcome), and outcomes for the budget period. The Work Plans in Response to CIO Project Plans include a project description, organizational capacity, and program experience of the applicant as they relate to the CIO Project Plan.

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

The Project Narrative must include the information as required in the Work Plan in Response to CIO Project Plan template:

1. Project Description - Describe your overall plan for achieving the outcomes outlined in the CIO Project Plan.
2. Work Plan - Describe the activities, outputs, performance measures (process and outcome), and outcomes related to the selected NOFO strategies and outcomes. Provide the following information for each Program Strategy:
    - Activities: List the proposed activities related to each strategy selected.
        - *Example activity: Planning and hosting a community roundtable offering strategies to convene partners. Propose activities that fit within the description of the selected strategies.*
    - Process Measures: Propose at least one process measure for each strategy selected. Process measures are used to track implementation progress of the proposed activities. Effective measures indicate a unit of measurement (proportion, percentage, etc.) and direction of change (increase, decrease, maintain, etc.).
        - *Example process measure: To maintain participation level of the previous year, at least 20 of 35 organizations invited will attend the community roundtable event.*

- Outputs: List the expected outputs related to each strategy selected. Outputs are the direct, tangible results of activities (e.g., resources, tools, and products to be developed).
    - *Example output: Development of a peer-to-peer learning portal for roundtable participants.*
- Program Outcomes: For each strategy selected, use the dropdown list to select the program outcome that relates to the expected budget period outcome(s) and proposed outcome measure(s). Outcomes are the changes that occur as a result of the work completed.
- Budget Period Outcomes: List the expected budget period outcomes related to the selected program outcome. Budget period outcomes are the desired project results achieved by the end of the budget period (July 31, 2023). Program outcomes selected above may be included as budget period outcomes.
    - *Example budget period outcome: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health.*
- Outcome Measures: Propose at least one outcome measure for each program outcome selected. Outcome measures are used to track progress toward achieving the expected outcomes. Effective measures indicate a unit of measurement (proportion, percentage, etc.) and direction of change (increase, decrease, maintain, etc.).
    - *Example outcome measure: At least 50% of attendees who complete the training evaluation indicate they will partner with at least one new community organization to address a public health need.*

3. Organizational Capacity - Describe your capacity to successfully complete the project outlined in the CIO Project Plan. Include your organization's relevant staffing, systems, and resources.
4. Organizational Experience - Describe your experience as it relates to the project outlined in the CIO Project Plan. Include products developed; services, training, and technical assistance provided; and relevant target populations supported.
5. Collaborative Work - Describe your plan for collaboration as it relates to the project outlined in the CIO Project Plan. Include specific organizations or entities as applicable.
6. Sub-contractual Work - Describe your plan for sub-contractual work. Include recommended criteria for identifying and selecting subcontractors.
7. Budget Information - Provide a line item budget for the allocation of funds.

Additional Attachments - Additional attachments include the Budget Narrative, Indirect Cost Rate Agreement, and Budget Summary Spreadsheet (excel)

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

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*

The budget can include both direct costs and indirect costs as allowed. 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 modified total direct costs 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 requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.docx

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

- Project Abstract Summary
- Table of Contents for Entire Submission
- Budget Narrative (compiled as one master pdf file)
- Project Narrative (work plans compiled as one master PDF file)
- Nonprofit organization IRS status forms, if applicable
- Indirect cost rate, if applicable
- CVs/Resumes for key staff engaged in project activities

10: Maximum number of allowable electronic attachments

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.

This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.

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.

Application Deadline Date

Due Date for Applications 06/06/2022

06/06/2022

Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Time on the deadline date.

N/A

Pilot Program for Enhancement of Employee Whistleblower Protections

All applicants will be subject to a term and condition that applies the terms of 48 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.

Copyright Interest 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.

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, 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.

Funding Restrictions

Funding Restrictions:

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

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.

Restrictions Related to Projects Funded through Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and

Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation. In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf. Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement. This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the

time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application:
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.

Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organizational Representative (AOR) will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-OT18-18020501SUPP22 Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Work Plan **Maximum Points:** 45

For each Work Plan in Response to CIO Project Plan submitted, the extent to which the applicant:

1. Describes a plan to adequately achieve the CBA program outcomes and carry out the proposed activities (5 points).
2. Develops a complete and comprehensive plan for the budget period (5 points).
3. Demonstrates how the plan will focus on priority CBA that addresses the needs of the target population.
    1. Strategies - describe the program strategies that will be used to address the needs of the target population and relate to the recipient activities (5 points)
    2. Activities - describe activities that are achievable and likely to lead to the attainment of identified outcomes (10 points)
    3. Outputs - describe deliverables/outputs that are a thorough representation of the direct results of the activities (5 points)
    4. Outcomes - describe program outcomes that are achievable and address the purpose of the project plan (5 points)

Performance measures (process and outcome) - describe measures to assess achievement toward program outcomes (10 points)

Organizational Capacity **Maximum Points:** 25

For each Work Plan in Response to CIO Project Plan submitted, the extent to which the applicant:

1. Describes the entity's staffing plans that will be used to support the project activities (8 points)
2. Describes systems that will be used to support the project activities (10 points)
3. Describes organizational resources that will be used to support the project activities (7 points)

Organizational Experience **Maximum Points:** 25

For each Work Plan in Response to CIO Project Plan submitted, the extent to which the applicant:

1. Demonstrates content expertise as it relates to the project (10 points)
2. Describes prior CBA provided (products developed, services, training, and technical assistance provided) (10 points)
3. Demonstrates a relationship with the target population (5 points)

Collaboration, if required in CIO Project Plan **Maximum Points:** 5

For each Work Plan in Response to CIO Project Plan submitted, the extent to which the applicant:

1. Demonstrates an ability to build and/or access specific organizations or entities that are appropriate for accomplishing the outlined project outcomes - if required by the CIO Project Plan (5 points)

Budget (SF 424A) and Budget Narrative
Reviewed, but not scored. Although the budget is not scored recipients should consider the

following in development of their budget. Is the itemized budget for conducting the project, and justification reasonable and consistent with stated objectives and planned program activities?

If the recipients requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

The Budget Narrative must include the following headers:

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

For guidance on completing a detailed budget, visit Application Resources | Grants | CDC

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by Office for State, Tribal, Local and Territorial Support and Office of Grants Services (OGS). Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.
An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria".

The applications will be compiled and reviewed according to the Target Population Category (A, B, or C) and Target Population Description listed in the corresponding CIO Project Plan. The applicants are eligible to apply for CIO Project Plans that match the Target Population Category (A, B, or C) and Target Population Description for which they competed and were awarded funding under Funding Strategy 1 of CDC-RFA-OT18-1802. Applications will undergo an objective review if 2 or more organizations submit proposals in response to a CIO Project Plan. If an objective review process is required, applications will be reviewed by a panel of 3 subject matter experts. In the event a technical review is more efficient (i.e., there is only one proposal submitted for a CIO Project Plan), the technical review will be held in place of an objective review. When a technical review is used, work plans will not be scored but will indicate if the project will be funded. The proposals will receive feedback and guidance regarding required revisions in place of scoring.

Selection
In addition, the following factors may affect the funding decision:

Preference will be given to the following factors and may justify CDC funding outside of rank order:

- Avoid duplication of CBA services to the same target populations
- Ensure CBA services are provided to target populations not served by higher ranking applications
- Ensure CBA services are provided to target populations not duplicated in other CDC funding mechanisms

CDC will provide justification for any decision to fund out of rank order.

Anticipated Announcement and Award Dates
Notification will be provided via Notice of Award and is expected no later than September 1, 2022

Section VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Office of Grants Services. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A copy of the NoA will be emailed to the recipient fiscal officer identified in the application.

Unsuccessful recipients will receive notification of the results of the application review via email.

Administrative and National Policy Requirements

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: https://www.archives.gov/federal-register/cfr. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -
AR-8: Public Health System Reporting Requirements
AR-9: Paperwork Reduction Act Requirements
AR-10: Smoke-Free Workplace Requirements
AR-11: Healthy People 2020
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-26: National Historic Preservation Act of 1966
AR-27: Conference Disclaimer and Use of Logos
AR-28: Inclusion of Persons Under the Age of 21 in Research
AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973
AR-32: Appropriations Act, General Provisions
AR-34: Language Access for Persons with Limited English Proficiency
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.

Reporting

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.

Each funded recipient must provide CDC with a Performance Progress and Monitoring Report (PPMR) submitted via CSTLTS/NPB SharePoint and www.Grantsolutions.gov

1. *The Annual PPMR will serve as the non-competing continuation application, and must contain the following elements:*
    - *Standard Form ("SF") 424S Form*
    - *SF-424A Budget Information-Non-Construction Programs*
    - *Budget Narrative*
    - *Indirect Cost Rate Agreement*
    - *Project Narrative containing progress report and continuation information for projects within the portfolio*
2. Annual Federal Financial Report (FFR)(SF425)--*recipients will submit Annual FFRs through the Payment Management System (PMS) by October 29 each year within the period of performance.*
3. Final FFR--*recipients must submit a final FFR within 120 days after the end of the period of performance.*
4. Final Performance Report-- *recipients must submit a Final Performance Report within 120 days after the end of the period of performance. The Final Performance Report will include information on all projects awarded under CDC-RFA-OT18-1802, including supplements.*

In addition to requirements outlined above, projects funded with COVID-19 appropriations have the following requirements:

1. Bi-annual Progress Report/Interim PPMR--*recipients will submit a PPMR for COVID-19 projects at each 6-month interval within the funded budget period. This report includes performance measures data. The template is available on the CSTLTS/NPB SharePoint*
2. Monthly Financial Reports (beginning 60 days after NOAs are issued)--*recipients will submit a monthly financial report by thy 15th of every month. If the 15th falls on a Saturday or Sunday, reports will be due the following Monday. The template is available on the CSTLTS/NPB SharePoint.*

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.

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.

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance and general inquiries**, contact:

First Name:
Caroline

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

Street 1:
Street 2:
City:
State:
Zip:
Telephone:
Email:
CSTLTSPartnersCoAg@cdc.gov
For **financial, grants management, budget assistance and general inquiries**, contact:

Address:
First Name:
Damond
Last Name:
Barnes
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Street 1:
Street 2:
City:
State:
Zip:
Telephone:
Email:
xhp5@cdc.gov

Section VIII. Other Information

Other CDC Notice of Funding Opportunities can be found at www.grants.gov.

An overview of OT18-1802 is available at CDC - Capacity Building Assistance OT18 1802 - Partnerships - STLT Gateway