# CDC-RFA-OT18-1802 Frequently Asked Questions

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## General

**Q1: When are applications due?**
**A1:** Application packages must be SUCCESSFULLY submitted to Grants.gov no later than *March 29, 2018,* 11:59 pm (EDT). Extensions to the due date will NOT be granted. The Centers for Disease Control and Prevention (CDC) encourages applicants to ensure all Grants.gov errors are resolved and all application packages are submitted as early as possible.

**Q2: When will applicants be notified they were selected for funding and are eligible for Funding Strategy 2?**
**A2:** May 2018

**Q3: When will an announcement be made about awards?**
**A3:** Awards will be made by CDC's Office of Grants Services.

- Funding Strategy 1 award announcement: August 2018
- Funding Strategy 2 award announcement: September 2018

**Q4: Will recipients be required to reapply each year for funding?**
**A4:** No, there will not be a reapplication process each year. The period of performance for this NOFO is five years. Applicants who are successfully awarded funds are required to submit Annual Performance Reports, which provide progress to date and proposed activities for the next budget period.

**Q5: How can people ask questions about the NOFO and about the capacity-building assistance initiative?**
**A5:** Submit all inquiries to OSTLTSPartnersNOFO@cdc.gov.

**Q6: Will CDC offer informational conference calls about the NOFO?**

**A6:** The informational conference calls have already taken place. The presentation and script from the conference calls and other application resources are available on the STLT Gateway for review.

**Q7: If we send an email describing our proposed work, will you tell us if our goals are aligned with those of this funding opportunity?**
**A7:** No, we are unable to give guidance regarding the appropriateness of specific activities. This is to ensure no applicant is given unfair advantage. We encourage you to review the NOFO to make this determination.

**Q8: What font should we use for the work plan template?**
**A8:** The work plan is considered part of the Project Narrative. As noted within the NOFO, all components of the Project Narrative should use a 12 point font.

**Q9: If you are not awarded funding initially, are there opportunities to reapply for this grant?**
**A9:** No, there will not be an opportunity to reapply for the cooperative agreement. A new cooperative agreement may be published for competition in 5 years.

**Q10: How many awards are anticipated to be delivered to agencies that do not demonstrate a national reach?**
**A10:** The goal is to fund organizations with demonstrated capability, expertise, resources, national reach, and track record to implement one or more of the CBA program strategies.

**Q11: If you submit two applications, is it possible for both of them to get funded?**
**A11:** Yes, an organization may receive funding for two separate applications.

**Q12: Is funding for Funding Strategy 1 only awarded from OSTLTS?**
**A12:** The initial funding may be awarded by the Office for State, Tribal, Local, and Territorial Support or other CDC centers, institutes, or offices.

**Q13: The NOFO stated the estimated award date is August 1, 2018. Will this be the start date for funding and programmatic activities under this cooperative agreement?**
**A13:** Yes. August 1, 2018, the estimated award date for Funding Strategy I, will be the start date for funded activities.

**Q14: Please clarify and expand on the relationship of Funding Strategy 1 and Funding Strategy 2.**
**A14:** The first competition, Funding Strategy 1, will award the initial funding. During this process, all applications that meet the eligibility and responsiveness criteria will be objectively reviewed according to the target population category indicated in the application. This initial funding may be awarded by OSTLTS or other CDC Centers, Institute, or Offices (CIOs).

The second competition, Funding Strategy 2, allows applicants that are funded under Funding Strategy 1 to apply for additional funding. Under Funding Strategy 2, the recipients will be eligible to submit Work Plans in Response to CIO Project Plans as part of a supplement to CDC-RFA-OT18-1802. The supplement package will detail the CIO project plans and the submission process. The CIO Project Plans will embody a broad range of CBA projects that represent public health disciplinary areas and cross-cutting disciplines and/or topics.

**Q15: The NOFO notes the program implementation start date is August 1, 2018. What is the general timing for Funding Strategy 2 and review by other CDC CIOs?**
**A15:** In general, projects under Funding Strategy 2 will begin in September 2018; therefore, submission of proposals and reviews by CDC will take place between May and August 2018.

**Q16: Will funding for Funding Strategy 2 be after year 1 of funding or year 5?**
**A16:** Funding Strategy 2 will be available to organizations that receive funding under Funding Strategy 1. Funding Strategy 2 will be detailed in a supplement that will be posted to Grants.gov in the late spring or early summer of 2018.

**Q17: Should applicants propose Funding Strategy 2 projects in the Funding Strategy 1 application?**
**A17:** No, applications should address Funding Strategy 1 only.

## Eligibility

**Q1: Can an applicant propose a partner so that together they fulfill the eligibility requirement?**
**A1:** No, an application must be submitted by one organization. The organization that submits the application must meet the eligibility and responsiveness requirements.

**Q2: Are any organizations *not* eligible for funding under this NOFO?**
**A2:** Yes, for-profit and small business organizations are not eligible to apply for this NOFO in accordance with the statutory authorities establishing a federal financial assistance program or award.

**Q3: Is there a minimum time an eligible organization has to exist before applying for this NOFO?**
**A3:** No, there is no minimum time an eligible organization must exist before applying for this NOFO. However, applications will be evaluated on their relationship and work experience with the selected target population, their organizational capacity, and the quality of the proposed work plan and evaluation strategy (see Part II, Section E of the NOFO).

**Q4: Are organizations that currently receive CDC funding eligible to apply?**
**A4:** Yes, organizations that are already receiving CDC funding are eligible to apply. Applicants may propose work that is complementary to or builds upon prior work. Applicants should not propose activities that duplicate current CDC-funded work.

**Q5: Are organizations applying for other CDC NOFOs eligible to apply for CDC-RFA-OT18-1802?**
**A5:** Yes, organizations applying for other CDC NOFOs are eligible to apply. However, preference will be given to ensure funding of organizations that provide CBA services to target populations not duplicated in other CDC funding mechanisms. Applicants may propose activities that complement or build on prior work. Applicants should not propose activities that duplicate work proposed for other CDC NOFOs.

## Definitions

**Q1: What is the difference between performance measures and process evaluation measures?**
**A1:** Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals. A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

A process measure is one type of performance measure. Types of performance measures can include, but are not limited to:

- Input measures (e.g. dollars spent)
- Output measures (e.g. surveys completed)
- Process measures (e.g. days to analyze data)
- Outcome measures (e.g. increased compliance among staff)

Performance measures 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).The type of performance measure used is based on the part of the system that is being measured. So, a process measure would be the type of performance measure one uses to answer a process evaluation question.

References:

- https://www.gao.gov/assets/80/77277.pdf
- https://www.ofm.wa.gov/sites/default/files/public/legacy/budget/instructions/other/performancemeasureguide.pdf

**Q2: What is the relationship between the process measures in the Work Plan table to the evaluation and performance measure plan?**
**A2:** Page 17 of the NOFO describes information that should be included in the Applicant Evaluation and Performance Measurement Plan. This includes a description of the type of evaluation (i.e. process, outcome, or both). Process and outcome measures that are listed in the work plan should be addressed in the Applicant Evaluation and Performance Measurement Plan.

**Q3: How are you defining evidence-based science?**
**A3:** Evidence-based refers to any concept or strategy that is derived from or informed by objective evidence—most commonly, research or routinely collected valid and reliable performance measurement or evaluation findings. The related modifiers data-based and research-based are also widely used when the evidence in question consists largely or entirely of data, academic research, or scientific findings. While research and "quantitative" numerical data are arguably the most common forms of evidence, public health also uses a wide variety of "qualitative" information to identify issues or examine the effectiveness of solutions.

When used to modify the term "science," we mean only to emphasize that the evidence should rely primarily on valid and reliable data, but not necessarily exclusively quantitative sources and methods.

**Q4: How are you defining community-based organizations?**
**A4:** Community based organizations are driven by community residents in all aspects of their existence. They are public or private nonprofit organizations rooted in a mission that serves their local community.

## Target Populations

**Q1: How should our organization determine which target population and target population category are appropriate for our application?**
**A1:** Please refer to the Target Population Considerations document on the STLT Gateway.

**Q2: How are the target population categories grouped?**
**A2:** Generally, they are grouped to meet the CBA needs of governmental and nongovernmental components of the public health system.

- Category A: Governmental Public Health Departments
- Category B: Workforce Segment Across Governmental Public Health Departments
- Category C: Nongovernmental Components of the Public Health System

**Q3: My organization serves governmental public health departments. Should my organization select Category A or Category B?**
**A3:** Category A is best suited for applicants that provide CBA to one specific state, tribal, local, or territorial health department type. CBA activities reach agency-wide, target multiple disciplines or systems, and occur at the organizational level. For example, applicant X provides CBA only to state health departments while applicant Y provides CBA only to local health departments.
Category B is best suited for applicants that provide CBA to one workforce segment across two or more health department types (state, tribal, local, territorial). CBA activities target a specific occupational series and occur at the workforce segment level. For example, applicant Z provides CBA to public health nurses across state and local health departments.

**Q4: My organization provides cross-cutting CBA services to more than one target population category. What target population category should my organization select?**
**A4:** If your organization works with multiple target population categories, use the Target Population Considerations document on the STLT Gateway to evaluate and inform your selection. Key considerations include your organization's history, relationship strength, experience, expertise, and success providing CBA to the target population category.

**Q5: My organization wants to provide CBA for senior-level staff across multiple disciplines at state health departments. What category should my organization select?**
**A5:** Category A, because the CBA activities occur agency-wide and at only one health department type (e.g., state health departments).

**Q6: My organization wants to provide CBA for one occupational series at state, local, and territorial health departments. What category should my organization select?**
**A6:** Category B, because the CBA activities will target a specific workforce segment and occur across multiple health department types.

**Q7: My organization wants to provide CBA for public health professionals at nonprofit organizations. What category should my organization select?**
**A7:** Category C, because nonprofit organizations are nongovernmental components of the public health system.

**Q8: For Category C, would you please clarify the "benefit to health department types or workforce segments across health department types?"**
**A8:** CBA activities conducted for Category C must also leverage the organization's expertise and networks to benefit a health department type (state, tribal, local or territorial) or workforce segment. For example, an organization funded under Category C could provide CBA to train pediatricians how to manage vaccine hesitancy among parents. To meet the benefit to governmental health department requirement, the recipient should make the learning materials available to staff at state and local health departments.

**Q9: Why does the NOFO require Category C applicants to demonstrate that their CBA activities will benefit governmental public health?**
**A9:** OSTLTS is the CDC office responsible for strengthening our nation's health departments and demonstrating results in this effort is an OSTLTS priority. All levels of the public health system, including OSTLTS-funded partners, play a role to improve health department capacity and performance. In an effort to make tools and resources more accessible and transferable to STLT health departments, we expect all funded partners to demonstrate how the capacity-building assistance provided will benefit governmental public health agencies.

**Q10: Can you provide examples of possible CBA activities for each target population category?**
**A10:**

- Category A: CBA to build local health department infrastructure (e.g., organization, policy, and fiscal resources) and systems
- Category B: CBA to strengthen surveillance capabilities of state and territorial epidemiologists
- Category C: CBA to increase the integration of public health in school-based health centers

**Q11: Under category B, can we identify 2 workforce segments?**
**A11:** No, Category B meets the priority CBA needs of **one** workforce segment across two or more health department types.

**Q12: For Category B, can a state health department with sufficient organizational capacity apply to provide CBA to local public health agencies (i.e. there are no tribal or territorial public health agencies in the state)?**
**A12:** No, Category B meets the CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). As a reminder, applications submitted in response to this NOFO will be evaluated on the extent to which the applicant demonstrates experience in delivering CBA that covers the 10 HHS Regions.

**Q13: Does providing CBA support to a cross-sector team/workgroup/advisory body meet your definition of a single "target population"?**
**A13:** No, Category C: Nongovernmental Public Health Components – Meets the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies. You should select one component that is part of the public health system. Please refer to the Target Population descriptions in the NOFO and the Target

Population Considerations document on the STLT Gateway to assist in determining your target population.

**Q14: If a local health department applies, can that health department implement the strategies within their own health department?**
**A14:** Please note that the emphasis of the NOFO is for the provision of CBA services to a target population. Applicants should already be operating at full capacity, which is why it is important that applicants describe current and recent programs as related to the CDC program strategies and outcomes provided in the NOFO. As a reminder, applications submitted in response to this NOFO will be evaluated on the extent to which the applicant demonstrates experience in delivering CBA that covers the 10 HHS Regions.

**Q15: For Category C, can we choose more than one type of nongovernmental component of the public health system to target?**
**A15:** No, Category C meets the priority CBA needs of **one** type of nongovernmental component of the public health system.

**Q16: For Category C – Non-governmental Public Health Components, it seems some of the components are governmental (legislators, public safety). Please clarify the definition of non-governmental.**
**A16:** Category C addresses the CBA needs of target populations outside of governmental (i.e. state, tribal, local and territorial) public health departments.

**Q17: How is the workforce segment defined in Category B?**
**A17:** Workforce segments may be a defined human resources title, occupational series, or a group of staff members who serve in that role. Applicants should clearly define the target population and provide supporting documentation such as a narrative description and data regarding the needs of the target population.

**Q18: The NOFO provides examples of discipline-specific roles for workforce segments (e.g., public health lawyers) within public health. Can the applicant define its own segment that may reach across a few different disciplines?**
**A18:** The applicant may define its own target population, but the target population must align with the target population category descriptions in the NOFO. The target population may span multiple disciplines if the individuals serve in the same role (e.g. performance improvement managers (PIMs) may work in different disciplines but serve the same role as PIMs).

## Letters of Intent

**Q1: When is the letter of intent due?**
**A1:** The letter must be submitted via email attachment to OSTLTSPartnersNOFO@cdc.gov by February 27, 2018, 11:59 pm (ET).

**Q2: Our organization missed the letter of intent deadline or submitted a late letter of intent. Are we still eligible to apply?**

**A2:** Yes, an organization that submits a late letter of intent is still eligible to apply. The letter of intent is strongly encouraged and enables CDC to plan NOFO activities accordingly.

**Q3: If an organization submits a letter of intent, is that organization required to submit an application?**
**A3:** No, submitting a letter of intent does not obligate an organization to submit an application.

**Q4: Can an applicant change target populations after LOI submission?**
**A4:** Yes, applicants may change their target population after submitting an LOI.

## Application Process

**Q1: If we missed the initial informational conference calls, is it still possible to apply?**
**A1:** Yes, interested organizations are still able to apply. The presentation and script from the conference calls and other application resources are available on the STLT Gateway for review.

**Q2: Is it possible to have two lead organizations on a proposal?**
**A2:** No, it is not possible to have two lead organizations on a proposal.

**Q3: What headings are required in the project narrative?**
**A3:** The project narrative section must contain all the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan.

**Q4: How should application attachments be uploaded?**
**A4:** As specified in the NOFO, applicants are required to upload attachments separately to Grants.gov.

**Q5: What is the total length of the application, and what are the section page limits?**
**A5:** While application lengths will vary slightly from applicant to applicant, page limits for sections of the application are listed below (where relevant).
Application Attachments

- Project Abstract (D-9): Maximum 1 page, single-spaced, 12-point font
- Project Narrative (D-10): Maximum 20 pages, single-spaced, 12-point font
    - Note: the Project Narrative must include all of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan.
- Budget Narrative (D-11)
- CDC Assurances and Certifications (D-5)
- Table of Contents for Entire Submission (D-7): No page limit
- Resumes/CVs: No page limit
- Letters of Support: No page limit
- Organizational Charts: No page limit
- Indirect Cost Rate, If Applicable: No page limit
- Proof of National Scope of Work: No page limit
- Proof of Public Health Mission: No page limit

**Q6: Is there a word count limitation for the Project Abstract Summary section?**
**A6:** There is no word limit for the Project Abstract Summary. This section is limited to one page, single-spaced, with a 12-point font.

**Q7: Are applicants required to submit conflict of interest lists?**
**A7:** Applicants are not required to submit conflict of interest lists as part of the application.

**Q8: Can two non-profits apply in partnership with each other?**
**A8:** An application must be submitted by one organization. Organizations that receive funding may subcontract with other organizations to complete the work.

**Q9: If an applicant submits two proposals, can the applicant also be proposed as a subcontractor on another entity's application either in the same Category or a different Category?**
**A9:** Yes, applicants may be proposed as a subcontractor on applications submitted by other entities. Prior to award, CDC will review subcontract requests to avoid duplication of efforts.

**Q10: If we are submitting two stand-alone applications, do we have to submit two separate sets of 'other documents' such as indirect cost rate agreement, CDC certificate of assurances, OFR Financial risk certificate and other things that are common between both applications?**
**A10:** Yes, each application should stand on its own merit and should contain the supporting documentation that reviewers will use to evaluate the application.

**Q11: The "Organizational Capacity of Recipients to Implement the Approach" section of the NOFO instructs applicants to submit the guiding documents associated with affiliate organizations; however, the guiding documents are not included in the list of acceptable attachments. How should we provide the guiding documents for affiliate organizations?**
**A11:** Applicants may include the guiding documents in the attachment for Proof of National Scope or Proof of Public Health Charge or Mission. Note which attachment the guiding documents were added to, along with the page numbers, within the narrative of the "Organizational Capacity of Applicants to Implement the Approach" portion of the application. For example, the applicant may include the information in the "Public Health Charge or Mission" attachment and provide a statement within the "Organizational Capacity of Applicants to Implement the Approach" that states: "The list of Affiliate Organizations and the respective guiding documents are included in the attachment labeled 'Proof of Public Health Charge or Mission' on pages x-y."

**Q12: We developed a logic model for our proposal. How should we submit the logic model?**
**A12:** The logic model should be included as part of the Project Narrative.

**Q13: Where can I access the required work plan template?**
**A13:** The table must be created in Microsoft Excel or Word and must be included in the PDF of your Project Narrative.

## Recipient Activities

**Q1: Is there a limit to the number of activities an applicant can propose?**

**A1:** No, applicants are not limited in the number of capacity-building activities provided to the target population. However, applicants are required to develop work plans based on the established Average One Year Award Funding, which is supported under Funding Strategy 1. The Average One Year Award Funding varies by the Target Population Categories A, B, and C to support CBA as outlined in the program's logic model.

**Q2: CDC describes specific strategies for applicants to focus on. Do applicants have to select a minimum number of strategies?**
**A2:** Applicants must select at least one strategy. When selecting strategies, applicants should consider the CBA needs of their target population and the desired CBA outcome(s).

**Q3: Can the NOFO funds be used to provide capacity-building assistance to the lead applicant/organization?**
**A3:** No, the role of organizations successfully awarded under this program will be to serve as CBA providers to governmental public health agency types or other components of the public health system.

**Q4: Do all proposed activities need to be evidence-based? If so, what type of criteria should be used to identify evidence-based strategies?**
**A4:** This NOFO asks that applicants justify their CBA plan according to the best available evidence of CBA needs for their target population. Best available evidence includes published literature, results from studies, applicants' knowledge of their target population, and other credible sources.

**Q5: Are there specific training requirements for applicants who receive awards?**
**A5:** No, applicants who receive awards are not required to complete or have completed specific training requirements.

**Q6: Should the proposed work target certain areas/divisions etc. of ongoing CDC work or is this intended to provide CBA as described in the NOFO?**
**A6:** Your proposed work should align with the CBA program's strategies, activities and outcomes as outlined in the NOFO's Approach section and as is shown in the Logic Model, beginning on page 5.

**Q7: Will proposals from groups that provide CBA for a narrow issue area (e.g. unplanned pregnancy prevention) be considered for the grant?**
**A7:** All applications that are deemed eligible and responsive will move forward to Phase II Review. The purposes of this program are to strengthen the nation's public health infrastructure; ensure a competent, current, and connected public health system; and improve the delivery of essential public health services through capacity-building assistance (CBA) activities. Please review the logic model to determine your proposal's appropriateness with regard to the intent and purpose of the NOFO.

**Q8: Are we limited to the outcomes listed in the logic model?**
**A8:** Applications that identify target populations under Category A or B must identify at least two outcomes from the logic model. Applications that identify target populations under Category C must identify at least one outcome from the logic model. Applicants may identify additional outcomes that may result from the proposed work.

**Q9: The NOFO states "applications that identify target populations under Category A or B must identify at least two outcomes." How does CDC define "two outcomes?"**
**A9:** The logic model includes short-term, intermediate, and long-term outcomes specific to the strategies. CDC defines two outcomes as any combination of the eight short term outcomes and eight intermediate outcomes listed in the logic model. Selection of outcomes should be based on the needs of the target population.

**Q10: Are we required to focus on one strategy and multiple objectives under that strategy, or can we focus on multiple objectives across multiple strategies?**
**A10:** Applicants should identify one or more of the strategies listed in NOFO. The NOFO provides examples of activities under each strategy. Applicants should determine the strategies and activities based on the needs of the selected target population.

**Q11: For the leadership and workforce strategy, are you looking for projects that train workforces on tackling a specific public health issue, or that provide training on a variety of topics that are not public health issue-specific?**
**A11:** The program strategies outlined in the NOFO address public health challenges, emerging trends, knowledge, and cross-cutting skillsets to build capacities and capabilities of the public health system. We encourage applicants to identify the priority CBA needs of the selected target population and propose activities to address those needs.

**Q12: When we select a strategy, is it expected that we will do all of the activities in that strategy?**
**A12:** The activities listed within the NOFO are examples. You may select some of the activities or develop your own. The proposed activities should meet the priority CBA needs of the selected target population.

**Q13: Do the strategies and activities or the Work Plan need to be written as SMART objectives?**
**A13:** The SMART format is not required.

**Q14: The NOFO emphasizes national reach but should we propose and budget for working in specific geographies for the first year?**
**A14:** Applications will be evaluated on the extent to which they demonstrate experience in delivering CBA that covers the HHS Regions. Your organization will need to determine the work that is feasible and appropriate for the selected target population and how it will be implemented during the period of performance. While making this determination, please keep in mind that the NOFO indicates the goal is to fund organizations with demonstrated capability, expertise, resources, national reach, and track record to implement one or more of the CBA program strategies.

**Q15: Does the organization have to have a national reach or is the national reach part of CDC's strategic approach to reach various programs on a national level?**
**A15:** Organizations are not required to have national reach to be considered eligible or responsive. However, the goal is to fund organizations with demonstrated capability, expertise, resources, national reach, and track record to implement one or more of the CBA program strategies. National reach is part of the CDC strategic approach and must be reflected in applications in order for them to receive the points associated with national reach. Applications submitted in response to this NOFO will be

evaluated on the extent to which the applicant demonstrates experience in delivering CBA that covers the 10 HHS Regions.

**Q16: Please clarify what you would like to see in the application as it relates to social determinants of health, health disparities, and health equity.**
**A16:** The CBA program is focused primarily on strengthening the public health system's infrastructure and services. We encourage applicants to demonstrate how their CBA activities will address SDOH and health disparities that are relevant to the target population. For example, an applicant may propose to provide a training. The applicant should speak to the impact the proposed training will have (indirect or direct) on SDOH or health disparities.

**Q17: Do we need to include a Data Management Plan within the application or merely state a commitment to it?**
**A17:** A description of the Data Management Plan should be provided within the application, as part of the evaluation and performance measurement plan. The description can be brief or a statement of commitment.

## Reviewing and Scoring

**Q1: Looking at the scoring criteria, it does not appear that work plans are scored. Is this the case?**
**A1:** The work plan is scored. Components of the work plan are reflected throughout the evaluation criteria.

**Q2: Our organization intends to submit two applications: one for Category B and one for Category C. Will this impact the scoring of either application?**
**A2:** No, each application submitted will be objectively reviewed according to the evaluation criteria described in Section E-1b of the amended NOFO on p. 37.

**Q3: My organization meets the eligibility criteria listed in the NOFO; however, it does not cover the 10 HHS regions. Will an application from my organization be competitive?**
**A3:** We cannot determine how competitive your application is until the review and selection processes are completed. Applications submitted in response to this NOFO will be evaluated on the extent to which the applicant demonstrates experience in delivering CBA that covers the 10 HHS Regions.

**Q4: Where can I find the review process criteria?**
**A4:** Section E-1b of the NOFO describes the scoring criteria for applicants.

**Q5: What is the review process for this competition?**
**A5:** The NOFO review and selection process will occur in phases:

- Phase I – Eligibility and responsiveness
- Phase II (Funding Strategy 1) – Objective review of responsive applications
- Phase III – CDC funding preferences
- Phase IV (Funding Strategy 2) – Review of responsive work plans
    - Objective or Technical Review
    - CDC funding preferences

**Q6: How will the applications be scored?**

**A6:** As described in the "Review and Selection Process" section, applications will be scored as follows:

- Approach (25 points)
- Evaluation and Performance Measurement (15 points)
- Organizational Capacity of the Applicant to Execute the Approach (60 points)
- Budget and Budget Narrative (reviewed, but not scored)

## Budget

**Q1: Is there any provision to award non-funded applicants at a later date?**
**A1:** Yes, CDC's Office of Grants Services retains approved but non-funded applications for 24 months should additional funding become available.

**Q2: Should I expect my full application to be funded?**
**A2:** No, it is possible that only a portion of the application will be funded. Funding of an application, in full or portion, is dependent on funding availability.

**Q3: Should I expect funding to complete all work proposed in my initial application?**
**A3:** No, it is possible to receive funding for work outside the scope of your initial application. Funds are awarded to meet current and emerging public health priorities throughout the five year period of performance.

**Q4: Are there any caps on indirect cost percentages?**
**A4:** Indirect cost percentages are determined by the Division of Cost Allocation at the Department of Health and Human Services. These caps will be stated in the Notice of Award that CDC's Office of Grants Services sends to awarded applicants. Non-federal entities can develop proposals to establish indirect cost rate(s) for use across federal agencies. The proposals are submitted to the Department of Health and Human Services Cost Allocation Services office, or the entities cognizant federal agency office. Once a formal agreement is signed by the cognizant federal agency, and the recipient's authorized organizational representative, federal awarding agencies must accept this negotiated indirect cost rate agreement unless:

- a federal statute or regulation authorizes a different rate
- a specific rate is approved for a class of awards by the HHS Division of Grants
- a deviation is approved by the HHS Division of Grants
- a non-federal entity requests a lower rate

**Q5: Please clarify the funding amount available per year in each category.**
**A5:** The funding amount available per year in each category is dependent on the availability of funds. The NOFO instructs applicants to develop the work plan and budget based on receipt of the approximate average award per year for the target population category identified within the application. The approximate average awards are as follows:

- Category A: $2 million per budget period, which is $10 million for the period of performance
- Category B: $1 million per budget period, which is $5 million for the period of performance
- Category C: $500,000 per budget period, which is $2.5 million for the period of performance

**Q6: Please provide the award ceiling per budget period for Category A, B, and C.**

**A6:** The $150 million award ceiling per budget period applies to Category A, B, and C. The amount is not separated per Target Population Category. Please note, the award ceiling is inclusive of funding under both Funding Strategy 1 and Funding Strategy 2. As a reminder, proposals submitted on March 29th should address Funding Strategy 1.

**Q7: The total period of performance funding is listed as $40 million; however, the award ceiling is listed as $150 million. Please clarify the difference.**
**A7:** The total period of performance funding represents the approximate amount OSTLTS will award under Funding Strategy 1. The amount does not reflect additional funding that is anticipated from other CDC centers, institute, or offices. The award ceiling represents the maximum amount of funding that may be awarded each budget period and is inclusive of funding awarded in Funding Strategy 1 and Funding Strategy 2.

**Q8: Please confirm if applicants are required to submit a five year budget, or just a detailed year 1 budget on March 29th 2018?**
**A8:** The one-year detailed work plan should be supported by an itemized budget narrative. The work plan and budget should be developed in accordance with the average one year award for the selected target population category. The SF-424 must cover the period of performance (5 years).

**Q9: Are the budget amounts listed in the NOFO inclusive or exclusive of indirect costs?**
**A9:** The amounts listed within the NOFO are inclusive of indirect costs.