

Centers for Disease Control and Prevention

National Center for Immunization and Respiratory Diseases

IMPROVING ADULT VACCINATION COVERAGE THROUGH PARTNERSHIPS WITH PROVIDERS AND NATIONAL ORGANIZATIONS

CDC-RFA-IP20-2002

Application Due Date: 04/15/2020

IMPROVING ADULT VACCINATION COVERAGE THROUGH PARTNERSHIPS WITH PROVIDERS AND NATIONAL ORGANIZATIONS

CDC-RFA-IP20-2002

TABLE OF CONTENTS

Part I. Overview Information

A. Federal Agency Name
B. Funding Opportunity Title
C. Announcement Type
D. Agency Funding Opportunity Number
E. Assistance Listings (CFDA) Number
F. Dates
G. Executive Summary

Part II. Full Text

A. Funding Opportunity Description
B. Award Information
C. Eligibility Information
D. Required Registrations
E. Review and Selection Process
F. Award Administration Information
G. Agency Contacts
H. Other Information
I. Glossary

Part I. Overview Information

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-IP20-2002. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

IMPROVING ADULT VACCINATION COVERAGE THROUGH PARTNERSHIPS WITH PROVIDERS AND NATIONAL ORGANIZATIONS

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-IP20-2002

E. Assistance Listings (CFDA) Number:

93.185

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
Is a LOI:	Not Applicable

Letter of intent is not requested or required.

2. Due Date for Applications:	**04/15/2020**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

G. Executive Summary:

1. Summary Paragraph:

The purpose of this NOFO is to develop and implement programs to increase adult vaccination coverage. The aims are to: a) bring about measurable improvements in influenza vaccination of adults with chronic medical conditions by expanding uptake of recognized immunization strategies among adult subspecialty providers, and b) generate effective strategies that will reduce disparities and lead to improvements in vaccination of racial and ethnic minority adults. The strategies and activities implemented by recipients will allow for increased influenza vaccination of high-risk adults and increased vaccination of racial/ethnic minority adult populations.

a. Eligible Applicants:	Open Competition

b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	2
d. Total Period of Performance Funding:	$3,750,000
e. Average One Year Award Amount:	$750,000
Component A: 1 award@ $500,000	
Component B: 1 award @ $250,000	
f. Number of Years of Award:	5
g. Estimated Award Date:	07/30/2020
h. Cost Sharing and / or Matching Requirements:	N

No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Vaccination is considered one of the most important public health achievements of the 20th century and continues to offer great promise. Vaccines save lives and improve the quality of life by preventing serious infectious diseases and their consequences. However, the benefits of vaccination are not realized equally across the U.S. population. Adult vaccination coverage remain low in the United States, and significant racial and ethnic disparities exist. Vaccination coverage is also suboptimal among adults with chronic medical conditions who are at high risk of developing influenza-related complications.

The goals of this NOFO are to increase influenza vaccination of adults at high risk of developing influenza-related complications, as well as reduce disparities in vaccine uptake and increase vaccination coverage for recommended vaccines among racial and/or ethnic minority adult populations. Many adults with chronic medical conditions receive care by subspecialty care providers and may have a greater number of visits with these providers compared with generalists. Each visit represents an opportunity to assess the patient for needed vaccines and offer vaccine. The NOFO aims to facilitate the routine incorporation of influenza immunization efforts (including vaccine assessment, reminders, and administration) into the practice of subspecialty providers who care for populations of adult patients with high-risk medical conditions. The NOFO also aims to identify and implement strategies to reduce racial and/or ethnic disparities in adult vaccination coverage. Effective strategies and resources should assist providers in successfully overcoming barriers to vaccinating minority adult patients.

During the five-year cooperative agreement performance period, component A, applicant(s) is expected to use partnership(s) between generalist and subspecialist medical professional organizations whose members care for high-risk adults to:

- Develop provider resources and strategies to increase influenza vaccination among adults

with high-risk medical conditions. Resources should incorporate the principles of the Standards for Adult Immunization Practice and should be relevant to subspecialist providers who care for high-risk adults.
- Conduct national outreach to subspecialist and generalist providers to encourage use of the resources/strategies
- Evaluate the resources developed, incorporating input from key stakeholders

During each year of the cooperative agreement performance period, applicants are also expected to collaborate with one or more national organization representing adults with high-risk medical conditions to reinforce vaccine recommendations and encourage influenza vaccination.

During the 5-year cooperative agreement performance period, component B, applicant(s) is expected to support providers that serve racially and ethnically diverse populations in the following ways:

- Develop provider strategies and resources to address racial and/or ethnic disparities in adult vaccination coverage. Although evidence may be lacking to directly support strategies, the interventions should be based upon published data and best practices to the extent possible. Resources should incorporate the principles of the Standards for Adult Immunization Practice.
- Implement the provider strategies and resources in a group of practices or health care system and evaluate the impact. Incorporate patient and provider input in the evaluation.
- Conduct national outreach to providers to encourage use of the strategies/resources.

- Collaborate with minority community organizations to share information regarding recommended vaccines for adults and encourage vaccination.

Applicants may apply for one or both components. Applicants must apply separately if applying for both components.

b. Statutory Authorities

This program is authorized under section 317(k)(1) of the Public Health Service Act [42 US. C. 247b(k)(1)]. Under this statutory authority, for-profit entities are not eligible.

c. Healthy People 2030

Healthy People 2020 includes four objectives related to improving vaccination coverage among adults within the topic of immunizations and infectious diseases and one within the topic of older adults. The NAIP supports the achievement of the adult vaccination targets specified in Healthy People 2020. https://www.hhs.gov/sites/default/files/nvpo/national-adult-immunization-plan/naip.pdf

Measurable outcomes of the program will be in alignment with Healthy People 2020 goals for immunization and infectious diseases https://www.healthypeople.gov/2020/topics-objectives

/topic/immunization-and-infectious-diseases

This section will be updated when HP2030 objectives are published.

d. Other National Public Health Priorities and Strategies

General

- Advisory Committee on Immunization Practices recommendations and guidelines at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html
- Community Preventive Services Task Force findings and systematic reviews on evidence-based interventions to improve vaccinations at http://www.thecommunityguide.org/vaccines/vpd-jphpm-recs-IIS.pdf

Immunization disparity–focus

- HHS Action Plan to Reduce Racial and Ethnic Health Disparities to promote integrated approaches, evidence-based programs, and best practices to reduce health disparities, including disparities in vaccination coverage among minorities at https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&;lvlID=26HPV-focus
- President's Cancer Panel Recommendations on HPV vaccination at http://deainfo.nci.nih.gov/advisory/pcp/annualReports/HPV/index.htm#sthash.j0M1EEMZ.dpbs

Adult immunization–focus

- Standards for Adult Immunization Practice at http://www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/standards/index.html.
- National Adult and Influenza Immunization Summit to address and resolve adult and influenza immunization issues at https://www.izsummitpartners.org/

e. Relevant Work

CDC–RFA–IP15–1503–Improving Adult Immunization Rates through Partnerships with Providers and National Organizations

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC–RFA–IP20–2002– Logic Model: ***Improving Adult Vaccination Coverage Through Partnerships with Providers and National Organizations***

Bold indicates period of performance outcome.

Component A: *Increase influenza vaccination of adults at high risk of developing influenza-related complications*			
Strategies and Activities	*Short-Term Outcomes*	*Intermediate Outcomes*	*Long-Term Outcomes*
Component A: *Use partnership(s) between medical professional organizations whose members care for high-risk adults to:* • *Develop provider resources and strategies to increase influenza vaccination* • *Conduct national outreach to providers to encourage use of resources/strategies* • *Evaluate resources (input from key stakeholders)* *Collaborate with ≥ 1 organization for patients with high-risk medical conditions to encourage influenza vaccination*	*Component A:* ***Increased engagement in adult influenza immunization efforts by subspecialty care providers*** ***Increased provider understanding and awareness of recommendations and available resources*** ***Increased uptake of materials and strategies by providers who care for high-risk adults***	*Component A:* ***Increased number of subspecialty providers who view immunization as part of their scope of practice*** ***Increased number of subspecialty providers who stock and offer vaccine*** *Increased proportion of high-risk adult patients who receive influenza vaccine* *Increased demand for vaccine among high-risk adult patients*	*Component A:* *Increased influenza vaccination coverage among high-risk adults nationally* *Contribute to reduced morbidity and mortality from influenza among high-risk adults nationally*

Component B: *Reduce disparities in vaccine uptake and increase vaccination coverage for recommended vaccines among racial and/or ethnic minority adult populations*			
Strategies and Activities	*Short-Term Outcomes*	*Intermediate Outcomes*	*Long-Term Outcomes*
Component B: *Support providers that serve racially and ethnically diverse populations* · *Develop provider strategies and resources to address racial and/or ethnic disparities in adult vaccination* · *Base interventions on published data and best practices* *Implement and evaluate provider strategies and resources* *Conduct national outreach to providers to encourage use of strategies/resources* *Collaborate with minority community organizations to encourage vaccination*	*Component B:* ***Provider use of strategy to improve vaccination among racial/ethnic minority adult population*** ***Increased acceptance of vaccines among racial/ethnic minority adult patients***	*Component B:* ***Increased provider understanding and awareness of strategies to improve vaccination among racial and ethnic minority adult populations*** ***Contribute to broader adoption of resources and strategies to improve vaccination among racial and ethnic minority adult populations***	*Component B:* *Contribute to increased vaccination coverage among racial and/or ethnic minority adult populations nationally* *Contribute to reduced incidence and/or complications of vaccine-preventable disease in racial and/or ethnic minority adult populations nationally*

i. Purpose

The purpose of this NOFO is to develop and implement programs to increase adult vaccination coverage. The aims are to: a) bring about measurable improvements in influenza vaccination of adults with chronic medical conditions by expanding uptake of recognized immunization strategies among adult subspecialty providers, and b) generate effective strategies that will lead to improvements in vaccination of racial and ethnic minority adults. The activities implemented by recipients will allow for increased vaccination of high-risk adults and racial/ethnic minority adult populations.

ii. Outcomes

The following short- term and intermediate outcomes will be achieved by the end of the period of performance:

Component A:

- Increased engagement in adult influenza immunization efforts by subspecialty care providers
- Increased provider understanding and awareness of recommendations and available resources to improve vaccination of high-risk adults
- Increased uptake of developed materials and strategies by providers who care for high-risk adults
- Increased number of subspecialty providers who view immunization as part of their scope of practice
- Increased number of subspecialty providers who stock and offer vaccine

Component B:

- Provider use of strategies and resources developed to improve vaccination among racial/ethnic minority adult population
- Increased acceptance of vaccines among racial/ethnic minority adult patients
- Increased provider understanding and awareness of strategies to improve vaccination among racial and ethnic minority adult populations
- Contribute to broader adoption of resources and strategies to improve vaccination among racial and ethnic minority adult populations

iii. Strategies and Activities

Component A (Increase influenza vaccination of adults at high risk of developing influenza-related complications):

S1-Use partnership(s) between generalist and specialist medical professional organizations whose members care for high-risk adults to:

- Develop provider resources and strategies to increase influenza vaccination among adults

with high-risk medical conditions.
- Conduct national outreach to providers to encourage use and increase uptake of resources/strategies.
- Conduct an evaluation of the resources and solicit input from key stakeholders.

S2-Collaborate with organizations representing adult patients with high-risk medical conditions to reinforce vaccine recommendations and encourage influenza vaccination.

Component B (Reduce disparities in vaccine uptake and increase vaccination coverage for recommended vaccines among racial and/or ethnic minority adult populations):

S1- Support providers that serve racially and ethnically diverse populations in the following ways:

- Develop provider strategies and resources to address racial and/or ethnic disparities in adult vaccination.
- Base interventions on published data and best practices.

S2-Implement and evaluate the strategies and resources within a group of practices or a health care system; incorporate provider and patient input into the evaluation.

S3-Conduct national outreach to disseminate findings and to encourage broader use of effective strategies/resources.

S4-Collaborate with minority community organizations to share information regarding recommended vaccines and encourage vaccination.

1. Collaborations

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

N/A

b. With organizations not funded by CDC:

Applicants are required to collaborate with external partners and organizations that have a role in achieving the outcomes and proposed activities in this NOFO. For Component A, collaboration with subspecialty providers will be required. Collaborate with organizations representing adult patients with high-risk medical conditions to reinforce vaccine recommendations and encourage influenza vaccination. For Component B, collaborate with minority community organizations to share information regarding recommended vaccines and encourage vaccination. Applicants should include details on their proposed collaborations with external partners and organizations.

Concrete evidence of relationship between collaborating partners such as memorandum of understanding, memorandum of agreement, or letter of support should be submitted with the application. Applicants must file the MOU or MOA, as appropriate, name the file

"MOUs/MOAs," and upload it as a PDF file at www.grants.gov.

2. Target Populations

Applicants should define and identify target groups that will benefit from the outcomes specified in the logic model, including adults and other populations that are at risk for vaccine-preventable diseases.

Component A: Adults at risk of developing influenza-related complications

Component B: Racial and ethnic minority adult population

a. Health Disparities

Racial and ethnic minorities and uninsured and underinsured populations generally have the lowest vaccination coverage. Applicants should define and identify populations that are at increased risk for vaccine-preventable diseases and develop strategies to increase their vaccine uptake to help reduce health disparities.

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

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will monitor applicants' implementation of proposed activities (process evaluation) and determine applicants' progress on achieving proposed outcomes (outcome evaluation). Evaluation of the project should align with the project's short- and intermediate-term outcomes.

Component A*:*

Activity 1: Develop provider resources and strategies to increase influenza vaccination.

Process evaluation: May include review of resources and strategies, objectives and content, evidence of productive partnership between medical professional organizations, indications of ability of these organizations to reach the target population:

Activity 2: Conduct national outreach to providers to encourage use of resources/strategies.

Process evaluation: May include review of outreach plan, metrics on number of educational trainings, conference presentations, articles, web content, mailings, and other means of reaching providers, along with metrics on attendance, impressions, and reach.

Activity 3: Evaluate resources and strategies; include input from key stakeholders.

Process evaluation: May include review of evaluation plan, scope of evaluation, and incorporation of key stakeholder opinions.

Activity 4: Collaborate with organizations representing adult patients with high-risk medical conditions to reinforce vaccine recommendations and encourage influenza vaccination.

Process evaluation: May include review of materials produced and strategies for reaching target population and number of different collaborating organizations.

Component B*:*

Activity 1: Support providers that serve racially and ethnically diverse populations.

- Develop provider strategies and resources to address racial and/or ethnic disparities in adult vaccination.
- Base interventions on published data and best practices.

Process evaluation: May include review of intervention strategy and development plan, resources developed, evidence basis for interventions and use of innovative approaches.

Activity 2: Implement and evaluate provider strategies and resources.

Process evaluation: May include review of outreach and dissemination plan and materials, tools, and messages shared, number of outreach activities and number of participants in these, and metrics on reach.

Activity 3: Collaborate with minority community organizations to reinforce vaccine recommendations and encourage vaccination.

Outcomes and Outcome Measures

Component A:

Short-term outcome 1: Increased engagement in adult influenza immunization efforts by subspecialty care providers

Outcome evaluation: Number of subspecialty care providers and leaders actively involved in adult influenza immunization efforts

Short-term outcome 2: Increased provider understanding and awareness of recommendations and available resources to improve influenza vaccination of high-risk adults

Outcome evaluation: The number of generalists and specialists trained in influenza vaccination of high-risk adults, immunization practice standards, and strategies for immunization

Short-term outcome 3: Increased uptake of developed materials and strategies by providers who care for high-risk adults

Outcome evaluation: Number of downloads of developed materials by target provider group(s), number of practices that adopt strategies to increase influenza vaccination

Component B:

Short-term outcome 1: Provider use of strategies and resources developed to improve vaccination among racial/ethnic minority adult population

Outcome evaluation: Measures of adoption and use of strategies and resources (e.g., number of times or proportion of patients encounters in which a conversational strategy is used, video played, or app utilized with patients)

Short-term outcome 2: Increased acceptance of vaccines among racial/ethnic minority adult patients

Outcome evaluation: Number and proportion of racial/ethnic minority adult patients eligible for vaccine who receive it; number of times that minority patients who are recommended or referred for vaccine receive the vaccine; may include minority patient perceptions of vaccine

Component A:

Intermediate outcome 1: Increased number of adult subspecialty providers who view immunizations as part of their scope of practice

Outcome measure – May include provider opinions, position statements, clinical practice guidelines, and incorporation of immunizations into training curricula

Intermediate outcome 2: Increased number of adult subspecialty providers who stock and offer vaccines

Outcome measure – Number of subspecialty providers or practices that report routinely stocking and offering vaccine to patients

Component B:

Intermediate outcome 1: Increased provider understanding and awareness of strategies to improve vaccination among racial and ethnic minority populations

Outcome measure: May include number of providers attending educational seminars, conference presentations, metrics on material downloads, and article reach/impact, along with post-test knowledge assessment data

Intermediate outcome 2: Contribute to broader adoption of resources and strategies to improve vaccination among racial and ethnic minority adult populations

Outcome measure: May include number of providers attending educational seminars, conference presentations, metrics on material downloads, and numbers of such outreach efforts conducted

At the start of the project, CDC and applicants will review the Recipient Evaluation and Performance Management Plan (AEPMP) and ensure that the proposed process and outcome measures are consistent with the work plan, concrete, and achievable. Six months following the award date, if necessary, recipient-applicants will submit additional details or revisions to their AEPMP.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

Applicants should provide an evaluation and performance measurement plan that demonstrates their ability to fulfill the requirements described in the CDC "Evaluation and Performance Measurement" and "Project Description" sections of this NOFO. At a minimum, the plan should:

- Describe plans to collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- Identify key program partners to plan and conduct evaluation and performance measurements.
- Identify available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant information (e.g., performance measures proposed

by the applicant).

Plans for updating the Data Management Plan (DMP), if applicable, should be included for accuracy throughout the life cycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html. If applicants choose to conduct an evaluation study, the following descriptions should be included in the study:

- Type of evaluation (i.e., process, outcome, or both)
- Key evaluation questions to be addressed
- Other relevant information (e.g., measures, data sources)

Applicants will be required to submit a more detailed Evaluation and Performance Measurement plan within the first six months of award, as described in the "Reporting" Section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants should demonstrate sufficient organizational capacity and conduct a high level of program planning and evaluation, performance monitoring, budget management and financial reporting, data management, and personnel management. Applicants should also demonstrate the organizational capacity to manage partnerships with other national, state, tribal, and territorial stakeholders to ensure a coordinated execution of planned activities.

Component A: Applicants should have the ability to: 1) communicate with a national constituency of subspecialty providers, 2) lead a national group of immunizing providers, 3) provide evidence of influencing their membership to achieve national immunization or related health objectives, 4) provide evidence of how they can influence vaccination practices or related care processes among primary and subspecialty care providers for adults nationwide 5) and demonstrate an ability to impact measurable changes in vaccination services.

Component B: Applicants should have the ability to: 1) reach racial or ethnic minority adult population, 2) recruit provider practices to implement and evaluate interventions, 3) demonstrate a generalist and/or subspecialty adult provider membership on a national level, with active membership in two-thirds of the United States (active membership is typically characterized by dues paying status as well as other member actions, such as committee membership, active electronic communications between members and organization, and strong conference attendance 4) develop tools and resources to support providers in implementing the intervention 5) capacity to implement the strategies and resources 6) and capacity to conduct program evaluation and implement the evaluation plan.

d. Work Plan

Applicants must submit a detailed work plan for the one-year period of performance. The work

plan should describe how the applicant plans to implement all of the required strategies and activities to achieve NOFO outcomes. A sample work plan format is presented below to show how a traditional work plan aligns with the logic model and narrative. A separate table should be included in the work plan for each of the outcomes that will be completed during the one-year period of performance. If a particular activity leads to multiple outcomes, it should be described under each outcome measure. Applicants are not required to use the example work plan format; however, all work plans must contain all of the elements shown in the example (outcome(s), outcome measure(s), etc.).

Example Work Plan Table

Period of Performance Outcome: (from Logic Model)

Strategies and Activities	**Process Measure (from Evaluation and Performance Measurement)**	**Responsible Team Member(s)**	**Population of Focus**	**Scope**	**Setting(s)**	**Completion Date**
1.						
2.						
3.						
4.						
5.						
6.						
7.						

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.

Monitoring activities include routine and ongoing communication between CDC and successful applicants, site visits, and recipient reporting (including work plans, performance, and financial reporting). Monitoring activities should also be consistent with applicable grants regulations and policies.

The following will be included in post-award monitoring for grants and cooperative agreements:

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

Monitoring may also include the following activities:

- 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 time frames
- Working with recipients to adjust the work plan based on achievement of outcomes, evaluation results, and changing budgets
- Monitoring performance measures (programmatic and financial) to assure satisfactory performance levels

Other activities should include those deemed necessary to monitor the award as applicable. These activities may include additional 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 recipients with difficulties meeting performance requirements.

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

CDC will provide the following support to applicants:

- Provide technical assistance in identifying major immunization issues, setting program priorities, and implementing and evaluating project activities.
- Assist in the review of immunization messages and materials for technical accuracy and for compliance with proven health education and communication strategies.
- Facilitate the transfer of successful prevention interventions and program models to other areas through meetings of grantees, workshops, conferences, newsletters, and communications with project officers.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U66
3. Fiscal Year:	2020
Estimated Total Funding:	$750,000
4. Approximate Total Fiscal Year Funding:	$750,000

Component A: 1 award@ $500,000

Component B: 1 award @ $250,000

It is anticipated that one award will be made per component. Interested applicants may apply for one or both components.

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:	$3,750,000
6. Total Period of Performance Length:	5
7. Expected Number of Awards:	2
8. Approximate Average Award:	$750,000 Per Budget Period

Component A: 1 award@ $500,000

Component B: 1 award @ $250,000

This amount is subject to the availability of funds.

9. Award Ceiling: $750,000 Per Budget Period

10. Award Floor: $250,000 Per Budget Period

11. Estimated Award Date: 07/30/2020

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

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

Open competition

Commercial entities cannot apply due to restrictions outlined in the Statutory Authority.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No
No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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

1. Required Registrations

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

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

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

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

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

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process	1-2 Business Days	To confirm that you have been issues a new DUNS number check online at

		3. Select your country or territory and follow instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		(http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the Account is set up the E_BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit the 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 to 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 funding opportunity at www.grants.gov.

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **N/A**
Letter of intent is not requested or required.

b. Application Deadline

Due Date for Applications: **04/15/2020** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

5. CDC Assurances and Certifications

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

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

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

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR

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

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI: Not Applicable
Letter of intent is not requested or required.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

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

10. Project Narrative

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

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

Page limits include work plan; content beyond specified limits may not be reviewed. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the period of

performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

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

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

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

The budget for Component A and Component B should be submitted separately.

13. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal

assistance and request instructions on the state's process. The current SPOC list is available at: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

14a. Funds Tracking

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

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

14b. Copyright Interests Provisions

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

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

14c. Reporting of Foreign Taxes (International/Foreign projects only)

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

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

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

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

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

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

5) Contents of Reports: The reports must contain: a. recipient name; b. contact name with phone, fax, and e-mail; c. agreement number(s) if reporting by agreement(s); d. reporting period; e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government; g. amount of foreign taxes unreimbursed by each foreign government.
6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

14d. Data Management Plan
As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

15. Funding Restrictions

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

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

foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

There are no additional funding restrictions.

16. Other Submission Requirements

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

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

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

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

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

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

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

E. Review and Selection Process

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

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

b. Phase II Review
A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach ii. Evaluation and Performance Measurement iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach — Maximum Points: 25

Component A:

Background and Understanding of the Public Health Burden and Impact (5 points)

To what extent does the applicant demonstrate a clear, concise understanding of the requirements, objectives, and purpose of this NOFO that is aligned with the activities, outputs,

and outcomes in the CDC Project Description? (5 points)

Work Plan and Methods (20 points)

To what extent does the applicant's work plan present outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model? To what extent does the applicant's work plan describe an overall strategy and activities consistent with the CDC Project Description and logic model? To what extent does the applicant's work plan describe strategies and activities that are achievable and appropriate to the outcomes of the project? (5 points)

To what extent does the applicant's work plan describe the partnerships between medical professional organizations that would be leveraged to complete the work? To what extent does the work plan describe the development of resources and strategies to increase influenza vaccination among adults with high-risk medical conditions? To what extent are specific strategies offered and explained as part of the work plan? To what extent does the work plan describe national outreach and dissemination efforts? (5 points)

To what extent does the applicant relate the project outcomes to the overall goal of increasing influenza vaccination coverage in the high-risk population on a national level? To what extent does the applicant propose a package of activities that will strengthen immunization services and communication among providers who care for adults with high-risk medical conditions? Does the applicant provide a sound, evidence-based approach to selection of activities and reaching the target population or constituents? (5 points)

Does the applicant describe efficient and effective use of funds to achieve the purpose of the NOFO? To what extent does the applicant describe plans to sustain efforts beyond the funding period? To what extent does the applicant provide a plan for making the materials developed during this NOFO freely available to the public? (5 points)

ii. Evaluation and Performance Measurement — Maximum Points: 25

Does the applicant provide an evaluation plan that includes input from key stakeholders? To what extent does the evaluation plan include relevant process and outcome measures? (25 points)

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points: 50

Applicant's Organizational Capacity to Implement the Approach (50 points)

Has the applicant described strong and robust working relationships with relevant generalist and/or subspecialist professional organizations? To what extent does the applicant demonstrate involvement in established partnerships between generalist and subspecialty medical professional organizations whose members care for adults with high-risk medical conditions nationally? Has the applicant demonstrated a generalist and/or subspecialty adult provider membership on a national level, with active membership in two-thirds of the United States (active membership is typically characterized by dues paying status as well as other member actions, such as committee membership, active electronic communications between members and organization, and strong conference attendance) (20 points)

Has the applicant provided evidence of a substantial role of their constituency or membership in caring for and vaccinating adults with high-risk medical conditions? Has the applicant described how and why their constituency can make an impact on practice- and national-level vaccination coverage of adults with high-risk medical conditions? (10 points)

Has the applicant provided evidence of influencing their membership to achieve national immunization or related health objectives? Has the applicant provided evidence of how they can influence vaccination practices or related care processes among primary and subspecialty care providers for adults nationwide? (5 points)

Has the applicant demonstrated a history of collaborating with multiple partners, including professional organizations and patient organizations with nationwide reach, and experience in assembling internal and external resources needed to execute projects of national scope? Has the applicant cited significant past achievement that is equivalent to the achievement planned for this project? To what extent does the applicant have the experience and capacity needed to conduct program evaluation and implement the evaluation plan? (10 points)

Does the applicant provide a letter of support from each of the key partners or collaborators? (5 points)

i. Approach Maximum Points: 25

Component B:

Background and Understanding of the Public Health Burden and Impact (5 points)

To what extent does the applicant demonstrate a clear understanding of important racial and/or ethnic disparities in adult vaccination coverage and the potential reasons for these disparities?

To what extent does the applicant demonstrate understanding of the requirements, objectives, and purpose of this NOFO that is aligned with the activities, outputs, and outcomes in the CDC Project Description?

Work Plan and Methods (20 points)

To what extent does the applicant's work plan present outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model? To what extent does the applicant's work plan describe an overall strategy and activities consistent with the CDC Project Description and logic model? To what extent does the applicant's work plan describe strategies and activities that are achievable and appropriate to the outcomes of the project? (5 points)

To what extent does the applicant provide justification for the selection of the target patient population and the vaccine(s) that will be the focus of the activities? To what extent does the applicant's work plan describe the development of strategies and resources to address racial and/or ethnic disparities in adult vaccination coverage? Are specific strategies offered and explained as part of the work plan? To what extent does the work plan describe plans to implement the strategies and resources? Does the work plan describe evaluation plans? Does the work plan describe national outreach and dissemination efforts? Does the applicant describe involvement of minority community organizations in the development, evaluation, and dissemination of strategies and resources? (5 points)

To what extent can the project produce outputs to address important racial and ethnic disparities in adult vaccination coverage nationally? To what extent does the applicant propose a package of activities that will strengthen immunization services among providers who care for racial and/or ethnic minority adult patients? Does the applicant provide a sound, evidence-based approach to selection of activities/strategies and reaching the target population or constituents? (5 points)

Does the applicant describe efficient and effective use of funds to achieve the purpose of the NOFO? To what extent does the applicant describe plans to sustain efforts beyond the funding period? To what extent does the applicant provide a plan for making the materials developed during this NOFO freely available to the public? (5 points)

ii. Evaluation and Performance Measurement — Maximum Points: 25

Does the applicant adequately describe an implementation and evaluation plan? Does the applicant provide an evaluation plan that includes input from key stakeholders and minority community organizations? (25 points)

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points: 50

Applicant's Organizational Capacity to Implement the Approach (50 points)

Has the applicant demonstrated a history of providing high-quality care to racial or ethnic minority adult populations? Has the applicant demonstrated ability to conduct community outreach to the target population? To what extent does the applicant have experience and capacity to address racial and/or ethnic disparities in care processes or health outcomes? Has the applicant described how and why they can make an impact on racial and/or ethnic disparities in vaccine acceptance among adults? (20 points)

Does the applicant have the experience and capacity to develop the strategies and implementation tools/resources? To what extent does the applicant have the experience and capacity needed to implement the strategies and resources? Does the applicant have the experience and capacity needed to conduct program evaluation and implement the evaluation plan? (20 points)

Does the applicant provide a letter of support from each of the key partners or collaborators? (10 points)

c. Phase III Review

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

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

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

NOFO Announcement Date: February 7, 2020

Anticipated Award Date: July 30, 2020

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

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

3. Reporting

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

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

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

Report	When?	Required?

Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

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

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:
Performance Measurement
• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

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

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

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

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.

N/A

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

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

There are no additional reporting requirements.

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1)

information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Toscha Stanley, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Rd
MS-H24-6
Atlanta, GA 30329
Telephone: 404.639.6248
Email: tts1@cdc.gov

Grants Management Office Information

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

Yolanda Sledge, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2939 Flowers Rd
MS- TV-2
Atlanta, GA 30341
Telephone: (770) 488-2787
Email: YSledge@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Letters of Support
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

I. Glossary

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

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

obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

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

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

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

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

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

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

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

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

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

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

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization

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

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

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

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

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

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

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

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

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

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

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

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

Statute: An act of the legislature; a particular law enacted and established by the will of the

legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.