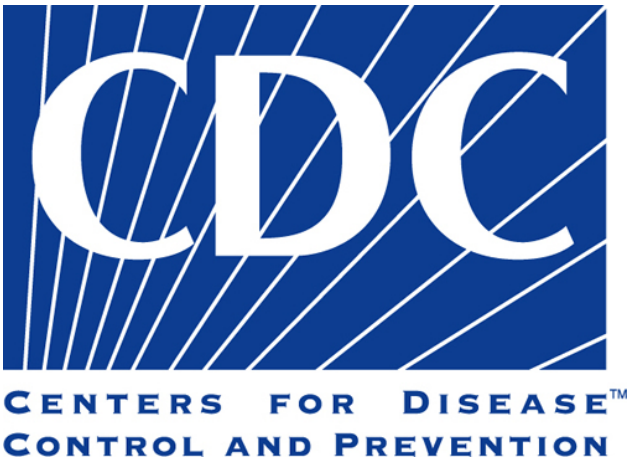


Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States

CDC-RFA-CK22-2203

Application Due Date will be submitted as: date based on the value specified for Due Date for Applications

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Part I. Overview

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-CK22-2203. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CK22-2203

E. Assistance Listings Number:

93.421

F. Dates:

1. Due Date for Letter of Intent (LOI):

The LOI date will generate once the Synopsis is published if Days or a Date are entered. Recommended but not Required

2. Due Date for Applications:
02/11/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
January 12, 2022
You are invited to a Zoom webinar.
When: Jan 12, 2022
Time: 03:00-4:30 PM Eastern Time (US and Canada)
Topic: CK22-2203 Informational Webinar

Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_hGNheMEURjeCDvwbVjtyOw

After registering, you will receive a confirmation email containing information about joining the webinar.

F. Executive Summary:

Summary Paragraph
Through this Notice of Funding Opportunity (NOFO), CDC protects Americans by improving the safety and quality of healthcare. This NOFO supports the priorities of the National Center for Emerging and Zoonotic Infectious Diseases, including the prevention of infectious diseases by enhancing healthcare infection prevention and control (IPC). CDC will establish and expand partnerships with academic, healthcare, and other organizations to address IPC failure modes; enhance correct implementation of IPC protocols and processes; and strengthen healthcare worker training and competency assessment. This NOFO supports activities to assess and remove barriers to success; improve communication of IPC information and instructions to healthcare workers; and understand how to optimize the layout and functional flow of healthcare environments and processes. This NOFO will support organizations uniquely positioned to advance the design, delivery, and effectiveness of IPC training, education, and competency assessment to improve healthcare worker IPC practice and increase health department ability to support healthcare IPC and outbreak response. The work conducted supports public health and healthcare practice by informing development of guidance and recommendations; translating guidance and recommendations into practices implementable in diverse healthcare settings; and improving how healthcare and public health personnel are trained and how competencies are assessed.

a. Eligible Applicants:
Open Competition

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
12

At this time, CDC estimates that 12 applicants will initially be awarded in response to this NOFO (6 for component 1 and 6 for component 2). This is subject to change. All other approved applicants will be added to the approved but unfunded (ABU) roster listing. Applicants on the ABU list may be funded in response to other emerging challenges and opportunities, as the need arises, for up to twenty-four months from the date of the ABU letter.

d. Total Period of Performance Funding:
$100,000,000

e. Average One Year Award Amount:
$1,000,000
This is the average one-year award amount for a recipient conducting work in only one component. The average one-year award amount is subject to change and is subject to the availability of funds.

f. Total Period of Performance Length:
5

g. Estimated Award Date:
July 25, 2022

h. Cost Sharing and / or Matching Requirements:
No
Cost sharing or matching of funds is 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

1. Background

a. Overview
The COVID-19 pandemic highlighted gaps in infection prevention and control (IPC) knowledge and practice in U.S. healthcare settings. IPC in healthcare stops the spread of infections, preventing illness and death and protecting patients and healthcare personnel. There is a need to strengthen healthcare IPC practices, inform IPC recommendations, improve how healthcare personnel IPC competencies are assessed, and develop evidence-based approaches to IPC training and education. This NOFO provides real-world implementation solutions for CDC's evidence-based guidance, during both normal operations and during emergencies.

The recipients supported through this two-component NOFO will lead efforts to improve implementation of healthcare IPC. Strategies within Component 1, improving the safety and quality of healthcare and protecting healthcare personnel and patients by strengthening IPC, will improve healthcare facility structure, design, and organization; optimize materials and equipment design and safe use across healthcare settings; improve IPC work processes, procedures, and practices; promote standard practices to ensure healthcare environments are safe for healthcare personnel and patients, including by optimizing the safety of the air, water, or surfaces in the healthcare environment; and strengthen healthcare IPC preparedness.

Component 2, strengthening healthcare personnel IPC training, education, and competency assessment, seeks to develop and evaluate innovative and effective IPC training and education

approaches; and implement improved or novel approaches to healthcare personnel competency assessment. Component 2 also includes improving the ability of the U.S. public health workforce to support healthcare IPC and prevent and respond to healthcare-associated infections (HAI) and antibiotic resistance (AR).

In 2020, CDC launched Project Firstline, a collaborative of healthcare, public health, and academic partners committed to strengthening healthcare IPC practice and training. This NOFO supports Project Firstline implementation through strategies that improve the design and effectiveness of training and education for healthcare personnel.

This NOFO builds on work supported through prior funding opportunities, which identified approaches to improve IPC at small or resource-limited healthcare facilities; evaluated failure modes and human factors associated with IPC; and identified strategies to augment existing facilities and processes to enable effective isolation capacities.

By engaging a diverse set of partners and investing in work that supports a broad range of healthcare personnel populations and healthcare settings, this work supports CDC's efforts to strengthen health equity, protect populations at increased risk for negative outcomes, and address disparities in IPC training and competencies.

Successful applicants will demonstrate specialized expertise, infrastructure, technological capabilities, and partners to strengthen healthcare IPC. Work proposed can be complementary to but must not be duplicative of work funded by CDC through any other mechanism. Types of organizations that may be supported include, but are not limited to, private and state-controlled academic institutions, healthcare systems, clinicians and other healthcare professionals, non-governmental organizations, healthcare professional organizations, and other institutions with unique expertise that can improve healthcare IPC in the United States.

b. Statutory Authorities

This program is authorized under Public Health Service Act section 301(a) [42 U.S.C section 241(a)] and Public Health Service Act section 317(k)(2) [42 U.S.C. section 247b(k)(2)].

Possible applicable supplemental appropriations include but may not be limited to: P.L. 116-123 - Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 [March 6, 2020] P.L 116–136 - Coronavirus Aid, Relief, and Economic Security Act (CARES Act) [March 27, 2020]; and P.L. 117-2 – American Rescue Plan Act of 2021 (March 11, 2021).

Authority may also stem from an applicable emergency supplemental appropriation; such appropriation and any requirements and/or limitation associated with that emergency supplemental will be added to the notice of award.

c. Healthy People 2030

This project supports the following Healthy People 2030 goals and objectives:

Goal: Reduce healthcare associated infections

Objectives below with the associated link for additional information

- Reduce C. diff infections that people get in the hospital — HAI-01 - Healthy People 2030 | health.gov

- Reduce MRSA bloodstream infections that people get in the hospital — HAI-02 - Healthy People 2030 | health.gov

d. Other National Public Health Priorities and Strategies
Activities funded through this cooperative agreement should align with the following U.S. Government and HHS/CDC strategies and policies:

- National HAI Action Plan - National HAI Action Plan | health.gov
- National Strategy for Combating Antibiotic-Resistant Bacteria - https://www.cdc.gov/drugresistance/pdf/carb_national_strategy.pdf
- Executive Order on Protecting Worker Health and Safety - Executive Order on Protecting Worker Health and Safety | The White House
- National Health Security Strategy - https://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx

e. Relevant Work
This NOFO supports CDC's Division of Healthcare Quality Promotion (DHQP) priority of protecting patients and healthcare personnel in the United States. DHQP supports partners to implement IPC programs, identify and refine best approaches, and promote innovative solutions for preventing infections across healthcare settings. This NOFO complements and does not duplicate work supported through other cooperative agreements, including those that support collaborative research on how to develop and implement innovative strategies that improve healthcare quality and patient safety.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-CK22-2203 Logic Model: Strengthening Healthcare Infection Prevention and Control and Improving Patient Safety in the United States

COMPONENT 1: Improving the safety and quality of healthcare and protecting healthcare personnel and patients by strengthening infection prevention and control (IPC)

Strategies	Intermediate-term outcomes	Long-term outcomes
1a. Improve healthcare facility structure, design, engineering, and organization to enable safe, quality	**1ai. Improvements in the safe provision of quality healthcare** **1aii. Improvements in IPC practices across diverse**	**1i. Improved healthcare IPC policies, procedures, practices, and implementation across diverse healthcare facilities and systems** **1ii. More effective IPC implementation by healthcare facilities serving underserved and under-resourced populations** **1iii. Healthcare facilities and systems implement improved and/or novel tools, materials, and other resources that**

healthcare delivery and protect healthcare personnel and patients	**healthcare settings**	**support day-to-day activities and can be scaled up and/or adapted to support IPC implementation during emergencies** 1iv. Prevention of pathogen transmission in healthcare 1v. Healthcare facilities and systems successfully implement novel approaches to improving facilities design; materials and equipment use; and IPC processes, procedures, and practices 1vi. Healthcare facility and system leadership (e.g., the C-Suite) consistently lead the integration of IPC into facility design, ongoing operations, and healthcare personnel training and competency assessment 1vii. Diverse healthcare settings and systems implement new and innovative approaches and resources in standardized ways to reduce the risk of pathogen transmission via air, water/plumbing, and surfaces 1viii. Healthcare facilities, systems, and personnel are better prepared to provide safe, quality care during infectious disease outbreaks and other emergencies 1ix. Effective, safe, and rapid responses to infectious disease outbreaks and other emergencies
1b. Optimize materials and equipment design and safe use across healthcare settings	**1bi. Improved IPC implementation related to materials, equipment, and devices in diverse healthcare setting** **1bii. Improvements and innovations in healthcare materials and equipment**	
1c. Improve IPC work processes, procedures, and practices to enable safer and consistently higher quality healthcare	**1ci. Improvements in IPC work processes, procedures, and practices across diverse healthcare settings**	
1d. Implement standard practices to ensure healthcare environments are safe for healthcare personnel and patients	**1di. Reduction or elimination of barriers and challenges related to optimizing the safety of the air, water/plumbing, and surfaces in the healthcare environment**	

	1dii. Strengthened environmental services and sterile processing services in healthcare facilities, including provision of education and training for responsible healthcare personnel	
1e. Strengthen healthcare IPC preparedness in the United States to respond to infectious disease threats and other public health emergencies rapidly, safely, and effectively	**1ei. Demonstration of the value of structural, organizational, staffing, and other IPC preparedness activities to readiness and resilience of healthcare personnel, healthcare facilities, and healthcare systems**	

COMPONENT 2: Strengthening healthcare personnel IPC training, education, and competency assessment

Strategies	Intermediate-term outcomes	Long-term outcomes
2a. Develop and	**2ai. Demonstration of the effectiveness of**	**2i. Improved IPC knowledge, competencies, skills, and practices of targeted populations of U.S. healthcare**

evaluate innovative and effective IPC training and education approaches to reach all U.S. healthcare personnel	**new, improved, and/or innovative healthcare IPC training and education approaches** **2aii. The diverse learning levels, cultures, languages, and needs of healthcare personnel are met as part of IPC training and education** **2aiii. Improved training of healthcare personnel that is shown to improve the maintenance of healthcare facility environments**	**personnel** **2ii. Increased effectiveness of formal and informal healthcare IPC training and education** **2iii. Improved ability of health department HAI/AR programs to effectively support implementation of healthcare IPC and the prevention of and response to HAIs and AR in their jurisdiction** **2iv. Greater partnership and integration between public health and healthcare systems, including academic entities within regions, on infection control action and investments** 2v. Healthcare personnel education and training using evidence-based practices are a fundamental component of IPC implementation 2vi. Improved ability of healthcare personnel to explain IPC to others 2vii. Healthcare personnel can assess IPC risks and implement the appropriate IPC processes and procedures 2viii. IPC is incorporated into healthcare personnel certification and recertification
2b. Implement improved and novel approaches to effective healthcare personnel competency assessment	**2bi. Enhanced assessment of healthcare personnel IPC competencies by U.S. healthcare facilities and systems** **2bii. Effective integration of IPC into healthcare personnel competency assessment**	
2c. Improve the ability of the U.S. public health workforce to support healthcare IPC and the prevention	**2ci. Increased knowledge and capacity within the U.S. public health workforce (specifically staff in health department HAI/AR programs) in the areas of healthcare IPC, HAI/AR prevention**	

of and response to healthcare-associated infections (HAI) and antibiotic resistance (AR)	**and response, and other focused areas of specialization**	

i. Purpose

The COVID-19 pandemic highlighted gaps in healthcare IPC, including improper personal protective equipment (PPE) use and the need for improved training. This NOFO supports strategies to make the delivery of healthcare safer for healthcare personnel and patients by improving IPC implementation; ensuring the healthcare environment is safe; improving IPC training, education, and competency assessment; and strengthening healthcare IPC preparedness.

ii. Outcomes

The outcomes below are the bolded outcomes from the logic model that recipients are expected to make progress toward achieving during the period of performance. Not all outcomes will be relevant to every recipient's project plan and will depend on the program strategies implemented by the recipient.

The work supported through component 1 of this NOFO will accelerate progress toward the prevention of transmission of infectious pathogens in healthcare settings through ongoing, correct implementation of IPC work processes, procedures, and practices; through use of improved or novel materials, equipment, and devices; and from the air, water/plumbing, and surfaces in healthcare environments. Work supporting healthcare IPC preparedness will enable effective, safe, and rapid responses to infectious disease outbreaks and other emergencies through improved information sharing and situational awareness within and between healthcare facilities, healthcare systems, and governmental authorities, as well as through the enhanced ability to apply techniques, tools, materials, procedures, policies, and practices that may not be routinely used.

The work supported through component 2 of this NOFO strengthens the implementation of IPC in healthcare settings to protect patients and healthcare personnel – including interventions developed or improved through component 1 – by developing new or improved approaches to healthcare personal IPC training, education, and competency assessment. (This NOFO does not support activities solely focused on disseminating existing IPC training approaches or resources.) Additionally, component 2 establishes regional resource centers to support state and local health department programs and strengthen their ability to support healthcare IPC and outbreak response.

COMPONENT 1: Improving the safety and quality of healthcare and protecting healthcare

personnel and patients by strengthening IPC

Intermediate-term outcomes:

Strategy 1a. Improve healthcare facility structure, design, engineering, and organization to enable safe, quality healthcare delivery and protect healthcare personnel and patients

- 1ai. Improvements in the safe provision of quality healthcare enabled by improvements in healthcare facility structure, design, engineering, and organization
- 1aii. Improvements in IPC practices across diverse healthcare settings due to implementation of approaches that overcome structural capabilities and other common barriers encountered

Strategy 1b. Optimize materials and equipment design and safe use across healthcare settings

- 1bi. Improved IPC implementation related to materials, equipment, and devices in diverse healthcare setting
- 1bii. Improvements and innovations in healthcare materials and equipment, including personal protective equipment (PPE)

Strategy 1c. Improve IPC work processes, procedures, and practices to enable safer and consistently higher quality healthcare

- 1ci. Improvements in IPC work processes, procedures, and practices across diverse healthcare settings through (a) use of innovative tools, resources and training and (b) improvements to healthcare facility organization and procedures

Strategy 1d. Implement standard practices to ensure healthcare environments are safe for healthcare personnel and patients, including optimizing the safety of the air, water/plumbing, and/or surfaces in the healthcare environment

- 1di. Reduction or elimination of barriers and challenges related to optimizing the safety of the air, water/plumbing, and surfaces in the healthcare environment
- 1dii. Strengthened environmental services and sterile processing services in healthcare facilities, including provision of education and training for responsible healthcare personnel

Strategy 1e. Strengthen healthcare IPC preparedness in the United States to respond to infectious disease threats and other public health emergencies

- 1ei. Demonstration of the value of structural, organizational, staffing, and other IPC preparedness activities to readiness and resilience of healthcare personnel, healthcare facilities, and healthcare systems

Long-term outcomes (across all component 1 strategies):

- 1i. Improved healthcare IPC policies, procedures, practices, and implementation across diverse U.S. healthcare facilities and systems
- 1ii. More effective IPC implementation by healthcare facilities serving underserved and under-resourced populations

- 1iii. Healthcare facilities and systems implement improved and/or novel tools, materials, and other resources that both support day-to-day activities and can also be scaled up and/or adapted to support healthcare IPC implementation during emergencies

COMPONENT 2: Strengthening healthcare personnel IPC training, education, and competency assessment

Intermediate-term outcomes:

Strategy 2a. Develop and evaluate innovative and effective IPC training and education approaches to reach all U.S. healthcare personnel

- 2ai. Demonstration of the effectiveness of new, improved, and/or innovative healthcare IPC training and education approaches
- 2aii. The diverse learning levels, cultures, languages, and needs of healthcare personnel are met as part of IPC training and education
- 2aiii. Improved training of healthcare personnel that is shown to improve the maintenance of healthcare facility environments

Strategy 2b. Implement improved and novel approaches to effective healthcare personnel competency assessment

- 2bi. Enhanced assessment of healthcare personnel IPC competencies by U.S. healthcare facilities and systems
- 2bii. Effective integration of IPC into healthcare personnel competency assessment

Strategy 2c. Improve the ability of the U.S. public health workforce to support healthcare IPC and the prevention of and response to healthcare-associated infections (HAI) and antibiotic resistance (AR)

- 2ci. Increased knowledge and capacity within the U.S. public health workforce (specifically staff in health department HAI/AR programs) in the areas of healthcare IPC, HAI/AR prevention and response, and other focused areas of specialization

Long-term outcomes (across all component 2 strategies):

- 2i. Improved IPC knowledge, competencies, skills, and practices of targeted populations of U.S. healthcare personnel through implementation of innovative Project Firstline training resources
- 2ii. Increased effectiveness of formal and informal healthcare IPC training and education
- 2iii. Improved ability of health department HAI/AR programs to effectively support implementation of healthcare IPC and the prevention of and response to HAIs and AR in their jurisdiction
- 2iv. Greater partnership and integration between public health and healthcare systems, including academic entities within regions, on infection control action and investments

iii. Strategies and Activities

Implementation of components 1 and 2 should include approaches that are applicable to a variety of populations, including strategies specific for supporting populations at increased risk for negative outcomes and improving IPC practice in small, rural, and/or tribal healthcare facilities.

An applicant is not expected to implement all activities listed for a strategy. The Project Narrative and Work Plan must provide sufficient detail on those activities the applicant does plan to implement within the period of performance.

COMPONENT 1: Improving the safety and quality of healthcare and protecting healthcare personnel and patients by strengthening IPC

The following outputs are applicable across all component 1 strategies:

- Real-world implementation solutions for CDC's evidence-based guidance during normal healthcare operations, as well as in preparation for and during emergencies
- Project results that can inform evidence-based revisions of CDC healthcare IPC guidance and recommendations
- Identification of healthcare personnel education and training needs to successfully implement improved or novel approaches and interventions

Strategy 1a: Improve healthcare facility structure, design, engineering, and organization to enable safe, quality healthcare delivery and protect healthcare personnel and patients

These activities should identify key factors related to healthcare facility design and engineering that enable provision of safe healthcare, as well as evaluate structural capabilities and common barriers encountered in successfully implementing healthcare IPC. Implementation of activities in support of strategy 1a should improve facility design and engineering, including optimization of layouts and functional flows of diverse healthcare settings to enable IPC implementation.

- Develop, implement, and evaluate approaches to overcome limiting structural capabilities and common barriers encountered in implementing IPC successfully within existing healthcare facility infrastructure
- Assess if changes in healthcare facility design and engineering enable safer healthcare delivery and IPC, including optimization of layouts and functional flow of healthcare facilities
- Engage healthcare facility and systems leadership, architects, engineers, and designers in activities that enhance safe delivery of healthcare and improve IPC by overcoming identified barriers

- Identify training and education needs and target healthcare personnel populations (including healthcare facility architects, design staff, and project management staff) for any new or improved interventions identified

Strategy 1b: Optimize materials and equipment design and safe use across healthcare settings

- Describe the failure modes associated with healthcare IPC materials and device use (including PPE)
- Provide tools and resources that meet the needs of diverse healthcare settings and healthcare personnel to address common failure modes of healthcare materials, equipment, and devices
- Develop improved materials and equipment design and/or novel materials and equipment to protect healthcare personnel (HCP) and improve IPC practice, including materials and equipment that can be used in both routine healthcare and during emergency situations in diverse healthcare settings
- Identify training and education needs and target healthcare personnel populations for any new or improved interventions identified

Strategy 1c: Improve IPC work processes, procedures, and practices to enable safer and consistently higher quality healthcare

Implementation of activities in support of strategy 1c should result in the implementation of new or improved approaches for facilitating IPC in diverse healthcare settings, including innovative tools, resources, and training, and improvements to healthcare facility organization and procedures. Implementation of strategy 1c may also identify specific IPC improvements needed for specific clinical procedures.

- Describe failure modes of practices, processes, and procedures that can lead to healthcare-associated infections or lead to diminished protection for healthcare personnel
- Provide tailored resources to meet the IPC processes, procedures, and practices needs of different types of healthcare facilities and settings
- Implement strategies for efficient and cost-effective organizational and procedural adjustments to facilitate IPC
- Develop and evaluate strategies that increase behaviors by healthcare personnel that consistently adhere to recommended IPC practices across diverse healthcare settings

- Identify training and education needs and target healthcare personnel populations for any new or improved interventions identified

Strategy 1d: Implement standard practices to ensure healthcare environments are safe for healthcare personnel and patients, including optimizing the safety of the air, water/plumbing, and/or surfaces in the healthcare environment

Implementation of activities in support of strategy 1d should contribute to optimizing the safety of the air, water/plumbing, and/or surfaces in the healthcare environment. Activities within this strategy could complement, but not duplicate, the work of other CDC funding mechanisms, programs, and partnerships. This strategy is not intended to support epidemiologic studies that quantify the proportion of healthcare-associated infections that are attributable to transmission of pathogens via air, water, and surfaces in healthcare but is intended to support physical characterization of exposure to potential pathogens via the healthcare environment and development of approaches and solutions to minimize such exposures.

Additional information on CDC's Division of Healthcare Quality Promotion's (DHQP's) portfolio of work related to IPC in the healthcare environment can be found here at this website: Healthcare Environment Infection Prevention | CDC. DHQP has developed the Core Components of Environmental Cleaning and Disinfection in Hospitals; as noted in the activities listed below, this NOFO can support development of tools and resources associated with these core components.

- Identify specific barriers and challenges to optimizing the safety of the air (air flow, inhalation of contaminated air), water/plumbing, and/or surfaces in healthcare environments
- Develop and evaluate approaches to address specific barriers and challenges to optimizing the safety of the air, water/plumbing, and/or surfaces in healthcare environments
- Provide tools and resources that reduce risk of exposure to potential pathogens via air, water/plumbing, and/or surfaces for healthcare personnel responsible for maintaining a safe healthcare environment
- Improve environmental services practices and associated protocols
- Implement approaches to improve retention of healthcare facility environmental services personnel
- Improve device cleaning and reprocessing practices and associated protocols
- Develop tools and resources to support healthcare facility implementation of CDC's Core Components of Environmental Cleaning and Disinfection

Strategy 1e: Strengthen healthcare IPC preparedness in the United States to respond to infectious disease threats and other public health emergencies rapidly, safely, and effectively

When implementing activities in support of strategy 1e, consider how healthcare facilities and systems can demonstrate improved healthcare IPC preparedness and effectiveness of training activities through exercise and simulations.

- Review existing documents and resources for healthcare IPC preparedness and revise, update, and promote those resources, including ensuring their relevance for use in specific healthcare settings
- Propose a framework to improve a healthcare facility or system's IPC preparedness, including identification of gaps, needs, and implementation approaches that incorporate desired capabilities into routine practices and protocols
- Develop, evaluate, and implement approaches to improve bidirectional information sharing and situational awareness of healthcare preparedness within and across healthcare facilities and systems and with local, state, and federal governmental authorities
- Develop, evaluate, and implement tools (relevant to the needs of diverse healthcare settings (e.g., long-term care, small or rural healthcare facilities)) to help healthcare facilities and healthcare systems assess and improve their preparedness (tools should be complementary to, and/or build on (but not be duplicative of) other existing tools (e.g., CDC Infection Control Assessment and Response (ICAR) Tools))
- Engage specific populations of the U.S. healthcare workforce in healthcare IPC preparedness
- Identify IPC training and education needs of target healthcare personnel populations, including healthcare facility leadership, to maintain healthcare IPC readiness across the healthcare workforce and implement approaches to meet the needs identified
- Develop improved or novel approaches to communicate with healthcare personnel about changes or updates to IPC recommendations, guidance, and procedures during emergencies

COMPONENT 2: Strengthening healthcare personnel IPC training, education, and competency assessment

Strategy 2a: Develop and evaluate innovative and effective IPC training and education approaches to reach all U.S. healthcare personnel

Implementation of activities in support of strategy 2a will improve understanding of the optimal approaches, timing, and modalities for training and education U.S. healthcare personnel across diverse healthcare settings, as well as improve understanding of how improved or novel training methods can lead to and uptake of IPC knowledge and IPC-related behavior change. Strategy 2a activities should results in innovative and proven effective approaches for ongoing and ad hoc healthcare personnel IPC training and formal IPC education. Successful implementation should accelerate progress toward all U.S. healthcare personnel having the IPC training and formal IPC education they need and deserve, and that training and education are culturally appropriate, linguistically accessible, and at the appropriate education level.

- Conduct human-centered design work to identify the best methods, products, platforms, and timing (including continuing education during employment) to train and educate healthcare personnel in IPC
- Demonstrate the use of new and improved training and education approaches in diverse healthcare settings and among diverse healthcare personnel populations
- Use results of human-centered design work to develop innovative approaches to deliver IPC education and training, including efforts directed toward secondary education, associate degree programs, technical colleges, undergraduate programs, professional degree programs, continuing education programs, and certifications
- Use results of human-centered design work to develop innovative approaches delivering IPC education and training to healthcare personnel populations whose first language is not English (I.e., ESL learners)
- Ensure new IPC training and education approaches are culturally competent and appropriate for the education level of the target audience
- Provide subject matter expertise to inform novel training approaches, including simulations/games
- Provide new or improved training and education resources for interventions that improve the safety and quality of healthcare that protect healthcare personnel and patients by strengthening IPC, such as those developed through component 1 of this NOFO
- Demonstrate the impact of novel approaches, modalities, platforms and timing of training and education on healthcare personnel behaviors related to IPC

Strategy 2b: Implement improved and novel approaches to effective healthcare personnel competency assessment

Implementation of activities in support of strategy 2b should result in development, evaluation, and implementation of new or improved approaches to assess and strengthen healthcare personnel comprehension and implementation of IPC actions and processes.

- Improve healthcare personnel comprehension and implementation of IPC actions and processes
- Strengthen assessment of healthcare personnel IPC failure modes and competencies (including descriptions of failure modes and approaches to address them)
- Effectively integrate IPC training into healthcare personnel IPC competency development and evaluation
- Identify, design and/or pilot the use of infection control competency recognition (such as digital badges, micro-credentials, etc) for healthcare workers from multiple professions (EVS, nursing, allied health) to incentivize training and to help healthcare workers to distinguish themselves in the professional marketplace
- Optimize healthcare personnel ability to assess risks and identify correct procedures for healthcare IPC

Strategy 2c: Improve the ability of the U.S. public health workforce to support healthcare IPC and the prevention of and response to healthcare-associated infections (HAI) and antibiotic resistance (AR)

- Establish regional integrated healthcare epidemiology and IPC resource centers at academic medical centers, schools of public health, or schools of nursing to support state and local health department programs (HAI/AR Programs) responsible for implementing HAI/AR response and prevention activities in that region.
- Partner with CDC-funded HAI/AR Programs within the assigned region to identify health department capacity building needs and provide training, education, and consultation resources to health departments in coordination with CDC, including those focused on basic HAI/AR response and prevention as well as focused areas of specialization (e.g., healthcare settings or practice areas, patient populations, specific infection control topics, pathogens, methods to improve detection, investigation, or response)

Outputs associated with successful implementation of these strategy 2c activities include:

- Needs assessments to identify resource and training gaps of public health workforce in the region are conducted, including at a minimum the CDC-funded HAI/AR Programs within the assigned region
- Competency-based core education and training course materials for state and local health departments are developed, adapted, and/or promoted
- Specialty courses that are unique to the needs of the region served or the area(s) of specialization are developed

- Core and specialty courses are developed and delivered in consultation with CDC and are derived from recommendations and needs assessments from multiple sources, including: 1) CDC identified needs and priorities; 2) local and regional needs assessments; and 3) new and existing national guidelines
- State and local health department staff demonstrate proficiency in core areas
- Case studies based on field investigations are developed
- Continuing education is awarded when possible and appropriate for training courses
- Where applicable, increase capacity and provide support to public health departments to effectively provide high-quality infection control training and education to their healthcare workforce, which is informed by data, which identifies priority training topics, professions, and settings

Any public health workforce education and training activities in support of this strategy should be complementary to and conducted in coordination with Project Firstline, CDC's national healthcare IPC training collaborative.

Regional center resources should be complimentary to resources developed by other partners including, but not limited to, state, territorial, and local health departments; hospital associations; quality improvement programs such as Quality Improvement Network – Quality Improvement Organizations (QIN-QIOs) and Hospital Improvement Innovation Networks (HIINs); CDC Prevention Epicenters; CDC Emerging Infections Program; regulatory/licensing entities; end stage renal disease (ESRD) networks; regional public health laboratories; and hospital/emergency preparedness programs.

1. Collaborations

Please see detailed and focused collaborations sections (subsections a. and b. below) which will help target key collaborations, partnerships, and coalitions to successfully implement the project activities and achieve the NOFO's outcomes.

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

Collaboration with other CDC programs and CDC-funded organization is not required but is encouraged. Recipients of this award will be expected to collaborate/coordinate to amplify the goals of this program, as described in the program guidance. Recipients are encouraged to work with CDC and other CDC implementing partners, including non-governmental organizations, academic institutions, and other entities that receive CDC funds. The specific organizations to be targeted for collaboration will be dependent on the specific work plan of the recipient. Recipients should ensure their proposed activities are not duplicating activities already funded by other CDC grants, contracts, and cooperative agreements or implemented by other CDC-funded organizations.

b. With organizations not funded by CDC:

This funding opportunity may support multiple organizations to address issues related to healthcare IPC. Recipients are encouraged to build and sustain strategic partnerships and collaborations with other organizations that have a role in supporting the implementation of a recipient's proposed work plan/activities and achieving expected outcomes. Partners and collaborators may include government agencies, academic institutions, non-governmental organizations, healthcare facilities, laboratories, and potential partners in the private sector.

Applicants should identify the organizations, networks, sectors, and partners (not funded by CDC) that are needed to successfully implement the work proposed. For these collaborations, applicants should describe 1) the extent of the current collaboration with those entities, 2) the specific objectives of the partnerships for the purposes of implementing strategies and activities in this NOFO, and 3) any funding or sharing of resources that the applicant proposes to give the partner organization.

2. Target Populations

The target population includes, but is not limited to, all individuals engaged in any aspect of patient care and healthcare delivery, including community, ambulatory, pre-hospital, acute care, long-term care, surgical and other procedural care; subspecialty practices and procedures; environmental services; material management; healthcare facility engineering; healthcare facility and system leaders and managers; and payors.

a. Health Disparities

This cooperative agreement includes program activities that can be used to target occupational groups and healthcare facilities/setting that serve populations at disproportionate risk of infectious disease and/or adverse outcomes. In targeting specialty and subspecialty organizations, efforts will reach groups that are currently unable to access or benefit from IPC training and implementation efforts. In addition, CDC seeks to fund organizations that specialize in reaching populations that may be lower income, in rural areas without easy access to healthcare or other healthcare organizations, and/or members of minority communities that might experience higher rates of preventable infectious diseases or adverse outcomes and/or be limited by access to tailored IPC tools and information that meet their specific needs.

Applicants should have a plan in place to be inclusive of populations that might be directly impacted or have increased risk for various infectious diseases, including but not limited to rural and native populations with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; people with limited health literacy; immunocompromised persons; and/or other at-risk populations.

Applicants must describe the specific target population(s) and explain how such a target will monitor and 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.

iv. Funding Strategy

This NOFO intends to fund recipients that are uniquely suited (i.e., have the necessary technical expertise, infrastructure, partnerships, and management capabilities) to make substantial contributions to the progress of the strategies and outcomes in the logic model. The applicant should focus their application on the strategy(ies) to which they are best suited to implement.

This NOFO has 2 components. Applicants can apply for one or both components. Within each component applied to, an applicant may apply for a maximum of two strategies (as defined in the logic model). Components and strategies not included in this initial application cannot be added to work plans in subsequent years. Applicants who include more than two strategies within a component will be deemed non-responsive and their application will not be reviewed.

It is anticipated that some applicants may select to apply to only one component while others may choose to apply to both. It is also anticipated that some applicants may select only one strategy within a component while others may select two strategies within a component. Award decisions will not be impacted by the number of components applied to and the number of strategies selected.

Applicants must clearly state the component(s) and strategy(ies) (as defined in the logic model) to which they are applying in the Project Abstract Summary. When including this information in the Project Abstract Summary, please use the numbering of components and strategies as used in the logic model; examples are provided below.

- This application includes COMPONENT 1, Strategies 1a and 1b.
- This application includes COMPONENT 1, Strategy 1c and COMPONENT 2, Strategies 2a and 2b.

All components included in the application must be addressed in the Project Narrative, Work Plan, and Budget Narrative as described below. The Project Narrative, Work Plan, and Budget Narrative should address the strategy(ies) specified for each component in the Project Abstract Summary.

All components within the NOFO are intended to be funded on an annual basis. Year one and future years' funding levels are dependent on funding availability. For planning purposes, applicants should estimate an average annual funding level for each award of $1,000,000 per component. Funding levels are subject to change and are dependent on the availability of funds.

This funding opportunity will establish a roster of organizations that are pre-identified and pre-approved for funding to address a broad range of issues related healthcare IPC (an approved but unfunded (ABU) list of recipients). The ABU list may be used to provide additional funding during the program period (if available) to respond to emerging healthcare IPC needs and threats. The ABU list remains valid for twenty-four months past the date of the applicants ABU letter. Depending on the nature of that need, applications and all or specific components of their applications will be selected for funding. These funding decisions will consider various factors, including the specific healthcare or public health IPC need, the organizational capacity of the initial and/or ABU recipient, and agency and national priorities. Recipients will be provided with an opportunity to develop a customized project plan that builds from their original project plan submission once the need is identified and funding decisions are made.

There is limited funding available at the time of this announcement. Additional funding will be contingent upon the availability of appropriations and is at CDC's sole discretion. CDC will provide additional information to recipients as needs arise.

Work proposed by an applicant can be complementary to but must not be duplicative of work funded by CDC through any other mechanism during the period of performance.

Awards made under this NOFO may utilize funds made available through legislation supporting the response to the Coronavirus Disease 2019 (COVID-19) pandemic. Additional guidance for awards made using these funds is outlined below:

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

General:

The evaluation and performance measurement strategy will help demonstrate achievement of program outcomes; build a stronger evidence base for specific program strategies; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous program improvement.

Evaluation findings and performance measures will be used to demonstrate the value of the program and describe effective implementation of the NOFO, including lessons learned and

implications for future work. Performance measures and evaluation findings will be used to assess progress toward outcomes and identify areas where additional work or support may be needed.

Data collection is limited only to data that will be analyzed and used.

Recipient evaluation activities:

As part of the Project Narrative for each component applied to, each applicant should propose an evaluation and performance measurement plan. The evaluation plan should address each strategy the applicant applied to (maximum of two strategies (from the logic model) per component applied to).

The applicant should identify key evaluation questions and propose both process and outcome measures. Evaluation questions and measures should explicitly tie back to only the strategies to which the applicant applied, including activities, and outcomes tied to those strategies as identified in the NOFO logic model. Evaluation questions and measures are expected to vary based on nature of the work and stage of implementation research (e.g., identifying barrier, product development, small-scale pilot implementation, scaled-up implementation). The applicant should explicitly link the proposed measures with evaluation questions. CDC and recipients will have 6 months after award to discuss and finalize measures.

Recipients will be responsible for data collection and reporting, as described in the reporting section of this NOFO. Recipients will submit to CDC all data and information required.

CDC evaluation activities:

All evaluation-related data and information submitted by recipients will be used by CDC to monitor and document progress, conduct continuous program quality improvement, and generate feedback reports regarding program accomplishments.

Annual performance will be reviewed and may determine future funding decisions. Future funding for this cooperative agreement is based on satisfactory progress.

Proposed measures:

In support of the evaluation questions identified in the applicant's evaluation and performance measurement plan, the applicant should propose:

- Process measures to track implementation and outputs of the strategies to which they applied and
- Outcome measures to monitor achievement of the outcomes expected in the period of performance. Outcome measures should clearly tie back to the outcomes in the NOFO logic model that align with the specific strategy or strategies that the applicant applied to.

In anticipation of a range of unique and innovative approaches applicants will propose to address IPC and training, this NOFO does not propose a standard set of measures for all

applicants. Instead, this NOFO describes a framework the applicant should use to propose process and outcomes measures specific to strategies included in their application. Following a notice of award, CDC will work with recipients to refine proposed process and outcome measures.

Applicants should propose specific process and outcome measures that will most effectively monitor progress of the work proposed within their application, based on the frameworks below. The frameworks for process and outcome measures below provide general categories for measures, with supporting examples, and alignment of the outcome measures examples to the bolded outcomes in the logic model. The example process measures provided are applicable across all strategies in the logic model. The example outcome measures may be applicable to additional outcomes beyond those listed in italics below.

Applicants are not required to use the examples provided below. Applicants are welcome to propose measures in addition to those examples provided below if the proposed process and outcome measures align to the work plan and logic model.

Framework for process measures:

The process measures proposed by an applicant should be specific to the key milestones of the applicant's proposed activities and demonstrate progress toward project goals. Depending upon the nature of the work proposed, potential process measures for an applicant's performance plan might include, but are not limited to:

Identification and engagement of the target population in implementation activities – examples include:

- Healthcare facility type(s)
- Healthcare worker population(s)
- Description of specific geographic or demographic groups reached
- Extent to which small, rural, or tribal healthcare facilities are engaged

Identification, description, and understanding of needs or gaps in healthcare IPC implementation, training, and education for the target population – examples include:

- Qualitative or quantitative description of failure modes (e.g., of healthcare facility design, structure, engineering, and organization; of healthcare materials and equipment design and use)
- Qualitative or quantitative characterization of barriers and challenges components of the healthcare environments
- Description of the IPC training needs of specific healthcare personnel populations or health departments

Development, evaluation, and implementation of solutions to fill needs and gaps identified – examples include:

- Number and type of products developed (e.g., tools, resources, approaches, materials, devices, platforms)

- Qualitative or quantitative descriptions of findings or recommendations from implementation and evaluation of new or improved interventions or approaches

Fidelity or quality of implementation (e.g., of demonstrations, pilot activities, and/or exercises) in diverse healthcare settings and among diverse healthcare worker populations – examples include:

- Qualitative or quantitative descriptions of the extent to which activities are implemented
- Extent of communication with and engagement of target populations and facilities involved in implementation
- Quantitative description of the extent of the diversity of healthcare settings and healthcare worker populations

Framework for outcome measures:

The outcome measures proposed by an applicant should link clearly and directly to the bolded outcomes in the NOFO logic model that align with the specific strategy or strategies the applicant has applied to (applicants are not expected to develop measures for all outcomes in the logic model).

For component 1, the applicant should propose specific outcome measures that assess the improvement in and impact of healthcare IPC implementation (including policies, procedures, and practices) and healthcare personnel and patient safety.

For component 2, the applicant should propose specific outcome measures that assess the improvement in healthcare personnel IPC knowledge, competency, and practice or in public health personnel IPC or HAI/AR knowledge and capacity.

Depending upon the strategies to which an applicant applied, proposed types of outcome measures for an applicant's performance measurement and evaluation plan might fall under the following concepts, including, but not limited to:

Target population(s) reached – examples include:

- Number of healthcare facilities implementing the intervention (applies to all intermediate-term outcomes for component 1)
- Number of healthcare personnel demonstrating increased IPC competency (intermediate-term outcome 2bi)
- Extent to which diverse learning levels, cultures, and languages of healthcare personnel populations are met (intermediate-term outcome 2aii)

Acceptability of the product (e.g., materials, equipment, devices) or intervention (e.g., processes, procedures, training approaches)– examples include:

- Proportion of intended end-users who have bought in or perceive a benefit to implementing the product or intervention (applicable to all intermediate-term outcomes)

Uptake of the product or intervention – examples include:

- Proportion of intended end-users implementing the intervention or using the product (applicable to all intermediate-term outcomes)
- Proportion of IPC training or education that incorporates new or improved training approaches (intermediate-term outcome 2ai)
- Extent to which healthcare facilities services (e.g., environmental or sterile processing) are improved through healthcare personnel training and education (intermediate-term outcomes 1dii, 2aiii)
- Proportion of healthcare facilities serving underserved and under-resourced populations (within the target population) using the product or intervention to improve IPC implementation (long-term outcome 1aii)

Effectiveness of the product, approach, or intervention – measures should be specific to the proposed work and could speak to:

- Extent to which IPC practices, processes, and/or procedures are improved within a specific healthcare personnel population or healthcare setting (intermediate-term outcomes 1ai, 1aii, 1bi, 1ci, 1di; long-term outcomes 1i, 2iii)
- Extent to which the provision of quality healthcare is improved through improvements to design, engineering, and/or organization of healthcare facilities, materials, and/or devices (intermediate-term outcome 1ai, 1aii)
- Extent to which healthcare materials and equipment are improved and/or new innovations in healthcare materials and equipment improve use and performance (intermediate-term outcome 1bii)
- Extent to which IPC preparedness activities contribute to the readiness and resilience of healthcare personnel, facilities, and systems (intermediate-term outcome 1ei)
- Extent to which the proposed activity improved IPC knowledge or competency of the target population (intermediate-term outcomes 2ai, 2bi, 2ci; long-term outcomes 2i, 2ii, 2iii)

Feasibility of implementation – examples include

- Qualitative or quantitative evaluation of a product's ease of use (intermediate-term outcomes 1bi, 1bii)
- Qualitative or quantitative measurement of the ability to implement an intervention consistently (intermediate-term outcomes 1ai, 1aii, 1ci, 1di, 1di, 2ai, 2bi)
- Extent to which healthcare facilities effectively implement IPC practices or procedures that can be rapidly scaled up or adapted to support IPC implementation during emergencies (long-term outcome 1iii)

Institutionalization – examples include

- Extent to which a process or procedure is integrated within healthcare facilities or systems (intermediate term-outcomes 1ai, 1aii, 1bi, 1ci, 1di, 1ei, 2bii)
- Extent to which partnerships have been established or strengthened to support institutionalization (intermediate outcome 2ci; long-term outcome 2iv)

Outcome measures for components 1 and 2 should reflect the applicant's efforts to support vulnerable, under-resourced, and/or underserved populations.

Additional guidance for component 2: Training and education resources developed should be evaluated and results documented in required reports (see reporting section of this NOFO). Evaluation includes measuring appropriate process indicators (e.g., trainee demographics, quality of training), immediate training outcomes (e.g., changes in knowledge, attitudes, and skills) and where possible, long-range impact (e.g., improvements in healthcare IPC and patient safety outcomes). Evaluation data should be used to help improve courses over the NOFO period of performance.

Data management plan:

A data management plan (DMP) is required if the activities proposed by the applicant involve the collection or generation of public health data. Public health data is described as digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation. It does not include grantee progress reports, administrative data, preliminary analyses, drafts of scientific papers, plans for future research, reports, communications with colleagues, or physical objects, such as laboratory notebooks or specimens.

Additional information on DMPs can be found here: Additional Requirement – 25 | Grants | CDC
The applicant should determine if a DMP is required based on the activities proposed in the work plan. The applicant should clearly state if a DMP is required in the performance measurement and evaluation section of their application. The applicant should provide a justification if a DMP is not required.

Minimum DMP requirements are:

- A description of the data to be collected or generated in the proposed project
- The standards to be used for the collected or generated data
- Mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights
- Statement of the use of data standards that ensure all documentation that describes the method of collection and what the data represent
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access and are not justified
- Other additional requirements based on the program

Applicants may not be able to provide all required information as part of the initial application. In these instances, applications should include a DMP that is as complete as possible.

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 the 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) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. 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/additional-requirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant 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.

Given the wide range of potential recipients, their activities, and their target populations, evaluation plans must be tailored when or if recipients are funded by CDC programs. However, each evaluation plan should include some elements that are consistent across recipients (as outlined in the logic model and in the CDC Performance and Measurement Strategy section above). Funded recipients will be required to provide process and outcome measures that indicate programmatic progress toward the strategy(ies) their work supports.

In addition to the minimum reporting requirements above, the applicant's evaluation plan should include the following:

- Plans for data collection should include the method and frequency of data collection and describe responsible parties who will assure that data collection activities are implemented.
- Describe how process and outcome performance measure findings will be used to assess project progress, identify performance gaps, and identify new interventions and activities to address performance gaps and continuously improve project quality.
- Documentation of their willingness to share agreed-upon data with CDC and a description of any anticipated challenges in sharing evaluation and performance

measurement data with CDC or storing performance measurement data on CDC data systems due to local or national guidelines, standards, or regulations.

The applicant evaluation and performance measurement plan will be developed with CDC based on the nature of the work to be conducted. Additional guidance on development of evaluation and performance measurement plans may be provided by CDC, as needed.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants should possess the organizational capacity needed to implement the award. Many of the desired capacities are listed below. An applicant does not need to have all capacities listed, but should provide a thorough narrative description of the organization's capacities that will support successful implementation (maximum of 2 pages). A description of the organizational capacity of the applicant must be included as part of the Project Narrative.

Applicants must have the unique and specialized technical expertise, established infrastructure, partnerships, and management capabilities as outlined in the organizational capacity section of this NOFO. Applicants must demonstrate how they are uniquely suited to implement the activities proposed in their work plan and significantly contribute toward the bolded outcomes defined in the logic model within the NOFO period of performance.

Applicants should demonstrate:

- Relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.
- Experience and capacity to design and implement the evaluation plan.
- Staffing plan and project management structure sufficient to achieve the project outcomes and which clearly defines staff roles. This includes, but is not limited to, program and staffing management; performance measurement and evaluation systems; financial reporting systems; communication, technological, and data systems required to implement activities in an effective and expedited manner; physical infrastructure and equipment; and workforce capacity.

Applicants should demonstrate that they have a financial management system that will allow proper fiscal 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: "45 CFR Part 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.

Applicants must demonstrate their ability to manage the required procurement efforts, including the ability to compose clear scopes of work and award contracts in accordance with applicable grants regulations. Recipients must have the ability to (1) submit an amended budget within 14 days of notice of CDC's intent to make an award, (2) procure equipment, services, etc., (3) hire or contract for temporary staffing, and (4) execute a contract within 30 days. Applicants must agree to submit quarterly spend reports for any awards made under this NOFO.

Applicants are required to submit a current organizational chart for relevant components of their

organization as part of their application package. The file(s) must be named, "Organizational Chart," and uploaded at www.grants.gov.

Examples of organizational capacities of strong applicants include, but are not limited to, those listed below. The technical capacities needed will differ depending on the specific strategies included in the work plan.

Component 1 and component 2 management and administrative capacities include the ability to conduct the following. Applicants should describe their capacity to:

- Employ or access to the necessary public health and healthcare IPC experts
- Effectively manage partnerships with other organizations
- Conduct performance monitoring and evaluation and submit required reports
- Conduct and submit financial reports
- Conduct budgeting and management and administration activities
- Conduct personnel management activities
- Conduct program management activities
- Access communication, technological, and data systems required to implement activities

Technical capacities for Component 1 include the following. Applicants should describe their technical capacities as related to:

The ability to form and deliver new insights and innovative solutions to healthcare IPC implementation challenges in the United States of America, including:

- Identification and engagement of the target healthcare facility setting(s), healthcare worker population(s), or other key component(s) of healthcare IPC implementation
- Identification of existing gaps and the root cause of the gaps to be addressed within the target setting or population
- Description of the approach to implementation of the activities in the work plan according to the timelines proposed
- Provision of evidence for the likely success of the applicant's proposed approach

Have the infrastructure necessary (e.g., specialized subject matter expertise, access to healthcare settings, specialized equipment or technology) to implement activities in support of at least one (1) of the program strategies within component 1.

The capacity to monitor and report on their work related to the healthcare IPC and/or healthcare IPC preparedness strategies included in their work plan.

The ability to inform the development, distribution, and/or implementation of public health guidance, recommendations, and tools and provide support to implement these resources.

Technical capacities for Component 2 include the following. Applicants should describe their technical capacities as related to:

Strategies 2a, 2b, and 2c

- Have the necessary infrastructure and specialized subject matter expertise to implement activities in support of at least one (1) of the program strategies within component 2

Strategies 2a and 2b – The ability to:

Form and deliver new insights and innovative solutions to healthcare IPC training, education, and/or competency assessment challenges in the United States of America, including:

- Identification and engagement of the target healthcare facility setting(s) or healthcare worker population(s)
- Identification of existing gaps and the root cause of the gaps to be addressed within the target setting or population
- Description of the approach to implementation of the activities in the work plan according to the timelines proposed
- Provision of evidence for the likely success of the applicant's proposed approach

Inform the development of new and/or improved approaches to healthcare IPC training, education, and/or competency assessment; develop resources (e.g., guidance, recommendations, and tools) associated with the new and/or improved approaches; and provide support to implement these resources.

Support, reach, and engage a national, regional, or local network of an occupational category(ies) or healthcare facility(ies) that is/are integral to healthcare IPC training, education, and/or competency assessment.

Monitor and report on their work related to healthcare IPC training, education, and/or competency assessment.

Strategy 2c – The ability to:

- Establish a regional integrated healthcare epidemiology and IPC resource center within the applicant's organization (e.g., an academic medical center, school of public health, or school of nursing) as part of a new CDC network to strengthen public health department capacity through online and in-person resources and training for detecting and responding to healthcare-associated infections (HAI) and antibiotic resistant (AR) threats.
- Develop, adapt, deliver, and promote trainings and resources to support the HAI/AR public health workforce within an assigned region derived from recommendations and needs assessments from multiple sources, including: 1) CDC identified needs and priorities; 2) local and regional health department needs assessments; and 3) new and existing national guidelines.
- Monitor and report on their work supporting the U.S. public health workforce and health department capacity

All applicants should include the following attachments for the application:

- Letter signed by the CEO, President, or other senior leader of the organization on organizational letterhead attesting to the existing capacity and capability for rapid procurement, hiring, and contracting. The file must be named "Organizational Capacity Letter" and uploaded as a .pdf at www.grants.gov.
- Organizational chart reflecting the organizational make-up and placement of the public health program. The file(s) must be named, "Organizational Chart," and uploaded at www.grants.gov.

d. Work Plan

Applicants must submit a separate work plan for each component to which they are applying. The work plan should address the strategy(ies) specified for each component in the Project Abstract Summary.

Work plans for each component applied to should contain a detailed description of the work to be completed in year one and projection of activities to be completed in future years of the 5-year period of performance, pending available funding and successful submission of continuation applications.

A work plan template table (see template below) must be provided for each strategy (from the logic model) included in the application. Activities proposed should align with the approach (logic model, strategies, activities, outcomes, and evaluation/performance measures) outlined throughout this funding announcement.

Post-award, the proposed work plan and activities may be adjusted in collaboration with CDC to better address the overarching goals of the NOFO. Applicants should be able to revise work plans as emerging needs arise and/or upon discussion with CDC program staff.

Applicants should ensure that implementation of activities in support of a strategy(ies) is supported by guidance, interim guidance, recommendations, and/or tools provided by the CDC for healthcare providers and occupational groups engaged in healthcare IPC.

Component (from Logic Model)			
Strategy (from Logic Model)			
Period of performance outcome(s) (intermediate- and/or long-term outcome(s) from Logic Model)			
Outcome measure(s)			
Activity	**Process measure(s)**	**Responsible position/party**	**Anticipated completion date**

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.

For all work plans supported through this funding opportunity, recipients should collaborate closely CDC project officers, technical monitors, and sponsoring CDC programs, as well as other organizations funded by CDC to address related healthcare IPC needs, as appropriate.

Additional CDC routine monitoring and accountability activities may include:

- Reviewing and approving the recipient's annual work plan and detailed budget
- Reviewing as necessary to the process used by the recipient to select key personnel and/or sub-recipients used in the activities performed under this agreement
- Providing administrative support to help the recipient meet U.S. Government financial and reporting requirements
- Organizing regular calls and meetings with the recipient to monitor project implementation progress
- Organizing regular calls and meetings with the recipient to assess expenditure in relation to approved work plan and to modify as necessary

f. CDC Program Support to Recipients

CDC staff will be involved in the program activities beyond routine cooperative agreement monitoring. CDC subject matter experts will serve in technical monitoring roles for specific

activities, segments, or aspects of a recipient's work plan. CDC's Division of Healthcare Quality Promotion will coordinate review of all applications received to ensure that activities are in scope and do not duplicate those funded by other CDC cooperative agreements. CDC will use application submission information to identify strengths and weaknesses, and to establish priorities for technical monitoring and support.

To assist recipients in achieving the outcomes of this NOFO, CDC will conduct the following activities:

- Facilitate communication among recipients to advance the sharing of expertise on program activities
- Coordinate planning and implementation activities with other organizational and/or federal partners as needed

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U50

3. Fiscal Year:
2022
Estimated Total Funding:
$100,000,000

4. Approximate Total Fiscal Year Funding:
$12,000,000
This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$100,000,000

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

7. Expected Number of Awards:
12
At this time, CDC estimates that 12 applicants will initially be awarded in response to this NOFO (6 for component 1 and 6 for component 2). This is subject to change. All other approved applicants will be added to the approved but unfunded (ABU) roster listing. Applicants on the ABU list may be funded in response to other emerging challenges and opportunities, as the need arises, for up to twenty-four months from the date of the ABU letter.

8. Approximate Average Award:

$1,000,000
Per Budget Period

This is the average one-year award amount for a recipient conducting work in only one component. The average one-year award amount is subject to change and is subject to the availability of funds.

9. Award Ceiling:
$0
Per Project Period

No ceiling is established at the outset for this NOFO. CDC may establish a ceiling when new public health needs, healthcare infection control needs, and/or public health emergencies arise. Supplemental guidance will provide additional information, as necessary. This is subject to the availability of funds.

10. Award Floor:
$0
Per Project Period

11. Estimated Award Date:
July 25, 2022
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).

12. Budget Period Length:
12 month(s)

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
20 (Private institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

22 (For profit organizations other than small businesses)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

23 (Small businesses)

11 (Native American tribal organizations (other than Federally recognized tribal governments))

04 (Special district governments)

02 (City or township governments)

01 (County governments)

00 (State governments)

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

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

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

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

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

State controlled institutions of higher education

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities

Community-based organizations

Faith-based organizations

2. Additional Information on Eligibility

Applicants can apply to one or both components. Within each component, an applicant may include a maximum of two strategies (as defined in the logic model). Applicants must clearly state the component(s) and strategy(ies) (as defined in the logic model) to which they are applying in the Project Abstract Summary.

An application will be deemed non-responsive if an applicant includes more than two strategies (as defined in the logic model) for each component included in the application.

The following types of Higher Education Institutions are always encouraged to apply for CDC support as Public or Private Non-profit Institutions of Higher Education:

- Historically Black Colleges and Universities (HBCUs)
- Tribally Controlled Colleges and Universities (TCCUs)
- Alaska Native- and Native Hawaiian-serving institutions
- Hispanic-serving institutions

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Cost sharing or matching of funds is 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. Required Registrations

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.

In preparation for the federal government's April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), **applicants must include a UEI in applications (SF-424, field 8c) due on or after January 25, 2022**. The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and grants.gov. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available at: https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update, SAM.gov, https://www.grants.gov/forms/sf-424-family.html and https://grantsgovprod.wordpress.com/2021/09/14/how-to-find-an-applicants-uei-

within-grants-gov/.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number to register in SAM.gov prior to April 4, 2022. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

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 and a Unique Entity Identifier (UEI). All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov: The first step in submitting an application online is registering your organization atwww.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option atwww.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) (Required	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/

	until April 4, 2022)	instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit 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 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 01/28/2022

01/28/2022

b. Application Deadline

Due Date for Applications 02/11/2022

02/11/2022
11:59 pm 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.

January 12, 2022

Due Date for Information Conference Call
You are invited to a Zoom webinar.
When: Jan 12, 2022
Time: 03:00-4:30 PM Eastern Time (US and Canada)
Topic: CK22-2203 Informational Webinar

Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_hGNheMEURjeCDvwbVjtyOw

After registering, you will receive a confirmation email containing information about joining the webinar.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

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

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI:
Recommended but not Required

Letters of intent must be received by email no later than 1/28/2022.
The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. Failure to submit an LOI will not impact review of the applications.
Letters of intent must state the component(s) and strategy(ies) the applicant intends to include in their application. When stating the component(s) and strategy(ies) the applicant intends to include in their application, the applicant should use number that corresponds to components and strategies in the logic model. For example:

- The application submitted will include COMPONENT 1, strategies 1a and 1b.
- The application submitted will include COMPONENT 1, strategies 1c and COMPONENT 2, strategy 2a and 2b.

LOI should be sent via email to: healthcareIPCcoag@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

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

10. Project Narrative

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

Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of

Management and Budget. For further information about CDC's requirements under PRA see https://www.cdc.gov/od/science/integrity/reducePublicBurden/.

- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative,

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

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

- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file

at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Pilot Program for Enhancement of Employee Whistleblowers 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.

13a. 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 45 CFR 75 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.

13b. 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.

13c. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the 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/additional-requirements/ar-25.html.

14. 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 andadditional 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.

While applicants can be funded by multiple CDC funding mechanisms (e.g., cooperative agreements), applicants must not be funded by any other CDC cooperative agreement or other

funding mechanism to conduct work that duplicates efforts with the work proposed in their application for this NOFO.

15. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity atwww.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 whenwww.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 bywww.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=GetStarted%2FGetStarted.htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service atwww.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 thatwww.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call thewww.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 the Office of Grants Services. Complete applications will be reviewed for responsiveness by Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach **Maximum Points:** 35

Component 1

Criteria	Maximum points available
To what extent does the applicant illustrate and justify the U.S. healthcare IPC, patient safety, and/or healthcare IPC preparedness need for the proposed project consistent with the purpose and objectives of this NOFO?	5
To what extent does the applicant describe an overall strategy and activities consistent with the logic model and outcomes?	5

To what extent does the applicant present a work plan consistent with the content and format proposed by CDC and aligned with NOFO strategies and activities, outcomes, and performance measures described in the approach?	5
To what extent has the applicant provided estimated timelines for completion of work plan activities that are reasonable and within the period of performance?	5
To what extent does the applicant describe approaches and methods that are evidence-based, realistic, and achievable to meet the objectives of this NOFO?	5
To what extent does the applicant describe specific activities to be implemented that will improve healthcare IPC implementation and/or healthcare IPC preparedness and demonstrate how they will achieve project outcomes?	5
To what extent does the applicant describe engagement of the target healthcare setting and/or healthcare personnel target population and other partners?	5

Component 2

Criteria	Maximum points available
To what extent does the applicant illustrate and justify the U.S. healthcare IPC and/or patient safety need for the proposed project consistent with the purpose and objectives of this NOFO?	5
To what extent does the applicant describe an overall strategy and activities consistent with the logic model and outcomes?	5
To what extent does the applicant present a work plan consistent with the content and format proposed by CDC and aligned with NOFO strategies and activities, outcomes, and performance measures described in the approach?	5
To what extent has the applicant provided estimated timelines for completion of work plan activities that are reasonable and within the period of performance?	5
To what extent does the applicant describe approaches and methods that are evidence-based, realistic, and achievable to meet the objectives of this NOFO?	5
To what extent does the applicant describe specific activities to be implemented that will: Strategies 2a and 2b: Improve healthcare IPC training, education, and competency assessment; describe engagement of the target population/setting and partners; and demonstrate how they will achieve project outcomes? OR	10

Strategy 2c: Improve the ability of the U.S. public health workforce to detect, prevent, and respond to healthcare-associated infections (HAI) and antibiotic resistance (AR) threats through training and resources; describe engagement of target partners; and demonstrate how they will achieve project outcomes?	

ii. Evaluation and Performance Measurement **Maximum Points:** 30

Component 1

Criteria	Maximum points available
To what extent does the applicant's evaluation and performance measurement plan include and adequately describe quantitative and qualitative process and outcome measures?	5
To what extent does the applicant describe available data systems and feasibility of collecting appropriate evaluation and performance measurement data?	5
To what extent does the applicant demonstrate experience and capacity to implement evaluation and performance measurement activities?	7
To what extent does the applicant describe how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement?	8
Does the applicant provide a data management plan, if one is required? If a data management plan is not required, does the applicant provide a clear justification for a data management plan not being required?	5

Component 2

Criteria	Maximum points available
To what extent does the applicant's evaluation and performance measurement plan include and adequately describe quantitative and qualitative process and outcome measures?	5
To what extent does the applicant describe available data systems and feasibility of collecting appropriate evaluation and performance measurement data?	5
To what extent does the applicant demonstrate experience and capacity to implement evaluation and performance measurement activities?	7

To what extent does the applicant describe how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement?	8
Does the applicant provide a data management plan, if one is required? If a data management plan is not required, does the applicant provide a clear justification for a data management plan not being required?	5

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 35

Component 1

Criteria	Maximum points available
To what extent does the applicant include qualified staff with appropriate technical expertise and context-appropriate experience to effectively implement proposed activities? Does the applicant include a clear organizational chart?	5
To what extent does the applicant's proposed management structure for the project demonstrate a clear plan and capacity for administration and management of proposed activities, management of program resources, preparation of required reports, implementation of monitoring and evaluation activities, and collection and analysis of performance measurement data? *Considerations include ability of the applicant to:* • Effectively manage partnerships with other organizations • Conduct performance monitoring and evaluation and submit required reports • Conduct and submit financial reports • Conduct budgeting and management and administration activities • Conduct personnel management activities • Conduct program management activities • Access communication, technological, and data systems required to implement activities	10
To what extent does the applicant have the unique and specialized organizational capacity to form and deliver new insights and innovative solutions to healthcare IPC implementation, including:	8

• Identification and engagement of the target healthcare facility setting(s), healthcare worker population(s), or other key component(s) of healthcare IPC implementation • Identification of existing gaps and the root cause of the gaps to be addressed within the target setting or population • Description of the approach to implementation of the activities in the work plan according to the timelines proposed • Provision of evidence for the likely success of the applicant's proposed approach	
To what extent does the applicant have the necessary infrastructure (e.g., specialized subject matter expertise, access to healthcare settings, specialized equipment or technology) to implement activities in support of at least one (1) of the program strategies in component 1?	7
To what extent does the applicant demonstrate the capacity to monitor and report on their work related to the healthcare IPC and/or healthcare IPC preparedness strategies included in their work plan?	5

Component 2

Criteria	Maximum points available
To what extent does the applicant include qualified staff with appropriate technical expertise and context-appropriate experience to effectively implement proposed activities? Does the applicant include a clear organizational chart?	5
To what extent does the applicant's proposed management structure for the project demonstrate a clear plan and capacity for administration and management of proposed activities, management of program resources, preparation of required reports, implementation of monitoring and evaluation activities, and collection and analysis of performance measurement data? *Considerations include ability of the applicant to:* • Effectively manage partnerships with other organizations • Conduct performance monitoring and evaluation and submit required reports • Conduct and submit financial reports • Conduct budgeting and management and administration activities • Conduct personnel management activities	8

• Conduct program management activities • Access communication, technological, and data systems required to implement activities	
To what extent does the applicant have the organizational capacity to: Strategies 2a and 2b: Form and deliver new insights and innovative solutions to healthcare IPC training, education, and/or competency assessment (e.g., identification and engagement of the target setting/population, identification of gaps/needs, description of an appropriate implementation approach, and evidence for likely success of the approach)? Or Strategy 2c: Establish a network of CDC-funded HAI/AR programs within a defined region and provide ongoing engagement and support of those programs	7
To what extent does the applicant have the necessary infrastructure and specialized subject matter expertise to implement activities in support of at least one (1) of the program strategies in component 2?	5
To what extent does the applicant describe: Strategies 2a and 2b: How they can support, reach, and engage a national, regional, or local network of an occupational category(ies) or healthcare facility(ies) that is integral to healthcare IPC training, education, and/or competency assessment? Or Strategy 2c: How they can strengthen public health department capacity through online and in-person resources and training for detecting and responding to healthcare-associated infections (HAI) and antibiotic resistant (AR) threats?	5
To what extent does the applicant demonstrate the capacity to monitor and report on their work related to: Strategies 2a and 2b: healthcare personnel IPC training, education, and/or competency assessment Or Strategy 2c: Supporting the U.S. public health workforce and health department capacity	5

Budget **Maximum Points:** 0

Component 1

Criteria
To what extent is the proposed budget consistent with stated program strategies and planned program activities?

To what extent is the proposed budget adequately justified?

Component 2

Criteria
To what extent is the proposed budget consistent with stated program strategies and planned program activities?
To what extent is the proposed budget adequately justified?

c. Phase III Review

All applications are subject to CDC's standard objective review process using the criteria described within. The final decision on which components and strategies will be funded will be made at the time of award.

Applications will be rank ordered. The CDC program will use a separate rank ordered list for each component.

To successfully implement the strategies in this NOFO and achieve the outcomes defined in the logic model, CDC recognizes the need to potentially fund out of rank order in order to:

- Address geographic needs and achieve geographic diversity
- Ensure maximum coverage of target populations and healthcare settings, including populations and settings disproportionately impacted by healthcare IPC needs and/or infectious disease transmission
- Align with U.S Government, HHS, and/or CDC priorities and the priorities of the appropriation(s) used to fund this NOFO
- Ensure coverage of activities across all NOFO components and strategies to achieve desired outcomes
- Avoid funding duplicate or very similar lines of activities across strategies and components
- Respond to an emerging healthcare IPC or public health need and/or unforeseen public health emergency or healthcare IPC need

This funding opportunity will establish a roster of organizations that are pre-identified and pre-approved for funding (an approved but unfunded (ABU) list of recipients). The ABU list may be used to provide additional funding during the period of performance (if available) to respond to emerging healthcare IPC needs.

There is limited funding available at the time of this announcement. Additional funding will be contingent upon the availability of appropriations and is at CDC's sole discretion. CDC will provide additional information to recipients as needs arise.

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

Announcement date: December 3, 2021
Informational webinar: January 12, 2022.
Letters of intent due: January 28, 2022.
Application submission due date: February 11, 2022.
Anticipated award date: July 25, 2022
Anticipated start date: August 1, 2022

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

• Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

• For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

• HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

• For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

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, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before	Yes

	end of budget period. Serves as yearly continuation application.	
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

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

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

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).

• The frequency that evaluations will be conducted.

• How evaluation reports will be published on a publically available website.

• How evaluation findings will be used to ensure continuous quality and program improvement.

• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).

• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov 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 recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 120 days prior to the end of the budget period.

Recipients must submit carry-over requests as part of the annual performance report. For year 2 and beyond of the award, recipients may request that as much as 75% of their estimated unobligated funds be carried over into the next 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.

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 through the Payment Management System (PMS). 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.

FFR report should be submitted via grant note via Grant Solutions

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

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

- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

FFR report should be submitted via grant note via Grant Solutions

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.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified

portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Kate
Last Name:
Agin Alexander
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
1600 Clifton Rd Atlanta GA 30303

Telephone:

Email:
healthcareipccoag@cdc.gov

Grants Management Office Information

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

First Name:
Freda
Last Name:
Johnson
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:

Telephone:
770-488-3107
Email:
wve2@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
- 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

Indirect Cost Rate, if applicable

Non-profit organization IRS status forms, if applicable

Memorandum of Understanding (MOU)

Memorandum of Agreement (MOA)

Bona Fide Agent status documentation, if applicable

Reference list or bibliography for project narrative

Please use the name of the applying organization as the title of the application package

Please monitor grants.gov for updated information about this funding opportunity. Additional information (e.g., informational webinar recording and frequently-asked questions) may be posted to this link, as available: https://www.cdc.gov/ncezid/what-we-do/grants/2022.html (in development).

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 https://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: 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 Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the period of performance. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

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. https://www.cdc.gov/grants/additional-requirements/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.

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.