Centers for Disease Control and Prevention

National Center on Birth Defects and Developmental Disabilities

Evaluation of Health Promotion and Prevention Programs for Blood Disorders

CDC-RFA-DD20-2002

Application Due Date: 05/15/2020

Evaluation of Health Promotion and Prevention Programs for Blood Disorders
CDC-RFA-DD20-2002
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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-DD20-2002. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Evaluation of Health Promotion and Prevention Programs for Blood Disorders

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)).

Amendment 1 dated 4/13/2020 ---- Application due date changed to May 15, 2020

Amendment 2 dated 5/7/2020 ---- Review and Selection Process, in the Applicant's Organizational Capacity to Implement the Approach section, the points were modified for Component 2 and Component 3 to total the maximum 25 points.

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DD20-2002

E. Assistance Listings (CFDA) Number:

93.080

F. Dates:

1. Due Date for Letter of Intent (LOI):	**04/15/2020**
2. Due Date for Applications:	**05/15/2020**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

Amendment 1 dated 4/13/2020 ---- Application due date changed to May 15, 2020.

3. Date for Informational Conference Call:
04/01/2020

Scheduled for 1:00 - 2:00pm, Eastern Standard Time.

Skype Number: (855) 348-8390

Conference ID: 1611483

G. Executive Summary:

1. Summary Paragraph:
The purpose of this NOFO is to provide credible health information and evidence-based training

as well as to support the implementation and evaluation of evidence-based health promotion and education programs aimed at reducing or preventing complications of blood disorders on a national level; specifically: hemophilia and von Willebrand Disease, or venous thromboembolism, or thalassemia. These health-related activities may include: (1) implementing and evaluating public health promotion and wellness programs and initiatives, (2) improving access to health promotion programs and activities, (3) developing, disseminating, and evaluating health communication materials, and (4) developing, implementing, and evaluating training for healthcare providers. Outcomes may include increased knowledge and awareness of signs, symptoms, diagnosis, and best treatment practices by consumers and healthcare providers and increased access to/receipt of screening and specialty services.

a. Eligible Applicants: Open Competition
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 5
Component 1: up to 3 awards

Option A: 1 award

Option B: up to 2 awards

Component 2: 1 award

Component 3: 1 award.

The final number of recipients will be determined by the objective review scoring and available funding.

d. Total Period of Performance Funding: $8,200,000

e. Average One Year Award Amount: $328,000
Component 1:

Option A: $500,000

Option B: $320,000

Component 2: $350,000

Component 3: $150,000

f. Total Period of Performance Length: 5
g. Estimated Award Date: 09/01/2020
h. Cost Sharing and / or Matching Requirements: N
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Blood disorders are causes of morbidity and mortality, affecting one in 76 people in the United States (US). Hemophilia, von Willebrand disease (VWD), venous thromboembolism (VTE), and thalassemia are the blood disorders addressed within three separate components in this notice of funding opportunity (NOFO). The purpose of this NOFO is to provide credible health information and evidence-based training as well as to support the implementation and evaluation of evidence-based health promotion and education programs nationally. The health promotion framework will be to improve outcomes for people with blood disorders. Applicants must apply for only one of the three following blood disorder components: 1) Hemophilia and VWD or 2) VTE or 3)Thalassemia.

Component 1. Hemophilia and VWD are the most common inherited bleeding disorders and affect 20,000 and up to 3.2 million people in the US, respectively. People with bleeding disorders have a predisposition to spontaneous or traumatic bleeding episodes following injuries and surgery. The focus areas for this component are treatment (specific to males), inhibitor development, and women with bleeding disorders. In males with hemophilia, prophylaxis can reduce joint damage, however, treatment initiation and adherence remain as barriers. Inhibitor development is a large cause of morbidity among persons with hemophilia and type 3 VWD. Delayed diagnosis of bleeding disorders in women and delayed treatment can increase complications and reduce quality of life. Health information, education, and evidence-based innovative health promotion programs are needed for persons with hemophilia and VWD, and healthcare providers, to increase the knowledge and awareness of: best treatment practices, inhibitor risk factors, and signs, symptoms and treatment of bleeding disorders in women. Applicants for component 1 may select either all three focus areas (funding Option A) or two of the focus areas of their choice (funding Option B). Applicants must state which funding option (A or B) they are applying for and specify the focus areas.

Component 2. Each year in the US, it is estimated that VTE affects as many as 900,000 people, is responsible for up to 100,000 deaths, and is associated with healthcare costs of approximately $10 billion dollars. Over half of VTE events are associated with a recent hospitalization. Hospital-associated VTE is often preventable but VTE prevention strategies are not applied uniformly or systematically across US hospitals. This funding opportunity supports sustained health promotion and awareness of VTE using credible VTE health information, among individuals at risk for VTE, via existing materials. It additionally seeks to promote VTE best practices that are inclusive of the utilization of standardized risk assessment models and appropriate prophylaxis by providers for their hospitalized adult medical patients and the awareness of technologies, such as natural language processing, used by hospitals for early identification, diagnosis, and treatment of VTE to advance health equity and to improve quality of life through improved patient safety.

Component 3. Beta thalassemia major is the most severe form of thalassemia and affects at least 1,000 people in the US. Blood transfusions for thalassemia are the foundation of care; however, transfusion-related complications can result in morbidity and mortality. This component builds on earlier work and previously developed strategies that can be expanded to locate people with thalassemia and disseminate evidence-based, credible health information.

b. Statutory Authorities

Sections 301 [42 U.S.C. 241] and 317C [42 U.S.C 247 b-4] of the Public Health Service Act.

c. Healthy People 2030

This NOFO specifically supports Healthy People 2020 Objectives for Blood Disorders and Blood Safety: BDBS-13 (Developmental) ?Reduce the number of adults who develop venous thromboembolism (VTE) during hospitalization?; BDBS-15 ?Increase the proportion of persons with von Willebrand disease (VWD) seen in specialty care centers who were diagnosed by 21 years of age?; and BDBS-16 ?Reduce the proportion of persons with severe hemophilia who have more than 4 joint bleeds per year?.

d. Other National Public Health Priorities and Strategies

N/A

e. Relevant Work

CDC previously funded health promotion for blood disorders through cooperative agreement CDC-RFA-DD-14-1405.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

The logic model is generic and meant to broadly cover activities/outcomes across the three components and that each component will focus on some, but not all, of the activities and outcomes in the model.

CDC-RFA-DD20-2002 Logic Model: Evaluation of Health Promotion and Prevention Programs for Blood Disorders

Bold indicates period of performance outcome

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
S1. Assess gaps in information and programs S2. Establish key partnerships and collaborations S3. Develop and	**SO1. Increased knowledge and awareness of signs, symptoms, and diagnosis by consumers and healthcare providers on a national level** **SO2. Increased**	Increased number of consumers diagnosed **IO1. Increased access to/receipt of screening and specialty services on a national level**	Early diagnosis and entry into treatment Reduction in or prevention of complications due to blood disorders Reduction in

disseminate evidence-based health promotion and education materials S4. Provide credible health information to consumers and people at risk S5. Provide evidence-based training to healthcare providers S6. Promote access to and/or referral to and/or implement programs for screening and specialty services S7. Promote adherence to treatment S8. Provide a webinar platform to disseminate public health education for the CDC?s Public Health Webinar Series on Blood Disorders	**knowledge and awareness of best treatment practices by consumers and healthcare providers on a national level**	Increased proportion of consumers receiving best treatments **IO2. Increased adherence to treatment on a national level**	morbidity and mortality due to blood disorders Improved quality of life

i. Purpose

Hemophilia, VWD, VTE, and thalassemia are blood disorders that contribute towards the mortality, morbidity, and significant healthcare costs in men and women living in the United States. These blood disorders represent three components in this funding announcement. The purpose of the NOFO and each component is to provide credible health information and evidence-based training as well as to support the implementation and evaluation of evidence-based health promotion and education programs on a national level.

ii. Outcomes

Of the outcomes listed in the generic logic model, applicants for this component will be held accountable for the following short-term outcomes (SO) and intermediate outcomes (IO) during

the period of performance:

Component (1): Hemophilia and VWD

Outcomes:

This component will focus on selected outcomes listed in the generic logic model, specifically:

Focus Area: Treatment. The treatment component option will focus on selected outcomes listed in the generic logic model, specifically:

- SO2. Increased knowledge and awareness of best treatment practices by consumers and healthcare providers on a national level
    - Increased knowledge and awareness about the benefits of prophylactic treatment regimen by consumers or hematology providers
    - Increased knowledge and awareness of emerging consumer and hematology provider treatment needs related to novel treatment products
- IO2. Increased adherence to treatment on a national level
    - Increased adherence to prescribed prophylactic treatment by consumers

Focus Area: Inhibitors. The inhibitor component option will focus on selected outcomes listed in the generic logic model, specifically:

- SO1. Increased knowledge and awareness of signs, symptoms, and diagnosis by consumers and healthcare providers on a national level
    - Increased knowledge and awareness about risk factors and routine screening for inhibitors by consumers and hematology providers
- IO1. Increased access to/receipt of screening and specialty services on a national level
    - Increased proportion of consumers screened for inhibitors

Focus Area: Women. The women with bleeding disorders component will focus on selected outcomes listed in the generic logic model, specifically:

- SO1. Increased knowledge and awareness of signs, symptoms, and diagnosis by consumers and healthcare providers on a national level
    - Increased knowledge and awareness about the signs, symptoms, and diagnosis of bleeding disorders in women among women and hematology and/or non-hematology providers
- SO2. Increased knowledge and awareness of best treatment practices by consumers and healthcare providers on a national level
    - Increased knowledge and awareness of best treatment practices for women with bleeding disorders among women diagnosed with a bleeding disorder and/or hematology providers
- IO1. Increased access to/receipt of screening and specialty services on a national level
    - Increased number of non-hematology providers who refer women for diagnosis and clinical management of a bleeding disorders

Component (2): VTE

Outcomes:

This component will focus on selected outcomes listed in the generic logic model, specifically:

- SO1. Increased knowledge and awareness of signs, symptoms, and diagnosis by consumers and healthcare providers on a national level
    - Increased knowledge and awareness of the signs, symptoms, and diagnosis of VTE by consumers and healthcare providers
- SO2. Increased knowledge and awareness of best treatment practices by consumers and healthcare providers on a national level
    - Increased knowledge and awareness of best treatment practices by consumers and healthcare providers for VTE
    - Increased knowledge and awareness about the importance of the utilization of standardized VTE risk assessment models with clinical decision support for appropriate prophylaxis among hospitalized adult medical patients, targeted to healthcare providers, hospitals, and hospital systems
    - Increased knowledge and awareness of health system technologies, such as natural language processing, used by hospitals for early identification, diagnosis, and treatment of VTE

Component (3): Thalassemia

Outcomes:

This component will focus on selected outcomes listed in the generic logic model, specifically:

- SO1. Increased knowledge and awareness of signs, symptoms, and diagnosis by consumers and healthcare providers on a national level
    - Increased knowledge and awareness of signs, symptoms, and diagnosis for thalassemia by consumers and healthcare providers
- SO2. Increased knowledge and awareness of best treatment practices by consumers and healthcare providers on a national level
    - Increased knowledge and awareness of the best treatment practices for thalassemia by consumers and healthcare providers

iii. Strategies and Activities

Component (1): Hemophilia and VWD

Applicants are expected to address either two (funding Option B) or three (funding option A) of the following focus areas. Applicants for this component will be held accountable for the following strategies (S) listed in the generic logic model and should focus on the following based on the focus areas selected:

Focus Area: Treatment

- S1. Assess gaps in information and programs
    - Assess gaps in information and programs, using scientific methods such as literature reviews or needs assessments, regarding prophylactic treatment, treatment adherence, and emerging needs related to novel treatment products

- S2. Establish key partnerships and collaborations
    - Establish and engage in key partnerships and collaborations for Hemophilia and VWD treatment (examples could include but are not limited to community-based organizations, patient centered organizations, provider organizations, or professional hematology organizations)
- S3. Develop and disseminate evidence-based health promotion and educational materials
    - Develop and disseminate evidence-based health promotion materials about prophylactic treatment, treatment adherence, and emerging needs related to novel treatment products
- S4. Provide credible health information to consumers and people at risk
    - Provide credible health information about prophylactic treatment, treatment adherence, and emerging needs related to novel treatment products (examples could include but are not limited to previously developed materials, translations, or clear communication synopses of publications for the community members)
- S7. Promote adherence to treatment
    - Promote adherence to prescribed treatment for Hemophilia and VWD through implementing programs, grounded in health promotion theory
- S8. Provide a webinar platform to disseminate public health education for the CDC?s Public Health Webinar Series on Blood Disorders

Focus Area: Inhibitors

- S1. Assess gaps in information and programs
    - Assess gaps in information and programs, using scientific methods such as literature reviews or needs assessments, regarding inhibitor risk factors, testing, diagnosis, and treatment for consumers and providers
- S2. Establish key partnerships and collaborations
    - Establish key partnerships and collaborations regarding inhibitors (examples could include but are not limited to community-based organizations, patient centered organizations, provider organizations, or professional hematology organizations)
- S3. Develop and disseminate evidence-based health promotion and educational materials
    - Develop and disseminate evidence-based health promotion materials about inhibitor risk factors, testing, diagnosis, and treatment for persons at risk, diagnosed, and providers
- S4. Provide credible health information to consumers and people at risk
    - Provide credible health information about inhibitor risk factors, testing, diagnosis, and treatment for persons at risk, diagnosed, and providers (examples could include but are not limited to previously developed materials, translations, or clear communication synopses of publications for the community members)
- S5. Provide evidence-based training to healthcare providers
    - Develop and disseminate innovative hematology provider training on inhibitor development and inhibitor treatment and/or laboratorian training on inhibitor detection methods
- S6. Promote access to and/or referral to and/or implement programs for screening and specialty services

    - Promote access to increased inhibitor screening for those at risk through implementing programs, grounded in health promotion theory
- S8. Provide a webinar platform to disseminate public health education for the CDC?s Public Health Webinar Series on Blood Disorders

Focus Area: Women

- S1. Assess gaps in information and programs
    - Assess gaps in information and programs, using scientific methods such as literature reviews or needs assessments, regarding women and bleeding disorders
- S2. Establish key partnerships and collaborations
    - Establish key partnerships and collaborations to promote women and bleeding disorders (examples could include but are not limited to community-based organizations, patient centered organizations, provider organizations, or professional organizations)
- S3. Develop and disseminate evidence-based health promotion and educational materials
    - Develop and disseminate evidence-based health promotion materials about signs, symptoms, risk factors, testing, diagnosis, and treatment for women with bleeding disorders targeted to women at risk, diagnosed women, and hematology and/or non-hematology providers
- S4. Provide credible health information to consumers and people at risk
    - Provide credible health information about signs, symptoms, risk factors, testing, diagnosis, and treatment for women at risk, diagnosed women, and providers (examples could include but are not limited to previously developed materials, translations, or clear communication synopses of publications for the community members)
- S5. Provide evidence-based training to healthcare providers
    - Develop and disseminate evidence-based trainings and resources on bleeding disorders in women for hematology and/or non-hematology providers
- S6. Promote access to and/or referral to and/or implement programs for screening and specialty services
    - Promote access to and/or referral to screening and specialty services for women with bleeding disorders
- S8. Provide a webinar platform to disseminate public health education for the CDC?s Public Health Webinar Series on Blood Disorders

Component (2): VTE

Applicants for this component will be held accountable for the following strategies listed in the generic logic model, and should focus on the following:

- S1. Assess gaps in information and programs
    - Assess gaps in information and barriers to implementing the utilization of standardized VTE risk assessment models with clinical decision support for appropriate prophylaxis among hospitalized adult medical patients at admission, during hospitalization, and at discharge
    - Assess gaps in information and barriers to implementing novel technologies

within health systems for early identification, diagnosis, and treatment of VTE.

- S2. Establish key partnerships and collaborations
    - Establish key partnerships and collaborations that will advance best practices to promote and increase the utilization of standardized VTE risk assessment models with clinical decision support for appropriate prophylaxis among hospitalized adult medical patients
    - Establish key partnerships and collaborations with experts in VTE and in health system informatics/analytics to identify technologies, such as natural language processing, used by hospitals for early identification, diagnosis, and treatment of VTE
- S3. Develop and disseminate evidence-based health promotion and educational materials
    - Develop, disseminate, and evaluate health promotion materials that increase the utilization of standardized VTE risk assessment models with clinical decision support for appropriate prophylaxis among hospitalized adult medical patients
    - Develop, disseminate, and evaluate health promotion materials that describe and educate on novel health system technologies, such as natural language processing, used by hospitals for early identification, diagnosis, and treatment of VTE
- S4. Provide credible health information to consumers and people at risk
    - Provide credible health information using existing material that build upon previously funded Division of Blood Disorder health promotion work to consumers and people at risk regarding VTE
- S5. Provide evidence-based training for healthcare providers
    - Provide and evaluate training for healthcare providers regarding VTE
- S8. Provide a webinar platform to disseminate public health education for the CDC?s Public Health Webinar Series on Blood Disorders

Component (3): Thalassemia

Applicants for this component will be held accountable for the following strategies listed in the generic logic model, and should focus on the following:

- S2. Establish key partnerships and collaborations
    - Establish and engage in key partnerships and collaborations with persons with thalassemia and clinicians in thalassemia treatment centers to promote and increase awareness of best practices for thalassemia management
- S3. Develop and disseminate evidence-based health promotion and educational materials
    - Develop and disseminate health information materials about the signs, symptoms, and treatments for thalassemia
- S5. Provide evidence-based training for healthcare providers
    - Provide innovative evidence-based provider training on thalassemia conducted through forums such as educational consortia or virtual case-study conferences
- S8. Provide a webinar platform to disseminate public health education for the CDC?s Public Health Webinar Series on Blood Disorders

1. Collaborations

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

N/A

b. With organizations not funded by CDC:

Collaborations between consumer groups, community-based organizations, clinicians, and researchers are encouraged. If collaborations are proposed, it is expected that the nature of these collaborations are clearly described in the proposal and letters of support included in the appendix. If contractual agents or agencies will be used, the role of the contractor and how they will be selected should be described. Letters of support should be named ?letter of support' and uploaded as a pdf to www.grants.gov.

2. Target Populations

The target populations are people with blood disorders, specifically hemophilia, VWD, VTE, and thalassemia, as well as healthcare providers and the general public, nationwide. The target population will vary based on the component:

Component 1. The target population for the treatment focus area includes men of all ages living with hemophilia or VWD and healthcare providers who treat those individuals. The target population for the inhibitor focus area includes men with hemophilia or VWD, healthcare providers, and general public. The target population for the womens' focus area includes women with symptoms of or a diagnosed with a bleeding disorders, healthcare providers, and the general public.

Component 2. The target population includes individuals who may be at risk of a VTE, healthcare providers in hospitalized settings, and the general public.

Component 3. The target population includes individuals of all ages with thalassemia, healthcare providers, and the general public.

a. Health Disparities

Where appropriate, applicants are encouraged to include people with disabilities; non-English speaking populations; racial and ethnic minorities; lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations; people with limited health literacy; or populations that may otherwise be overlooked by the program. It is expected that, if applicable, applicants will identify health disparities among the target population(s) and include a plan with activities to reduce or eliminate these disparities.

iv. Funding Strategy

An applicant must apply for only 1 of the 3 components. Funding listed is an annual amount.

Component 1 (Hemophilia & VWD): one award for option A (applicant selected all three focus areas) with an award ceiling of $500,000; up to two awards for option B (applicant selected only two of the focus areas) with an award ceiling of $320,000.

Component 2 (VTE): one award with an award ceiling of $350,000.

Component 3 (Thalassemia): one award with an award ceiling of $150,000.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Applicants are required to provide an evaluation and performance measurement plan that identifies the type of evaluation measure for the proposed strategies (S). The strategies below are generic and meant to broadly cover activities/outcomes across the three components and that each component will focus on some, but not all, of the activities and outcomes in the model. Applicants should provide an evaluation and performance measurement plan for strategies that are specific to the component they are applying too. Evaluation measures may include the following:

- S1. Assess gaps in information and programs
    - Proposed process measures to evaluate gaps in information and programs could include but are not limited to: a summary of current literature, key informant interviews, needs assessment surveys
- S2. Establish key partnerships and collaborations
    - Proposed process measures to evaluate establishment of key partnerships or collaborations could include but are not limited to: a list of collaborators and their roles and responsibilities, types of collaboration, evidence of ongoing collaborative efforts that demonstrate engagement in collaboration
- S3. Develop and disseminate evidence-based health promotion and education materials
    - Proposed process measures to evaluate the development and dissemination of evidence-based health promotion and education materials could include but are not limited to: the number and types of materials developed, clearly identified target populations, language and health literacy level of materials for target population, methods of dissemination, number of resources requested and distributed, or quality assessment of materials
- S4. Provide credible health information to consumers and people at risk
    - Proposed process measures to evaluate provision of credible health information could include but are not limited to: the types and numbers of dissemination channels, numbers and types of materials distributed, populations reached, types of digital engagement on health information disseminated, or web metrics
- S5. Provide evidence-based training to healthcare providers
    - Proposed process measures to evaluate provision of evidence-based training to healthcare providers could include but are not limited to: types of training, clearly identified healthcare provider population, number of healthcare providers who receive training, healthcare provider assessment of the quality of training, or whether providers intend to implement elements learned
- S6. Promote access to and/or referral to and/or implement programs for screening and specialty services
    - Proposed process measures to evaluate promotion of access to/and or referral to and/or implementing programs for screening and specialty services could include but are not limited to: identification of barriers and promoters to screening, list and location of specialty services, number of referrals, number of people screened may be used to promote access to screening and specialty services

- S7. Promote adherence to treatment
    - Proposed process measures to evaluate promotion of adherence to treatment could include but are not limited to: summary of approaches or technologies to measure adherence, evidence of reaching intended population, pre-post surveys may be used to evaluate an increase in adherence
- S8. Provide public health technical assistance on the implementation of CDC?s Public Health Webinar Series
    - Proposed process measures to evaluate provision of public health technical assistance on the implementation of CDC?s Public Health Webinar Series could include but are not limited to: evaluation reports on numbers of people who registered, numbers of people who logged in and attended the webinar, summary of responses to select population poll questions, or summary of responses to post-event evaluation questions on quality and usefulness of information provided

Applicants are required to provide an evaluation and performance measurement plan that identifies the type of evaluation measure for the proposed short-term outcome (SO) and intermediate outcome (IO) measures, which may include the following:

- SO1. Increased knowledge and awareness of signs, symptoms, and diagnosis by consumers and healthcare providers on a national level
    - Proposed outcome measures could include but are not limited to baseline surveys prior to the implementation of an intervention/program and a survey completed afterwards to measure a change in knowledge and awareness
- SO2. Increased knowledge and awareness of best treatment practices by consumers and healthcare providers on a national level
    - Proposed outcome measures could include but are not limited to baseline surveys prior to the implementation of an intervention/program and a survey completed afterwards to measure a change in knowledge and awareness; or documentation of provider implementation of best treatment practices
- IO1. Increased access to/receipt of screening and specialty services on a national level
    - Proposed outcome measures could include but are not limited to baseline surveys prior to the implementation of an intervention/program and a survey completed afterwards to measure a change in access to or receipt of screening or specialty services.
- IO2. Increased adherence to treatment on a national level
    - Proposed outcome measures could include but are not limited to baseline surveys prior to the implementation of an intervention/program and a survey completed afterwards to measure a change in adherence to treatment; evaluation of direct measures of adherence such as treatment logs, pharmacy records, prescription refill practices; or discussion groups / key informant interviews to evaluation behavior change to increase adherence

For each process and outcome measure, the applicant should identify potential data sources and discuss the feasibility of collecting appropriate data for the measure. In addition, the applicant should describe how evaluation findings will be used for continuous program quality

improvement. When applicable, the applicant should also describe how key partners and/or collaborators will participate in the evaluation and performance measurement planning processes.

Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required for this NOFO.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

Applicants 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:

- Each of the performance measures (process and outcome) that will be used
- How applicant will collect the performance measures, respond to the evaluation

questions, and use evaluation findings for continuous program quality improvement
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g. performance measures proposed by the applicant) for each performance measure
- Describe how evaluation and performance measures will yield findings to demonstrate an impact of cooperative agreement activities on the component specific outcomes
- If applicable, how key program partners will participate in the evaluation and performance measurement planning processes

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

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must demonstrate the ability to execute program requirements on a national level and meet period of performance outcomes. Successful applicants will demonstrate the necessary skills, relevant experience, and capacity to successfully implement the strategies and activities listed above.

All applicants should:

- Describe their organizations/institution?s experience in working with the target population and describe their understanding of the need for this program as well as their agency?s capacity in implementing and evaluating the activities with the proposed plan. Demonstrated readiness to implement the strategies includes the ability of applicants to describe the following:
    - Experience and capacity to conduct program evaluation, both process and outcome, and implement the evaluation plan on a national level
    - Established organizational policies and procedures to ensure sufficient fiscal and budgetary oversight and capacity to provide required reports

- Provide a description of their organizations structure and proposed staffing for the project.
    - A CV/Resume is **required** for each team member and should clearly indicate their experience and expertise. If there are any vacant positions, the applicant should include a job description (including applicant qualifications) and address both the recruiting strategies and estimated timeline for filling the position.
    - If the organization intends to contract for a position outside of the organization, this should be specified as well as how the contractor will be identified.
    - Proposed staffing should include the team structure for the cooperative agreement, the role of each proposed team member, and the percent time expected of each team member for each major activity proposed in the Work Plan.
    - The applicant should identify appropriate team member?s responsible for each strategy listed in their Work Plan. The applicant should describe the extent to which team member?s experience and expertise align with the strategies for which they will be responsible.
- Demonstrate that they have a financial management system that will allow proper funds

management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_1302"45 CFR 75.302 The financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.

- Demonstrate capacity of managing the required procurement efforts, include the ability to write and award contracts in accordance with 45 CFR Part 74.Applicants must file the CVs/resumes for each team member, as appropriate, name the file ?CVs/resumes?, and upload it as a PDF file at www.grants.gov.

In addition, the applicant should describe the following component-specific information:

Component 1 (Hemophilia and VWD)

- Applicant is required to demonstrate how team members' experience and expertise align with the focus areas selected (treatment, inhibitor development, women with bleeding disorders) as well as the strategies for which they will be responsible for based on their Work Plan.
- The applicant should identify and state which team member(s) have strong experience and expertise with the following: 1) health education, health communication, or health promotion; 2) a subject matter expert for each of the focus areas they have selected (if they have selected two focus areas, e.g. treatment and inhibitor, they should have either one team member with strong experience and expertise in both treatment and inhibitor development ? or identified a team member that is a subject matter expert in treatment and a second team member that is a subject matter expert in inhibitor development. CV/Resumes for these team member(s) should clearly demonstrate the necessary experience for each person identified.

Component 2 (VTE)

- Applicant is required to demonstrate a history of experience in national VTE-related health communication/promotion projects.
- The applicant should identify and state which team member(s) have strong experience and expertise with the following: 1) health communication or health promotion; 2) VTE risk assessment models; and 3) informatics. CV/Resumes for these team members should clearly demonstrate the necessary experience for each person identified.
- The applicant should describe their access to VTE clinical expertise.

Component 3 (Thalassemia)

- Applicant is required to demonstrate their history in working collaboratively with other key stakeholders in thalassemia as well as expertise in developing, leading, and evaluating national thalassemia-related health communication/promotion projects.
- The applicant should identify and state which team member(s) have strong experience and expertise with the following: 1) health communication or health promotion; 2)

operating a webinar platform and providing post-event reporting and metrics; and 3) developing evidence-based provider training. CV/Resumes for these team members should clearly demonstrate the necessary experience for each person identified.
- The applicant should describe their access to thalassemia clinical expertise.

d. Work Plan

Applicants must submit a detailed Work Plan that covers the first year of the project period and a high level plan for subsequent years. At a minimum, the Work Plan should demonstrate how the outcomes, strategies, activities, timelines, and staffing/collaborations work together. The applicant should provide detail about how they will implement the given strategies and activities. For example, the applicant should describe the activity(s) they will perform to assess gaps or barriers; and if applicable, the applicant should identify a potential gap or barrier and specify how they will implement a strategy and activity, with the specific target population, to address that gap.

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

Example Work Plan Table

Period of Performance Outcome: (from Logic Model)

Outcome Measure: (from Evaluation and Performance Measurement)

Strategies and Activities	Process Measure (from Evaluation and Performance Measurement)	Responsible Team Member(s)	Target Population	Setting(s)	Completion Date
1.					
2.					
3.					
4.					
5.					

CDC will provide feedback and technical assistance to award recipients to finalize the Work Plan activities post-award.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients,

site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

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

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including Work Plans, performance, and financial reporting). HHS expectations for post-award monitoring for grants and cooperative agreements includes:

- Tracking awardee progress in achieving desired outcomes
- Insuring the adequacy of awardee 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:

- Ensuring that Work Plans are feasible based on the budget and consistent with the intent of the award
- Ensuring that awardees are performing at a sufficient level to achieve objectives within stated time frames
- Working with awardees on adjusting the Work Plan based on achievement of objectives and changing budgets
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels

These may include monitoring and reporting activities as outlined in GPAM that assists grant management staff (e.g., grants management officers and specialists, and program officers) in the identification, notification, and management of high-risk awardees

CDC will use the Work Plan to track progress towards the short-term and intermediate outcomes outlined in the logic model (outcome evaluation). Each recipient will be required to develop a Work Plan that outlines how and by when they will achieve strategies and activities and outcomes outlined in this NOFO. Recipient will update their Work Plans every 3 months and provide an accurate and detailed assessment of their progress. CDC will review the Work Plan to track implementation as outlined in the recipient strategies and activities (process evaluation) and determine progress on achieving the period performance outcomes (outcome evaluation). Work Plans will be discussed on one-on-one calls.

CDC will provide routine feedback to recipients throughout the period of performance using bimonthly calls, emails, weekly email communication, and the data quality summaries referenced above.

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

The CDC program supporting this NOFO will be substantially involved in the activities and beyond routine grant monitoring throughout the period of performance. To ensure the success of the cooperative agreement, CDC will provide the following:

- *Technical Assistance:* CDC technical assistance will include access to subject matter experts in hemophilia, VWD, VTE, and thalassemia as well as experts in public health practice and evaluation; and expertise in health promotion design and methodology. CDC staff will provide advisory technical assistance on health promotion design and methodology as well as evaluation throughout the project. CDC staff will conduct regular conference calls with the awardee and will assist, as needed with capacity building, program planning, Work Plan development, implementation, performance measurement and evaluation.
- *Information Dissemination:* CDC staff will collaborate in the development of health promotion materials, presentations, and publications associated with the strategies and activities. CDC staff will share information, practices, lessons learned, and evaluation results among partners through meetings, conferences, listservs, webinars, and other social media.

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:	U27
3. Fiscal Year:	2020
4. Approximate Total Fiscal Year Funding:	$1,640,000
5. Approximate Period of Performance Funding:	$8,200,000

This amount is subject to the availability of funds.

Estimated Total Funding: $8,200,000

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

7. Expected Number of Awards: 5

Component 1: up to 3 awards

Option A: 1 award

Option B: up to 2 awards

Component 2: 1 award

Component 3: 1 award.

The final number of recipients will be determined by the objective review scoring and available funding.

8. Approximate Average Award: $328,000 Per Budget Period

Component 1:

Option A: $500,000

Option B: $320,000

Component 2: $350,000

Component 3: $150,000

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

This amount is subject to the availability of funds.

10. Award Floor: $150,000 Per Budget Period

11. Estimated Award Date: 09/01/2020

12. Budget Period Length: 12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Special district governments
Independent school districts
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Public housing authorities/Indian housing authorities
Native American tribal organizations (other than Federally recognized tribal governments)
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
Small businesses
Others (see text field entitled "Additional Information on Eligibility" for clarification)
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 governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of

Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Ministries of Health

2. Additional Information on Eligibility

Open competition

N/A

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.
The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

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

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award	1. Retrieve organizations DUNS number	3-5 Business	For SAM Customer

	Management (SAM) formerly Central Contractor Registration (CCR)	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)	Days but up to 2 weeks and must be renewed once a year	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 applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **04/15/2020**

b. Application Deadline

Due Date for Applications: **05/15/2020** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Amendment 1 dated 4/13/2020 ---- Application due date changed to May 15, 2020.

Date for Information Conference Call

04/01/2020

Scheduled for 1:00 - 2:00pm, Eastern Standard Time.

Skype Number: (855) 348-8390

Conference ID: 1611483

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

CDC strongly urges interested applicants to submit a letter of intent (LOI) prior to the submission of an application. The purpose of an LOI is to allow CDC program staff to estimate

the number of and plan for the review of submitted applications. LOI must be sent via U.S. express mail, delivery service, fax, or email to:

Fiona Bethea
CDC, NCBDDD
Address: 4770 Buford Hwy, MS S106-3 Atlanta GA 30345
Telephone number: (404) 639-4033
Fax: (404) 639-1638
Email address: fbethea@cdc.gov

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

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation

questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see 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.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 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.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. 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.

16. 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.

17. 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).

18. 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

19. 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 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

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

i. Approach Maximum Points:50

Component 1: Hemophilia and VWD

- Did the applicant clearly identify if they had selected option A (all three focus areas) or option B (two focus areas), and specify the focus areas selected in the approach? (5 points)
- Did the applicant demonstrate a clear understanding of the background of the selected focus area(s) for the appropriate bleeding disorder(s) and the impact of the health outcomes listed in the logic model? (5 points)
- To what extent does the applicant's overall Work Plan demonstrate achievable and appropriate strategies and activities consistent with the outcomes described in the logic model? (5 points)
- To what extent does the applicant use their current knowledge of the focus areas, identify a potential gap for each focus area with a specified target population, and show in the Work Plan how they could address the potential gap nationally given the strategies and activities provided? (5 points)
- To what extent does the applicant describe strategies for how they will assess national gaps in information and programs for each of the focus areas (2 points); specify the target population (consumer, caregiver, or provider) (1 point); and describe how this will lead to a specified short-term outcome listed in the logic model (2 points)? (5 points total)
- To what extent does the applicant describe strategies for how they will develop and nationally disseminate evidence-based health promotion and education materials (2 points); specify the focus area and bleeding disorder; specify the target audience (consumer, caregiver, or provider) (1 point); and describe how this will lead to a specified short-term outcome listed in the logic model (2 points)? (5 points total)
- To what extent does the applicant describe strategies for how they will provide credible health information to consumers and people at risk nationally (2 points); specify the

focus area and bleeding disorder; specify the target population (consumer or carergiver) (1 point); and describe how this will lead a specified short-term outcome listed in the logic model (2 points)? (5 points total)

- To what extent does the applicant describe strategies for how they will provide national evidence-based training to healthcare providers (2 points); specify the focus area and bleeding disorder; specify the target population (type of provider(s)) (1 point); and describe how this will lead a specified short-term outcome listed in the logic model (2 points)? (5 points total)
- To what extent does the applicant describe strategies for how they will promote access to and/or referral to and/or implement programs for screening and specialty services on a national level (2 points); specify the focus area and bleeding disorder; specify the target population (consumer, caregiver, or provider) (1 point); and describe how this will lead a specified short-term outcome listed in the logic model (2 points)? (5 points total)
- If the applicant selected the focus area of treatment, to what extent does the applicant describe strategies for how they will promote national adherence to treatment (2 points); specify the target population including gender (consumer, caregiver, or provider) (1 point); and describe how this will lead to specified short-term and if appropriate intermediate outcomes listed in the logic model (2 points)? (5 points total)

Component 2: VTE

- To what extent does the applicant demonstrate a clear understanding of the purpose of the VTE component and demonstrate a strong history of leadership advancing and improving awareness and education of best practices in prevention, diagnosis, and treatment for persons at risk for VTE and/or for the providers who care for them on a national level? (5 points)
- Did the applicant's Work Plan demonstrate achievable and appropriate strategies and national activities for each of the following? (5 points for all, 0 if missing any of the five)
    - Assess gaps in information and barriers to implementing utilization of VTE risk assessment models among hospitalized medical patients at admission, during hospitalization, and at discharge.
    - Assess gaps in information and barriers to implementing in novel technologies, such as natural language processing, used by hospitals for early identification, diagnosis, and treatment of VTE.
    - Provide credible health information using existing material that builds upon previously funded Division of Blood Disorder health promotion work to consumers and people at risk regarding VTE, including training to healthcare providers with evaluation.
    - Develop, disseminate, and evaluate health promotion materials that increase the utilization of standardized VTE risk assessment models with clinical decision support for appropriate prophylaxis among hospitalized adult medical patient.
    - Develop, disseminate, and evaluate health promotion materials that describe and educate on the novel technologies within health systems, such as natural language processing, used by hospitals for early identification, diagnosis, and

treatment of VTE.

- To what extent does the applicant describe the strategies they will use to assess gaps and barriers to implementing utilization and promotion of standardized VTE risk assessment models with clinical decision support for appropriate prophylaxis among hospitalized adult medical patients at admission, during hospitalization, and at discharge on a national level (3 points) and describe how this will lead to a specified short-term outcome listed in the logic model (2 points)? (5 points total)
- To what extent does the applicant describe the strategies they will use to assess national gaps and barriers to implementing novel technologies within health systems, such as natural language processing, used by hospitals for early identification, diagnosis, and treatment of VTE (3 points) and describe how this will lead to a specified short-term outcome listed in the logic model (2 points)? (5 points total)
- To what extent does the applicant describe strategies to establish key partnerships and collaborations to promote and increase the natinoal utilization of standardized VTE risk assessment models with clinical decision support for appropriate prophylaxis among hospitalized adult medical patients (2 points); does the applicant provide letters of support with demonstrated commitment, communication, and specified role in the partnership for future activities (3 points)? (5 points total)
- To what extent does the applicant describe strategies to establish key partnerships and collaborations with experts in VTE and health system informatics/analytics to identify technologies, such as natural language processing, used by hospitals for early identification, diagnosis, and treatment of VTE (2 points); does the applicant provide letters of support with demonstrated commitment, communication, and specified role in the partnership for future activities (3 points)? (5 points total)
- To what extent does the applicant describe the strategies to develop, disseminate nationally, and evaluate health promotion materials that increase the utilization of standardized VTE risk assessment models with clinical decision support for appropriate prophylaxis among hospitalized adult medical patients (3 points); and describe how this will lead to a specified short-term outcome listed in the logic model (2 points)? (5 points total)
- To what extent does the applicant describe the strategies to develop, disseminate nationally, and evaluate health system technology materials (e.g. resource toolkit) that describe and educate on the novel technologies within health systems, such as natural language processing, used by hospitals for early identification, diagnosis, and treatment of VTE (3 points); and describe how this will lead a specified short-term outcome listed in the logic model (2 points)? (5 points total)
- To what extent does the applicant describe the strategies to provide credible health information nationally using existing material that build upon previously funded Division of Blood Disorder health promotion work to consumers and people at risk regarding VTE (3 points); and describe how this will lead to a specified short-term outcome listed in the logic model (2 points)? (5 points total)
- To what extent does the applicant describe the strategies to provide and evaluate training to healthcare providers nationally regarding VTE (3 points); and describe how this will lead to a specified short-term outcome listed in the logic model (2 points)? (5 points total)

Component 3: Thalassemia

- To what extent does the applicant demonstrate a clear understanding of the purpose of the thalassemia component and a history of working with persons with thalassemia or clinicians in thalassemia treatment centers? (5 points)
- Did the applicant's Work Plan demonstrate achievable and appropriate strategies and national activities for all four areas in thalassemia as requested? (12 points total, 0 if missing any of the four).
    - Strategies for key partnerships and collaborations in the broader landscape of thalassemia
    - Strategies to develop and disseminate evidence-based health promotion and education materials
    - Strategies in providing evidence-based provider training on thalassemia through forums such as educational consortia or virtual case-study conference
    - Strategies for the provision of public health technical assistance for a webinar series
- To what extent does the applicant describe the strategies for how they will establish key partnerships and collaborations? (2 point) Does the applicant describe a history of collaboration with both people with thalassemia and clinicians in thalassemia treatment centers; with at least two examples including the outcome of the previous collaboration. (2 point). To what extent does the applicant describe how specified key partnership(s) will lead to specific short-term outcome(s) listed in the logic model (1 points)? (5 points total)
- To what extent does the applicant describe strategies for how they will develop and nationally disseminate evidence-based health promotion and education materials (3 points); specify the target population (consumer or provider) (1 points); and describe how this will lead to a specified short-term outcome listed in the logic model (2 points)? (5 points total)
- To what extent does the applicant describe strategies for providing innovative national evidence-based provider training on thalassemia, conducted through forums such as educational consortia or virtual case-study conferences (15 points); and describe how this will lead to a specified short-term outcome listed in the logic model (3 points)? (18 points total)
- To what extent does the applicant describe effective strategies to provide webinar technical assistance? (5 points)

ii. Evaluation and Performance Measurement Maximum Points:25

All Components

- To what extent does the applicant's Evaluation and Performance Measurement Plan include and adequately describe the performance measures? To what extent did the applicant describe a process measure for each appropriate strategy and outcome measure for each appropriate short-term or intermediate outcome? (15 points)
- To what extent does the applicant describe potential data sources and discuss the feasibility for collecting the appropriate data to achieve the proposed measures? (10

points)

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points:25

Component: Hemophilia and VWD

- To what extent does the applicant describe their experience in working with people with hemophilia or VWD and/or with providers who treat people with those bleeding disorders, as well as the need for health promotion work? (4 points)
- To what extent did the applicant demonstrate that they have a financial management system that will meet the requirements according to the federal statutes, regulations, and terms and conditions of a federal award? (1 point)
- Has the applicant identified appropriate key members who are responsible for each strategy listed in the Work Plan (2 points)? Is the principle investigator currently a full-time employee of the organization (1 point)? Does the member's experience and expertise align with the strategies for which they are responsible (2 points)? Has a CV/resume been provided for each team member (3 points)? (8 points total)
- To what extent does the applicant identify and describe key member's experience in the focus areas selected (treatment, inhibitor development, women with bleeding disorders) (2 points)? Has the applicant identified and stated which member(s) have strong experience and expertise: 1) with health education, health communication, or health promotion, 2) a subject matter expert for each of the focus areas (if they have selected two focus areas, e.g. treatment and inhibitor, they should have a key member with strong experience and expertise in treatment and inhibitor development – or identified a key member for treatment and another key member for inhibitor development) (3 points)? Do the CV/resumes clearly demonstrate the necessary experience for each of the key members identified; or are their letters of support for potential contractors (3 points)? (8 points total)
- Does the applicant discuss their capacity to have a national impact in the focus areas selected? (4 points)

Component: VTE

- Has the applicant identified appropriate key members who are responsible for each strategy listed in the Work Plan (3 points)? Does the member's experience and expertise align with the strategies for which they are responsible (3 points)? Has a CV/resume been provided for each team member (2 points)? (8 points total)
- To what extent does the applicant describe a history of key member or partnership experience in VTE-related health communication/promotion projects (2 points)? Has the applicant identified at least 1) one member with communication/health promotion expertise, 2) one member with VTE risk assessment model expertise and 3) one member with expertise in health informatics/analytics, whom all will facilitate co-develop of the health promotion materials (3 points)? Does the applicant have access to the VTE clinical expertise (1 points)? Has a CV/resume or letters of support been provided for each type of member (2 points)? (8 points total)
- Does the applicant discuss their capacity to have a national impact? (4 points total)

- To what extent does the applicant have the experience and capacity needed to conduct program evaluation and implement the evaluation plan (5 points)?

Component: Thalassemia

- Has the applicant identified appropriate key members who are responsible for each strategy listed in the Work Plan (2 points)? Do the member's experience and expertise align with the strategies for which they are responsible (3 points)? Has a CV/resume been provided for each team member (3 points)? (8 points total)
- To what extent does the applicant demonstrate experience in working collaboratively with other key stakeholders in thalassemia (2 points)? To what extent has the applicant demonstrated expertise in developing, leading, and evaluating thalassemia-related health communication projects? Has the applicant identified at least 1) one member with communication/health promotion expertise, 2) one member with expertise in running a webinar platform and providing post-event reporting and metrics, and 3) one member with experience in developing evidence-based provider training (2 points)? Does the applicant have access to clinical expertise in thalassemia (2 points)? Have CVs/resumes or letters of support been provided for each type of member (2 points)? (8 points total)
- Does the applicant discuss their capacity to have a national impact? (4 points total)
- To what extent does the applicant have the experience and capacity needed to conduct program evaluation and implement the evaluation plan? (5 points)

Budget

All Components

- To what extent does the budget align with the proposed Work Plan, especially the responsibility of each member?
- To what extent does the applicant provide a budget which shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes?
- Does the budget for year one include funding for two members of the applicant's team to travel to Atlanta, GA for one two-day trip as reverse site visit?

c. Phase III Review

Objective review. Applications will be funded in order by score and rank determined by the review panel.

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

By 07/15/2019 all funded recipients will have received a call and entered into budget negotiations with the CDC. All approved but unfunded applicants will receive an email notifying them of the determination.

F. Award Administration Information

1. Award Notices

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

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

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt 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 project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

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

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

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

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

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

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

- SF-424A Budget Information-Non-Construction Programs.
- Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
- Indirect Cost Rate Agreement.

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

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

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, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
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 project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Fiona Bethea, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway, MS S106-3

Atlanta GA 30333

Telephone: (404) 639-4033
Email: gvu0@cdc.gov

Grants Staff Contact

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

Thelma Jackson, Grants Management Specialist
Department of Health and Human Services

Office of Grants Services
2939 Flowers Road

Atlanta, Georgia 30341

Amendment 1 dated 4/13/2020 ---- Grants Staff Contact updated.

Telephone: (770) 488-2823
Email: tjackson12@cdc.gov

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable

- Indirect Cost Rate, if applicable

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assistance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
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.

NOFO-specific Glossary and Acronyms