

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Developing and Disseminating Strategies to Build Sustainable Lupus Awareness, Knowledge, Skills, and Partnerships

CDC-RFA-DP20-2008

Application Due Date: 06/26/2020

Developing and Disseminating Strategies to Build Sustainable Lupus Awareness, Knowledge, Skills, and Partnerships

CDC-RFA-DP20-2008

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-DP20-2008. 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:

Developing and Disseminating Strategies to Build Sustainable Lupus Awareness, Knowledge, Skills, and Partnerships

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-DP20-2008

E. Assistance Listings (CFDA) Number:

93.068

F. Dates:

1. Due Date for Letter of Intent (LOI): **05/12/2020**

Is a LOI: Recommended but not Required

A Letter of Intent (LOI) is requested for this NOFO. The purpose of a LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The LOI must be sent via email to Margaret Kaniewski, Project Officer at mgk6@cdc.gov on 5/12/2020 by 11:59 p.m. U.S. Eastern Standard Time. The following information must be included in the email:

- Descriptive title of proposed project.
- Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both.
- Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application.
- Number and title of this NOFO.
- Selected Component (Component A or B, or both).

2. Due Date for Applications: **06/26/2020**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call: **05/07/2020**

A 60-minute informational call will be held on 5/07/2020 at 1:30 p.m. to 2:30 p.m. U.S. Eastern

Standard Time. To access call use the following information- Dial: (855) 644-0229; Passcode: 2922594#

Following the call, Q&As and other information will be posted at https://www.cdc.gov/lupus/funded/nofo/cdc-rfa-dp20-2008.html. In addition, an email address has been established to receive and respond to NOFO questions: fy20lupusnofo@cdc.gov. NOFO questions and answers will be made available at https://www.cdc.gov/lupus/funded/nofo/cdc-rfa-dp20-2008.html

G. Executive Summary:

1. Summary Paragraph:

The purpose of the NOFO is to support organizations implementing national efforts to help increase the number of healthcare providers recognizing the signs and symptoms of lupus and what to do if lupus is suspected, and to increase the number of people with lupus referred to and engaged in self-management tools/services and showing improvements in self-management behaviors. This NOFO will focus on two key strategies:

- Increase awareness, knowledge and skills among healthcare providers to appropriately recognize the signs and symptoms of lupus, what to do if lupus is suspected, and provide quality, well-coordinated lupus care that is culturally and linguistically appropriate.
- In collaboration with key stakeholders, including healthcare organizations, professional organizations, national health organizations, electronic medical technology organizations and/or other, raise awareness about lupus signs and symptoms and what to do if you have lupus, and promote the use of effective lupus self-management tools and/or services.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	2
d. Total Period of Performance Funding:	$13,351,150
e. Average One Year Award Amount:	$1,335,115
f. Number of Years of Award:	5
g. Estimated Award Date:	09/21/2020
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Lupus is a systemic autoimmune disease. It is estimated 161,000 to 322,000 Americans have the most common type of lupus, systemic lupus erythematosus (SLE). Although anyone can get lupus, 9 out of 10 diagnoses of lupus are in women ages 15 to 44. African American and Latino women are at greater risk for lupus than white women and usually get it at a younger age and have more severe symptoms. Lupus is also more common in Hispanic, Asian, and Native American and Alaskan Native women. The causes of lupus are unknown but are believed to be linked to genetic, environmental, and hormonal factors.

Lupus is difficult to diagnose, hard to live with and challenging to treat. Lupus has a range of symptoms often confused with other conditions, making it difficult to recognize and diagnose. Its symptoms and outcomes can be severe or fatal, its onset can be sudden, its causes are unclear and there is no known cure.

This NOFO addresses several persisting gaps and inequities related to lupus. For example, SLE occurs more in women and minorities, especially blacks, and symptoms can range from mild to life threatening. In a study examining death rates among people with lupus, blacks had higher rates of death than whites, and had significantly higher rates of death from the time of diagnosis. Among those with SLE, blacks were significantly younger when they died than whites (average age of 52 vs. 64 years). Lupus can result in a range of negative outcomes including disability, social stigma, lost productivity, absence from the workforce, reduction in quality of life, organ damage or failure or early death. Undiagnosed or late diagnosis of lupus can increase the likelihood or worsen the severity of many of these outcomes. Even with a correct diagnosis, lupus is challenging to treat. For example, many individuals with lupus nephritis do not receive screening and care for it at guideline levels. This may be due to lack of awareness about how to recognize lupus symptoms and treat the disease and limited clinical and community resources for the treatment, support, and self-management of lupus.

Much is needed to improve the care and quality of life for people living with the disease. The public health sector can contribute a great deal to this end and help mitigate these gaps and inequities. This NOFO through its strategies and activities addresses these gaps and inequities and aims to help increase the number of healthcare providers recognizing the signs and symptoms of lupus and what to do if lupus is suspected, and to increase the number of people with lupus referred to and engaged in self-management tools/services and showing improvements in self-management behaviors. The NOFO is available to fund only two awards, one award will be issued for Component A and Component B. Applicants can apply for one or both Components but must submit a separate application for each Component.

The National Public Health Agenda for Lupus and the CDC-RFA-DP15-1511 NOFO has informed and guided the purpose and approach of this NOFO. A National Public Health Agenda for Lupus was released in late 2015 to help prioritize public health efforts to improve the care and quality of life for people living with lupus. The Agenda outlines a broad public health approach to lupus diagnosis, disease management, treatment, and research. Recipients under the CDC-RFA-DP15-1511 cooperative agreement have been successful in establishing a sustainable national campaign to raise awareness about lupus among people at greater risk for lupus, are finding success in training and educating healthcare providers about lupus diagnoses and care, and have found positive impact on patients with lupus exposed to self-management tools and/or services. It is evident that a further need exists to expand reach and further raise lupus awareness, knowledge and skills among healthcare providers, people with lupus and key organizations; to expand the availability of lupus-specific self-management tools and services to

people with lupus; and to increase healthcare provider referrals to these tools and services. The use of tele-health and medical information technology can help facilitate and sustain these efforts.

b. Statutory Authorities

This program is authorized under Section 317(k)(2) of the Public Health Service Act [42 USC Section 247b(k)(2)].

c. Healthy People 2030

This funding opportunity supports Healthy People 2030 objectives in the topic areas of:

1. Arthritis, Osteoporosis, and Chronic Back Conditions - AOCBC-8: Increase the proportion of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition.
2. Health Communication and Health Information Technology - HC/HIT-4: (Developmental) Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health.
3. Health-related Quality of Life &; Well-being - HRQOL/WB-1: Increase the proportion of adults who self-report good or better health.

d. Other National Public Health Priorities and Strategies

This NOFO supports the following national initiative and strategic plan:

- 2015 National Public Health Agenda for Lupus: https://www.cdc.gov/lupus/funded/index.html

e. Relevant Work

This NOFO continues to build on continuing efforts since 2014 to support strategies to increase lupus awareness, knowledge, and skills among general public, people with lupus and healthcare providers. The funding opportunity builds upon the following current or past NOFOs:

- CDC-RFA-DP15-1511: Developing and Disseminating Programs to Build Sustainable Lupus Awareness, Knowledge, Skills, and Partnerships.
- CDC-RFA-DP19-003: Epidemiology of Lupus: Longitudinal Studies in Population-Based Cohorts.
- CDC-RFA-DP14-004: Longitudinal Study of a Population-based Cohort of People with Lupus.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP20-2008, Logic Model: *Developing and Disseminating Strategies to Build Sustainable Lupus Awareness, Knowledge, Skills, and Partnerships*

Bold indicates period of performance outcome

Components	**Strategies and Activities**	**Short and Intermediate Outcomes**	**Long-Term Outcomes**
Component A	Increase awareness, knowledge and skills among healthcare providers to appropriately recognize the signs and symptoms of lupus, what to do if lupus is suspected, and provide quality, well-coordinated lupus care that is culturally and linguistically appropriate.	**Outcome A1: Increased number of healthcare providers recognizing the signs and symptoms of lupus and what to do if lupus is suspected** **Outcome A2: Increased number of healthcare providers using tele-health and/or electronic health records to identify lupus cases and treatment gaps** **Outcome A3: Increased number of settings receiving guidance on transition of pediatric lupus care to adult care**	Earlier diagnosis of lupus* Increased number of people with lupus getting needed care and ongoing treatment* Improved lupus care and care coordination* Improved quality of life among people with lupus* Improved health outcomes among people with lupus*
Component B	In collaboration with key stakeholders, including healthcare organizations, professional organizations, national health organizations, electronic medical technology organizations and/or other, raise awareness about lupus signs and symptoms and what to do if you have lupus, and promote the use of effective lupus self-management tools and/or services.	**Outcome B1: Increased number of people living with lupus engaged in the use of lupus self-management tools and/or services** **Outcome B2: Increased number of referrals to appropriate self-management tools/services using electronic health**	

		medical record systems or other medical information technology **Outcome B3: Improved self-management behaviors among people with lupus** Outcome B4: Decreased barriers to access effective self-management tools and/or services*	
*These outcomes are not expected to be achieved during the period of performance.			

i. Purpose

The purpose of the NOFO is to reduce time to lupus diagnoses; increase number of people with lupus getting needed care and ongoing treatment; improve lupus care, care transition and care coordination; and improve self-management behaviors, quality of life and health outcomes among people with lupus. To make progress toward these long-term outcomes this NOFO requires recipients to achieve the bolded short-term/intermediate outcomes indicated in the logic model by implementing strategies and activities described below and achieving the period performance measures described under CDC Evaluation and Performance Measurement Strategy section.

ii. Outcomes

The following are outcomes recipients are expected to achieve by the end of the period of performance (i.e., the ones bolded in the logic model) and not all outcomes. Outcomes are listed by Component.

Component A

Outcome A1: Increased number of healthcare providers recognizing the signs and symptoms of lupus and what to do if lupus is suspected.

Outcome A2: Increased number of healthcare providers using tele-health and/or electronic health records to identify lupus cases and treatment gaps.

Outcome A3: Increased number of settings receiving guidance on transition of pediatric lupus care to adult care.

Component B

Outcome B1: Increased number of people living with lupus engaged in the use of lupus self-management tools and/or services.

Outcome B2: Increased number of referrals to appropriate lupus self-management tools/services using electronic health medical record systems or other medical information technology.

Outcome B3: Improved self-management behaviors among people with lupus.

iii. Strategies and Activities

Applicants can apply for one or both Components listed below but must submit a separate application for each Component. Under each component, applicants must include promising or evidence-based approaches for each activity. Activities must demonstrate having a national reach and address target population(s) defined under the Target Populations section.

Component A: Increase awareness, knowledge and skills among healthcare providers to appropriately recognize the signs and symptoms of lupus, what to do if lupus is suspected, and provide quality, well-coordinated lupus care that is culturally and linguistically appropriate. To accomplish this strategy applicant is expected to address the following activities:

Activity A1. Develop and nationally promote healthcare provider lupus training and education that integrates approaches to quality, well-coordinated lupus care that is culturally and linguistically appropriate, and is inclusive of public health, nutrition, social work, pharmacists, behavioral health, practitioners of family and internal medicine, pediatrics, obstetrics and gynecology, rheumatology and dermatology (including physician's assistants and nurse practitioners). Delayed diagnoses and poor patient-provider communication and care coordination can result in increased damage in patients with lupus. Trainings and education must demonstrate how this can be addressed, including practical messages for healthcare professionals concerning early diagnosis, proper referral of patients with lupus, engagement of caregivers and community, and an expansion of lupus teaching fellows into areas with high minority populations who are at increased risk for lupus and rural communities.

Activity A2. Increase the role of technology in the clinical setting in the early detection of lupus and management of the disease by supporting the expansion and integrated use of tele-health and/or electronic health records to assist with earlier diagnoses and improvements in lupus care, care coordination and health outcomes.

Activity A3. Collaborate with health professional associations to establish or increase sustainable educational opportunities (i.e., continuing education (CE) or maintenance of certification (MOC) options) using the latest educational needs of providers about lupus, with a focus on educating primary care practitioners, rheumatologists, obstetricians/gynecologists, ophthalmologists, dermatologists, mental health specialists, emergency room physicians, pharmacists, nurses, community healthcare workers, and other non-rheumatology practitioners about lupus signs, symptoms and management as well as lupus treatment access issues and care disparities. Additionally, to further sustain educational opportunities, develop a clinician certification program in lupus diagnosis and

care, and disseminate as appropriate to achieve national reach.

Activity A4. In partnership with key stakeholders, develop and promote practice procedures for transition of lupus care from pediatric to adult care in schools and other relevant settings. Key stakeholders include national health organizations, community organizations, state or local government, schools and healthcare providers.

Component B: In collaboration with key stakeholders, including healthcare organizations, professional organizations, national health organizations, electronic medical technology organizations and/or other, raise awareness about lupus signs and symptoms and what to do if you have lupus, and promote the use of effective lupus self-management tools and/or services. To accomplish this strategy applicant is expected to address the following activities:

Activity B1. Raise awareness about lupus signs and symptoms and what to do if you have lupus among targeted populations using existing national lupus campaigns, websites, and tools.

Activity B2. Support the evaluation and implementation of existing lupus-specific self-management tools and/or services. Promising tools and services have been developed that address management of physical symptoms, stress, medications and lifestyle choices, and relationships with healthcare teams to improve the quality of life of people living with lupus. For example, the Strategies to Embrace Living with Lupus Fearlessly (SELF) is a promising, online self-management education tool that is based on the Transtheoretical Model of Change and developed specifically for newly diagnosed patients with lupus to equip them with information and techniques to better manage their lupus-related health behaviors. SELF and other existing SME tools or services are prime candidates for evaluation. The proposed self-management tools/services must be based on evidence-based practice or promising practice and lend themselves for national adoption, sustainable dissemination and effective outcomes. Examples of other tools ready for evaluation, dissemination or implementation are available at: https://www.lupus.org/resources or https://selfcare.thelupusinitiative.org/ .

Activity B3. Promote the national uptake and use of existing lupus self-management tools and/or services to target population and relevant stakeholders. Relevant stakeholders may include national health organizations, state and local health departments, community organizations, faith-based organizations, schools, health care organizations, employers, caregivers and/or other. Promotion efforts can leverage existing lupus campaigns, such as the Be Fierce. Take Control. Campaign, marketing, social media strategies and other effective strategies to engage women in the use of lupus self-management tools/services. National dissemination efforts must describe how outreach methods and partnership engagement will successfully reach target population across the United States.

Activity B4. Promote or encourage use of electronic health medical record systems or other medical information technology to refer lupus diagnosed patients to appropriate self-management tools/services, such as the SELF online tool. Collaborate with lupus centers or other healthcare organizations to promote SELF and other tools/services to support disease self-management for people with lupus and integrate the tool(s) into standards of practice. Participating organizations must provide letters of support.

Activity B5. Leverage collaborations among community and faith-based organizations, schools, health care systems, employers and/or other organizations to help address lupus patients' barriers to access effective self-management tools and/or services. This may include but not limited to expanding the 211 system in all states to include pathways for access to care, clinical and community support programs for people with lupus, or addressing social determinants of health that may impede access to care and ongoing treatment, such as inadequate health insurance, transportation or insufficient providers of primary care or rheumatology.

1. Collaborations

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

Recipients are **required** to collaborate with CDC-funded programs or organizations with common interests and objectives related to raising awareness, knowledge and skills about lupus signs and symptoms, and increasing/improving lupus clinical care and care coordination.

The following are **required organizations** applicant is expected to collaborate with to help accomplish this NOFO's requirements. These current organizations are supported by CDC funds under CDC-RFA-DP15-1511 and play a significant national role in improving the lives of people with lupus. Applicant is required to provide two or more letters of support from the three organizations listed below. Applicant is expected to describe its past history working with the organization, details about organization's role and commitment over the 5-year project, and how the organization supports applicant's proposed key activities. Applicants must name the file "Letter of Support- CDC Funded Organization" and upload as a PDF file at www.grants.gov .

- American College of Rheumatology
- Lupus Foundation of America
- National Association of Chronic Disease Directors

The two recipients of this funding, if two different recipients will be funded, will be **required to collaborate** with each other. Recipients of this NOFO are to collaborate with each other in order to avoid duplication of effort and leverage each other's capacity and efforts to successfully accomplish the requirements of this NOFO.

All applicants are expected to identify and leverage opportunities with other CDC-funded public health programs with common interests and objectives related to this NOFO. These collaborations may include, but not limited to, CDC programs funded by the National Center for Chronic Disease Prevention and Health Promotion as follows:

- Arthritis Foundation
- Association of State and Territorial Health Officials
- CDC Heart Disease and Stroke Prevention
- CDC National Diabetes Prevention Program
- CDC's Nutrition, Physical Activity and Obesity Program
- Lupus registry recipients funded by CDC-RFA-DP19-003
- National Recreation and Park Association

- University of North Carolina Osteoarthritis Action Alliance
- YMCA of the USA

b. With organizations not funded by CDC:

Recipients are expected to collaborate with state and national organizations as appropriate for the required NOFO activities. Below is a list of specific non-CDC funded partners/organizations that are strongly encouraged to help sustain project activities and improve outcomes for this NOFO.

Applicants are required to submit at least one letter of support that addresses how they will collaborate with the non-CDC funded partners/organizations. Applicant is expected to describe its past history working with the organization, details about organization's role and commitment over the 5-year project, and how the organization supports applicant's proposed key activities. Applicants must name the file "Letters of Support-nonCDC Funded Partner" and upload at www.grants.gov .

- American Academy of Family Physicians
- American Association of Nurse Practitioners
- Association of American Indian Physician
- Childhood Arthritis and Rheumatology Research Alliance
- Federally Qualified Health Centers
- National Alliance for Caregiving
- National Alliance for Hispanic Health
- National Area Health Education Center
- National Association of Community Health Centers
- National Association of Hispanic Nurses
- National Association of State Offices of Minority Health
- National Black Nurses Association
- National Hispanic Medical Association
- Rheumatology Nurses Society
- The CMS Innovation Center
- U.S. Department of Health and Human Services, Office of Minority Health and their funded Lupus Program

2. Target Populations

Component A

Applicants are expected to describe their past experience at a national level with healthcare providers and serving target populations that have greatest risk for lupus, especially women ages 15 to 44 who are African-American, Hispanic, Asian, and Native American and Alaskan Native women. The applicant and engaged stakeholders, including targeted healthcare providers are expected to demonstrate having access to people with lupus and/or target populations that have greatest risk for lupus, especially women ages 15 to 44 who are African-American, Hispanic, Asian, and Native American and Alaskan Native women. Applicant should include the target populations in the planning, implementation, and evaluation of the 5-year efforts.

Component B

Applicants are expected to describe their past experience at a national level serving people with lupus and target populations that have greatest risk for lupus, especially women ages 15 to 44 who are African-American, Hispanic, Asian, and Native American and Alaskan Native women. Applicant must target people with lupus and populations that have greatest risk for lupus, especially women ages 15 to 44 who are African-American, Hispanic, Asian, and Native American and Alaskan Native women, to raise awareness about lupus and promote lupus self-management tools and/or services. Applicant should include the target populations in the planning, implementation, and evaluation of the 5-year efforts under this component.

a. Health Disparities

By addressing African American, Hispanic, Asian and Native American populations, rural communities and lupus patients' barriers to access effective self-management tools and/or services, the NOFO will help reduce health disparities and improve social determinants of health among populations at greatest risk for lupus.

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

The NOFO is available to fund only two awards, one award for Component A and Component B. Applicants can apply for one or both Components but must submit a separate application for each Component. A total of $2,670,230 is available for annual funding, a range of $1.1 million to $1.5 million will be awarded to each successful applicant.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Component A: *Increase awareness, knowledge and skills among healthcare providers to appropriately recognize the signs and symptoms of lupus, what to do if lupus is suspected, and provide quality, well-coordinated lupus care that is culturally and linguistically appropriate.*

Applicants are expected to achieve by the end of the cooperative agreement performance period the following period of performance outcome measures for Component A and its Short/Intermediate Outcome Measures. These period performance measures must demonstrate a national population reach. Target numbers for performance outcome measures must lead to achievement of the 5-year short/intermediate outcome measure targets. Process measures with milestones should be identified and included that support and indicate incremental progress of the period performance outcome measures. Suggested Process measures are provided below. Workplan objectives and activities should be aligned with and likely to lead to the proposed process and outcome measures.

Short/Intermediate Outcome A1: Increased number of healthcare providers recognizing the

signs and symptoms of lupus and what to do if lupus is suspected.

Period Performance Outcome Measure A1.1: At least 300% increase in the number of healthcare providers recognizing the signs and symptoms of lupus and what to do if lupus is suspected.

Short/Intermediate Outcome A2: Increased number of healthcare providers using tele-health and/or electronic health records to identify lupus cases and treatment gaps.

Period Performance Outcome Measure A2.1: At least 300% increase in the number of healthcare providers using tele-health and/or electronic health records to identify lupus cases and treatment gaps.

Short/Intermediate Outcome A3: Increased number of settings receiving guidance on transition of pediatric lupus care to adult care.

Period Performance Outcome Measure A3.1: At least 300% increase in the number of settings receiving guidance on transition of pediatric lupus care to adult lupus care.

Suggested Process Measures for Component A and its Activities:

- Number of health professional associations engaged.
- Number of partnerships/key stakeholders engaged.
- Evidence of quality and effective training/educational opportunities developed.
- Number of trainings/educational opportunities provided.
- Number of tele-health and/or electronic health record (EHR) initiatives promoted.
- Number of continuing education (CE) or maintenance of certification (MOC) offerings.
- Number of providers completing CEs or MOCs.
- Number of providers achieving high learning standards.
- Number of clinician certification programs.
- Evidence of different type of healthcare providers reached.
- Evidence of quality practice procedures for transition of lupus care from pediatric to adult care.
- Evidence of effective dissemination or promotion strategies to support training/educational opportunities, tele-health/EHR initiatives, CE/MOC offerings, and other activities.

Component B: *In collaboration with key stakeholders, including healthcare organizations, professional organizations, national health organizations, electronic medical technology organizations and/or other, raise awareness about lupus signs and symptoms and what to do if you have lupus, and promote the use of effective lupus self-management tools and/or services.*

Applicants are expected to achieve by the end of the cooperative agreement performance period the following period of performance outcome measures for Component B and its Short/Intermediate Outcome Measures. These period performance measures must demonstrate a national population reach. Target numbers for performance outcome measures must lead to

achievement of the 5-year short/intermediate outcome measure targets. Process measures with milestones should be identified and included that support and indicate incremental progress of the period performance outcome measures. Suggested Process measures are provided below. Workplan objectives and activities should be aligned with and likely to lead to the proposed process and outcome measures.

Short/Intermediate Outcome B1: Increased number of people living with lupus engaged in the use of lupus self-management tools and/or services.

Period Performance Outcome Measure B1.1: At least 300% increase in the number of people living with lupus engaged in the use of lupus self-management tools and/or services.

Short/Intermediate Outcome B2: Increased number of referrals to appropriate lupus self-management tools/services using electronic health medical record systems or other medical information technology.

Period Performance Outcome Measure B2.1: At least 300% increase in the number of referrals to appropriate lupus self-management tools/services using electronic health medical record systems or other medical information technology.

Short/Intermediate Outcome B3: Improved self-management behaviors among people with lupus.

Period Performance Outcome Measure B3.1: At least 300% increase in the number of people with lupus showing improved self-management behaviors such as improvements in management of physical symptoms, stress, medications and lifestyle choices, and/or relationships with healthcare teams.

Suggested Process Measures for Component B and its Activities

- Number of quality and appropriate stakeholders engaged to support Component B activities.
- Number of lupus-specific self-management tools and/or services being promoted.
- Evidence people with lupus are receiving effective messages about management of physical symptoms, stress, medications and lifestyle choices, and relationships with healthcare teams.
- Evidence of an evaluation of self-management tools and/or services and summary of its outcomes.
- Evidence of national promotion of self-management tools and/or services.
- Evidence of target population being reached.
- Evidence of appropriate and number of stakeholders being engaged.
- Evidence of promotion efforts to reach target population.
- Evidence of promotion of electronic health medical records or other medical information technology for referral.
- Number of stakeholders using technology to refer lupus patients to self-management tools and/or services.
- Evidence of expanding 211 system in multiple states and number of states

engaged.
- Evidence of strategies addressing barriers that may impede access to care and ongoing treatment.

Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required, however CDC reserves the right to determine whether a Data Management Plan is needed after awards are made.

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.

The evaluation and performance measurement plan will be further developed by recipients with support from CDC as part of first year project activities.

A Data Management Plan is not required for this NOFO, however CDC reserves the right to determine whether a Data Management Plan is needed after awards are made.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants should have adequate organizational capacity, including:

Component A

- Demonstrate having a **national presence and impact** among healthcare professionals involved with lupus diagnosis and/or care management. Applicant is expected to provide description of its organization's mission and national involvement with lupus affiliated healthcare professionals, including a description of past accomplishments that demonstrate improving healthcare professionals' knowledge and skills to appropriately recognize the signs and symptoms of lupus and what to do if lupus is suspected. Upload PDF document at www.grants.gov and title document "Organizational Capacity.National Presence and Impact". Additionally, applicant is expected to attach a PDF file of their most recent Annual Report. The report should detail the applying organization's mission, accomplishments, statistics related to the **organization's** cause, financial information, and other facts. Upload PDF document at www.grants.gov and title document "Annual Report".
- Demonstrate past experience in conducting **national** lupus related healthcare education and training programs, including the ability to plan, implement, monitor performance and evaluate programs. Upload PDF document at www.grants.gov and title document "Organizational Capacity.Lupus Programmatic Experience".
- Provide a staffing plan, including an organizational chart, CVs, and position descriptions that sufficiently will accomplish the applicant’s proposed strategies and activities, and required outcome and performance measures. Upload PDF document at www.grants.gov and title document "Staffing and Org Chart".

Component B

- Evidence of having a **national ability** to reach target population**,** engage **national** organizations to reach people with lupus, and the impact from **national campaign(s)** and population-based outreach efforts promoting **lupus** health messages. Upload PDF document at www.grants.gov and title document "Organizational Capacity.National Ability and Impact". Additionally, applicant is expected to attach a PDF file of their most recent Annual Report. The report should detail the applying organization's mission, accomplishments, statistics related to the **organization's** cause, financial information, and other facts. Upload PDF document at www.grants.gov and title document "Annual Report".
- Demonstrate past experience in conducting national population-based **lupus** programmatic efforts, including the ability to plan, implement, monitor performance and evaluate programs. Upload PDF document at www.grants.gov and title document "Organizational Capacity.Lupus Programmatic Experience".
- Provide a staffing plan, including an organizational chart, CVs, and position descriptions that sufficiently will accomplish the applicant’s selected component and its activities, and required outcomes and performance measures. Upload PDF document at www.grants.gov and title document "Staffing and Org Chart".

d. Work Plan

Applicants must provide a detailed work plan for the first year of the 5-year project period and a separate high-level work plan that includes all 5 years of the project. Applicant can use the sample work plan format provided below or similar. Applicants must use titles as follows: "First Year Work Plan" and "5-Year Work Plan" for Table of Contents.

Work plans help project officers monitor implementation of activities and progress on period of performance outcomes. Process Measures should be linked to its intended activities and include milestones. Objectives and activities should be specific, measurable, achievable, realistic and timely. Work plans are expected to be augmented each year based on lessons learned and progress of previous year while staying on course toward outcome measures and period of performance outcomes. CDC will provide feedback and technical assistance to recipients to finalize the work plan post-award.

COMPONENT A or COMPONENT B			
Period of Performance Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
<u>Component A or B</u> *[from Funding Opportunity Description]* **Annual Objective(s):**	**Process Measure with Milestones for each activity.** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
Activity:			
Activity:			
Activity:			

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.

No additional requirements.

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

CDC will provide substantial involvement beyond regular performance and financial monitoring during the period of performance. Substantial involvement means that recipients can expect federal programmatic partnership in carrying out the effort under the award. CDC will work in partnership with recipients to ensure the success of the cooperative agreement by:

- Providing scientific subject matter expertise and resources.
- Facilitating and engaging the recipients on a bi-annual conference call for information sharing, progress reporting, and collaborative efforts.
- One recipient and partner meeting to be held at a to be determined location and to be determined date and time.

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:	U48

3. Fiscal Year: 2020
Estimated Total Funding: $2,670,230
4. Approximate Total Fiscal Year Funding: $2,670,230

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding: $13,351,150

6. Total Period of Performance Length: 5

7. Expected Number of Awards: 2

8. Approximate Average Award: $1,335,115 Per Budget Period

This amount is subject to the availability of funds.

9. Award Ceiling: $1,500,000 Per Budget Period

10. Award Floor: $1,100,000 Per Budget Period

11. Estimated Award Date: 09/21/2020

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:

State governments
Special district governments
Public and State controlled institutions of higher education

Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
For profit organizations other than small businesses
Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities
Community-based organizations
Faith-based organizations

2. Additional Information on Eligibility

CDC will not accept and review applications with budgets greater than the ceiling of the award range ($1.5 Million). Applications with budgets that exceed the ceiling of the award will be considered non-responsive and will not be entered into the review process.

3. Justification for Less than Maximum Competition

N/A.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: 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	1. Click on http:// fedgov.dnb.com/	1-2 Business Days	To confirm that you have been

	Number System (DUNS)	webform 2. Select Begin DUNS search/request process 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		issues a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the Account is set up the E_BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit 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: **05/12/2020**

A Letter of Intent (LOI) is requested for this NOFO. The purpose of a LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The LOI must be sent via email to Margaret Kaniewski, Project Officer at mgk6@cdc.gov on 5/12/2020 by 11:59 p.m. U.S. Eastern Standard Time. The following information must be included in the email:

- Descriptive title of proposed project.
- Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both.
- Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application.
- Number and title of this NOFO.
- Selected Component (Component A or B, or both).

b. Application Deadline

Due Date for Applications: **06/26/2020** , 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.

Date for Informational Conference Call: 05/07/2020

A 60-minute informational call will be held on 5/07/2020 at 1:30 p.m. to 2:30 p.m. U.S. Eastern Standard Time. To access call use the following information- Dial: (855) 644-0229; Passcode: 2922594#

Following the call, Q&As and other information will be posted at https://www.cdc.gov/lupus/funded/nofo/cdc-rfa-dp20-2008.html. In addition, an email address has been established to receive and respond to NOFO questions: fy20lupusnofo@cdc.gov. NOFO questions and answers will be made available at https://www.cdc.gov/lupus/funded/nofo/cdc-rfa-dp20-2008.html

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: Recommended but not Required

A Letter of Intent (LOI) is requested for this NOFO. The purpose of a LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The LOI must be sent via email to Margaret Kaniewski, Project Officer at mgk6@cdc.gov. The following information must be included in the email:

- Descriptive title of proposed project.
- Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both.
- Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application.
- Number and title of this NOFO.
- Selected Component (Component A or B, or both).

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 applicant can obtain guidance for completing a detailed justified budget on CDC's website, at https://www.cdc.gov/grants/applying/application-resources.html.

13. Intergovernmental Review

Executive Order 12372 does not apply to this program.

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).

No other funding restrictions are required.

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.

Approach	Maximum Points: 35

Component A

Evaluate the extent to which the applicant:

- Adequately describes overall strategy and activities consistent with the CDC Project Description and logic model? **(5 points)**
- Adequately describes activities that demonstrate having national reach, including activities that will produce annual growth in the number of healthcare providers reached and stakeholders engaged across the United States over the cooperative agreement performance period? **(10 points)**
- Adequately describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable)? **(5 points)**

- Adequately presents a First Year Work Plan and 5-Year Work Plan that is aligned with the component and activities, outcome measures (OMs), period performance outcome measures (POMs), and is consistent with the content and format proposed by CDC? Does each work plan provide milestones and process measures that align with outcomes. Do targets for OMs and POMs demonstrate reasonable national reach? **(15 points)**

Component B

Evaluate the extent to which the applicant:

- Adequately describes overall strategy and activities consistent with the CDC Project Description and logic model? **(5 points)**
- Adequately describes activities that demonstrate having national reach, including activities that will produce annual growth in the number of people with lupus reached and stakeholders engaged across the United States over the cooperative agreement performance period? **(10 points)**
- Adequately describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable)? **(5 points)**
- Adequately presents a First Year Work Plan and 5-Year Work Plan that is aligned with the component and its activities, outcome measures (OMs), period performance outcome measures (POMs), and is consistent with the content and format proposed by CDC? Does each work plan provide milestones and process measures that align with outcomes. Do targets for OMs and POMs demonstrate reasonable national reach? **(15 points)**

Evaluation and Performance Measurement Maximum Points: 25

Component A

Evaluate the extent to which the applicant:

- Provided target numbers for outcome measures, period performance outcome measures and process measures/milestones that demonstrate having national reach numbers. **(5 points)**
- Adequately shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach. **(5 points)**
- Adequately describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. **(10 points)**

- Adequately describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. **(5 points)**

Component B

Evaluate the extent to which the applicant:

- Provided target numbers for outcome measures, period performance outcome measures and process measures/milestones that demonstrate having national reach numbers. **(5 points)**
- Adequately shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach. **(5 points)**
- Adequately describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. **(10 points)**
- Adequately describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. **(5 points)**

Applicant's Organizational Capacity to Implement the Approach Maximum Points: 40

Component A

Evaluate the extent to which the applicant:

- Submitted at least two letters of support from the CDC funded required organizations/recipients section describing in detail the organization's role and commitment over the 5-year project? If so, does organization provide a history of working with the applicant and does organization propose to support key activities proposed by the applicant? Letters of support must indicate significant level of partnership with the applicant, including a 5-year plan on how applicant and organizations will communicate and support applicant's work. **(5 points)**
- Submitted one or more letters of support from Non-CDC funded organizations section describing in detail the organization's role and commitment over the 5-year project? If so, does organization provide a history of working with the applicant and does organization propose to support key activities proposed by the applicant? **(5 points)**
- Adequately describes how it will collaborate with the other successful applicant, if a separate applicant is awarded, when cooperative agreement period begins to avoid duplication and leverage each other's efforts? **(5 points)**
- Uploads two PDF documents, one titled *"Organizational Capacity.National Presence and Impact"* demonstrating having a national presence and impact among healthcare professionals, and the other titled *"Annual Report"* detailing the applying organization's mission, accomplishments and other facts? Adequately describes a **national** presence

and impact, the applicant's mission and national involvement with lupus affiliated healthcare professionals, and past accomplishments that demonstrate improving healthcare professionals' knowledge and skills to appropriately recognize the signs and symptoms of lupus and what to do if lupus is suspected? **(10 points)**

- Uploads a PDF document titled *"Organizational Capacity.Lupus Programmatic Experience"* demonstrating having experience conducting national programmatic activities? Adequately demonstrates past experience in conducting national lupus related healthcare training and education programs, including the ability to plan, implement, monitor performance and evaluate programs? **(10 points)**
- Uploads a PDF document titled *"Staffing and Org Chart"* for the staffing plan? Adequately provides a staffing plan, including an organizational chart, CVs, and position descriptions that sufficiently will accomplish the applicant's selected component and its activities, and required outcomes and performance measures. The staffing plan should allocate a minimum of 1 Full Time Equivalent (FTE) dedicated to monitoring performance and evaluation, a minimum 1 FTE overseeing the planning and implementation of programmatic activities, and a minimum 1 FTE for subject matter expertise to support applicant's proposed activities. **(5 points)**

Component B

Evaluate the extent to which the applicant:

- Submitted at least two letters of support from the CDC funded required organizations/recipients section describing in detail their role and commitment over the 5-year project? If so, does organization provide a history of working with the applicant and does organization propose to support key activities proposed by the applicant? Letters of support must indicate significant level of partnership with the applicant, including a 5-year plan on how applicant and organizations will communicate and support applicant's work. **(5 points)**
- Submitted one or more letters of support from Non-CDC funded organizations section describing in detail their role and commitment over the 5-year project? If so, does organization provide a history of working with the applicant and does organization propose to support key activities proposed by the applicant? **(5 points)**
- Adequately describes how it will collaborate with the other successful applicant of this NOFO, if a separate applicant is awarded, when cooperative agreement period begins to avoid duplication and leverage each other's efforts? **(5 points)**
- Uploads two PDF documents, one titled *"Organizational Capacity.National Presence and Impact"* demonstrating having a national ability to reach people at greatest risk for lupus, and the other titled *"Annual Report"* detailing the applying organization's mission, accomplishments and other facts? Adequately describes applicant's **national** presence and impact, having a national ability to reach target population and engage other national organizations, and describe impact from national campaigns and population-based outreach efforts promoting lupus health messages? **(10 points)**
- Uploads a PDF document titled *"Organizational Capacity.Lupus Programmatic Experience"* demonstrating past programmatic experience? Adequately demonstrates

past experience in conducting national population-based lupus programmatic efforts, including the ability to plan, implement, monitor performance and evaluate programs? **(10 points)**

- Uploads a PDF document titled *"Staffing and Org Chart"* for the staffing plan? Adequately provides a staffing plan, including an organizational chart, CVs, and position descriptions that sufficiently will accomplish the applicant's selected component and its activities, and required outcomes and performance measures. The staffing plan should allocate a minimum of 1 Full Time Equivalent (FTE) dedicated to monitoring performance and evaluation, a minimum 1 FTE overseeing the planning and implementation of programmatic activities, and a minimum 1 FTE for subject matter expertise to support applicant's proposed activities? **(5 points)**

Budget	Maximum Points: 0

The Budget will be assessed but not scored.

Reviewer is to assess the extent to which the proposed budget is reasonable and consistent with the strategies and activities proposed by applicant. The applicant can obtain guidance for completing a detailed justified budget on CDC's website, at https://www.cdc.gov/grants/applying/application-resources.html.

CDC program will assess whether the budget aligns with the proposed work plan and collaborate with successful applicants to make adjustments as needed when grant period begins.

c. Phase III Review

An objective review panel of at least three individuals will review and score all eligible and responsive applications. Applications will be put into rank order list according to average scores. The program will use the rank order list (plus any criteria described below) to determine which applications will be funded. In addition to the objective review process described above, the following factors also may affect selection and funding of an applicant:

- Ensuring geographic diversity (e.g. reaching all 50 states and a mix of rural and urban areas, etc.).

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

Applicants can anticipate notice of funding September 14, 2020 - September 26, 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) if applicable.	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
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
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).

Additionally, the Final Performance Report should:

- List key accomplishments, challenges and lessons learned over the performance period.

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:

Margaret Kaniewski, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: 770.488.1371
Email: mgk6@cdc.gov

Grants Management Office Information

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

Monica Walker, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2939 Flowers Rd. S.
Chamblee, GA 30341
Telephone: (404) 718-8841
Email: wvx8@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:

- Letters of Support
- Indirect Cost Rate, if applicable

- PDF document titled "Organizational Capacity.National Presence and Impact"
- PDF document titled "Annual Report"
- PDF document titled "Organizational Capacity.Lupus Programmatic Experience"
- PDF document titled "Staffing and Org Chart"

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.