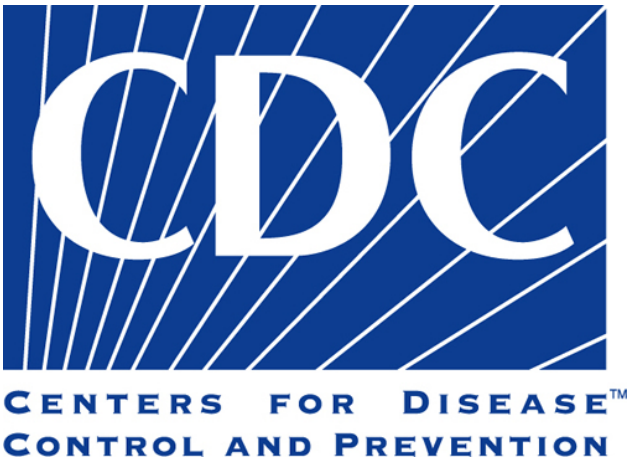


Centers for Disease Control and Prevention

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Creating Safer States by Advancing Health Equity, Injury, and Violence Prevention

CDC-RFA-CE-23-2308

04/17/2023

Table of Contents

A. Funding Opportunity Description 3
B. Award Information 19
C. Eligibility Information 21
D. Application and Submission Information 22
E. Review and Selection Process 33
F. Award Administration Information 37
G. Agency Contacts 44
H. Other Information 45
I. Glossary 46

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-CE-23-2308. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Creating Safer States by Advancing Health Equity, Injury, and Violence Prevention

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-CE-23-2308

E. Assistance Listings Number:

93.136

F. Dates:

1. Due Date for Letter of Intent (LOI):
03/10/2023

2. Due Date for Applications:
04/17/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
February 27, 2023, at 1:00PM ET.

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G. Executive Summary:

1. Summary Paragraph
In the United States, nearly 278,345 died from injuries and violence in 2020. More than 3.5 million people are hospitalized, and 18 million treated in emergency rooms each year. To address injury and violence prevention (IVP), CDC supports IVP at the state, local and community levels to prevent related morbidity and mortality. The purpose of this NOFO is to identify a recipient (all entities are eligible to apply) that will strengthen IVP infrastructure and capacity of funded and unfunded State Health Departments (SHDs) and Local Health Departments (LHDs). Applicant activities are intended to demonstrate progress towards the following outcomes:

- Increased ability for IVP funded and unfunded SHDs and LHDs to identify and respond to emerging injury and violence threats
- Increased capacity for IVP funded and unfunded SHDs and LHDs to address health equity and diversity, equity, belonging, inclusion, and accessibility (DEBIA) within their organization and with their communities served
- Increased access for IVP funded and unfunded SHDs and LHDs to resources and tools to improve the health of communities served

- Increased capacity for IVP funded and unfunded SHDs and LHDs to strengthen communities by increasing protective factors for injuries and violence using best available evidence
- Increased ability to implement evidence-based programs
- Increased ability for IVP partnerships to collaborate across various sectors (SHDs, LHDs, research, public health, etc.)

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
1

d. Total Period of Performance Funding:
$10,000,000

e. Average One Year Award Amount:
$1,150,000
Pending availability of funds, additional funding may be available to expand approved activities up to $2,000,000 during the first 12-month budget period.

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

g. Estimated Award Date:
September 30, 2023

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Injuries are the leading cause of death for Americans aged 1 to 44, and a leading cause of disability for all ages, regardless of sex, race and ethnicity, or socioeconomic status [1]. Seven people per hour die a violent death. More than 19,100 people were victims of homicide and almost 46,000 people died by suicide in 2020 alone. More than 3 million people are hospitalized, and 27 million people treated in emergency rooms because of injuries and violence each year. In fact:

- Motor vehicle crashes killed almost 41,000 people in 2020, that's more than 110 people every day
- Deaths from traffic crashes in the U.S. cost over $430 billion in medical and lost work annually
- In 2020, an estimated 12.2 million American adults seriously thought about suicide, 3.2 million planned a suicide attempt, and 1.2 million attempted suicides.
- The estimated annual cost of youth violence is nearly $100 billion.
- Each day more than 1,000 youth are treated in emergency departments for physical assault-related injuries
- There were approximately 223,000 traumatic brain injury (TBI)-related hospitalizations and 64,000 TBI-related deaths in 2020.
- The 2020 cost of injury in the U.S. was $4.6 trillion.

Most events that result in injury, violence, and/or death could be prevented if evidence-informed public health strategies, practices, and policies were used throughout the nation. To address IVP, CDC supports programmatic, policy, communication, and evaluation activities to build capacity for injury and violence expertise at the state, local and community levels to prevent related morbidity and mortality. To expand the reach of existing capacity building efforts, CDC announces the availability of funding to enhance the capacity SHDs and their LHD affiliates, regional networks, and partners in implementing IVP interventions based on the best available evidence.

The purpose of this NOFO is to contribute to the prevention of injuries and violence by strengthening IVP public health infrastructure and capacity in SHDs. In addition, all activities proposed in response to this NOFO should have a health equity lens. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices, overcome economic, social, and other obstacles to health and health care, and eliminate preventable health disparities.

Applicant activities are intended to demonstrate measurable progress towards the following outcomes in IVP SHDs and LHDs:

- Increased ability for IVP funded and unfunded SHDs and LHDs to identify and respond to emerging injury and violence threats
- Increased capacity for IVP funded and unfunded SHDs and LHDs to address health equity and DEBIA within their organization and with their communities served
- Increased access for IVP funded and unfunded SHDs and LHDs to resources and tools to improve the health of communities served

- Increased capacity for IVP funded and unfunded SHDs and LHDs to strengthen communities by increasing protective factors for injuries and violence using best available evidence
- Increased ability for IVP funded and unfunded SHDs and LHDs to implement evidence-informed programs
- Increased ability for IVP partnerships to collaborate across various sectors (SHDs, LHDs, research, public health, etc.)

This award is intended to enhance the infrastructure and capacity of SHD IVP programs, all entities are eligible to apply.

b. Statutory Authorities
This program is authorized under sections 301(a), 392, and 393 of the Public Health Service Act, (42 U.S.C. sections 241(a), 280b-1, and 280b-1a), as amended.

c. Healthy People 2030
This NOFO addresses Healthy People 2030 national objectives for IVP. More information on Healthy People 2030 IVP objectives are available at: Violence Prevention - Healthy People 2030 | health.gov and Reduce fatal injuries — IVP01 - Healthy People 2030 | health.gov

d. Other National Public Health Priorities and Strategies
N/A

e. Relevant Work
Since 1993, CDC's NCIPC has supported a cooperative agreement to provide technical assistance, training and other capacity building support activities in all states and territories. These efforts allowed for the development of the five core components of an IVP program including infrastructure; data collection, analysis and dissemination, implementation, and evaluation; technical support and training and public policy.

This funding opportunity builds upon the following past NOFO:

- Creating Safer States: Through Building Capacity for Injury & Violence Prevention (CDC-RFA-CE18-1802) -

More information on NCIPC funded programs, visit:
http://www.cdc.gov/injury/FundedPrograms/index.html

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-CE23-0008 Logic Model: Creating Safer States

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<u>Strategy 1</u> Provide training and TA for IVP for funded and unfunded SHDs, LHDs <u>Strategy 2</u> Convene and/or lead Regional Network Coordinating Organizations (RNCO) <u>Strategy 3</u> Provide leadership and support for violence prevention partner meetings <u>Strategy 4</u> Provide leadership and support for health equity and Injury Violence Prevention Network (IVPN)	**Increased in self-reported knowledge by webinar participants (1)** **Increased in the training participants' ability to address diversity and health equity through their injury and violence prevention work (1)** **Increased number and diversity of the Regional Network (2)** **Improved collaboration with ICRCs or similar research entities, including invitation as participatory members (2)** **Improved use of data and strategies for continuous program improvement (1)** **Increased development and facilitation of IVP partnerships (IVPN, Core SIPP, RNCO, violence prevention partners) (2,3,4)**	**Increased ability for IVP funded and unfunded SHDs and LHDs to identify and respond to emerging injury and violence threats** **Increased capacity for IVP funded and unfunded SHDs and LHDs to address health equity and DEBIA within their organization and with their communities served** **Increased access for IVP funded and unfunded SHDs and LHDs to resources and tools to improve the health of communities served** **Increased capacity for IVP funded and unfunded SHDs and LHDs to strengthen communities by increasing protective factors for injuries and violence using best available evidence** **Increased ability for IVP funded and unfunded SHDs and LHDs to implement evidence-informed programs**	Decreased rates of injury and violence Increased IVP capacity and infrastructure

		Increased ability for IVP partnerships to collaborate across various sectors (SHDs, LHDs, research, public health, etc.)	

i. Purpose

The overall purpose of this NOFO is to enhance the capacity of SHDs, their local health department affiliates, regional networks, and partners in adopting and implementing IVP strategies based on the best available evidence. The program will strengthen IVP capacity and PH infrastructure with particular emphasis on Core SIPP topic areas: Adverse Childhood Experiences (ACEs), Traumatic Brain Injury (TBI), Transportation Safety, and other CDC IVP priority areas (Suicide, Opioids, and Youth Violence Prevention). The program will utilize a health equity lens for implementation in this NOFO.

ii. Outcomes

To decrease the burden of injury and violence morbidity and mortality and associated health disparities, states and IVP partners need to expand population-level reach and increase the number of IVP strategies they implement that are based on the best available evidence. This program will focus on the short-term and intermediate outcomes of increasing IVP partnerships, capacity, and infrastructure. Specifically, the desired outcomes of the NOFO are:

- Increased in self-reported knowledge by webinar participants
- Increase in the training participants' ability to address diversity and health equity through their injury and violence prevetion work
- Increased number and diversity of the Regional Netowrk
- Improved collaboration with ICRCs or similar research entities, including invitation as participatory members
- Improved use of data and strategies for continuos program improvement
- Increased ability for IVP funded and unfunded SHDs and LHDs to identify and respond to emerging injury and violence threats
- Increased capacity for IVP funded and unfunded SHDs and LHDs to address health equity and DEBIA within their organization and with their communities served
- Increased access for IVP funded and unfunded SHDs and LHDs to resources and tools to improve the health of communities served
- Increased capacity for IVP funded and unfunded SHDs and LHDs to strengthen communities by increasing protective factors for injuries and violence using best available evidence
- Increased ability for IVP funded and unfunded SHDs and LHDs to implement evidence-informed programs

- Increased ability for IVP partnerships to collaborate across various sectors (SHDs, LHDs, research, public health, etc.)
- Increased development and facilitation of IVP partnerships (IVPN, Core SIPP, RNCO, violence prevention partners

iii. Strategies and Activities

As depicted in the logic model, this NOFO includes four overarching strategies: 1) Provide training and TA for IVP for funded and unfunded SHDs, LHDs; 2) Convene or lead Regional Network Coordinating Organizations (RNCO); 3) Provide leadership and support for violence prevention partner meetings; and 4) Provide leadership and support for health equity and Injury Violence Prevention Network (IVPN). The four strategies are linked by a health equity lens.

The following activities are required to achieve the outcomes describe in the section above:

Provide training and TA for IVP for funded and unfunded SHDs, LHDs

Year 1

- Outline a plan that demonstrates evidence-informed understanding of the training and TA needs of SHD IVP practitioners and/or the IVP field at large.
- The plan should emphasize CDC's Core SIPP priority topic areas (ACEs, TBI, Transportation Safety), tools to enhance operational development of SHD IVP Programs, and facilitate awareness and dissemination of the best available evidence for other CDC NCIPC Director IVP priority areas including the opioid epidemic, suicide, and youth violence prevention.
- The plan should outline a year-1 implementation schedule of at least four (4) webinars/trainings with an emphasis on IVP, health equity and/or DEBIA
- The plan should describe a framework for how each of the webinars/trainings will be:
    - Developed with appropriate content and SMEs
    - Promoted to the appropriate audiences
    - Assess training and TA participant satisfaction
- The plan should describe how the recipient will provide direct technical assistance (e.g., in person site visit, virtual visit, etc.) to funded and unfunded SHDs, LHDs
    - Direct technical assistance should integrate an emphasis on health equity and the Diversity, Equity, Belonging, Inclusion, and Accessibility **(**DEBIA)
    - Direct technical assistance should integrate a plan for use of data and strategies for continuous program improvement
- Provide at least two coaching opportunities to Core SIPP funded or unfunded SHDs. These coaching opportunities should be designed to help SHDs assess and improve their IVP capacity and infrastructure.

- Develop at least one resource or provide direct training support for funded and unfunded SHDs and LHDs that enhances public health literacy for IVP

Annual

- Host at least for four (4) webinars/training with an emphasis on IVP, health equity and/or DEBIA
- Provide at least two coaching opportunities
- Provide direct technical assistance (e.g., in person site visit, virtual visit, etc.) to funded and unfunded SHDs, LHDs
- Develop at least one new tool or guidance document with an emphasis on IVP, health equity and/or DEBIA

Convene and/or lead Regional Networking Coordinating Organizations (RNCO)

Year 1

- Provide coordination of technical assistance to member states
- Collaborate with IVP related organizations in region
- Engage in strategic planning around engaging and sustaining participation of, and IVP support for, states not funded by Core SIPP
- Coordinate one in-person meeting. Meeting can be held in conjunction with annual Safe States Alliance Meeting
- Facilitate RNCO monthly calls, evaluation activities, meetings, etc.
- Provide learning opportunities for members (i.e., trainings, webinars, direct technical assistance)
- Disseminate Regional Network Satisfaction Survey
- Develop and implement a plan for mutual peer learning among members
- Recruit relevant agencies and organizations to participate as members in the regional network including at least one Injury Control Research Center (ICRC) or similar research entity
    - Additional agencies and organizations for consideration include Tribal Nations and/or Organizations such as Tribal Epidemiology Centers, Federal Partners such as Health Resources and Service Administration, Non-Profit Organizations, and multidisciplinary partners from relevant fields (e.g., transportation, social services, law enforcement, education) etc.

Annual

- Develop annual action plan, collaboratively with network representatives, for regional network activities (webinars, trainings, TA, etc.)
- Provide coordination of technical assistance to member states
- Collaborate with IVP related organizations in region
- Coordinate one in-person meeting per year. Meeting can be held in conjunction with annual Safe States Alliance Meeting
- Facilitate RNCO monthly calls, evaluation activities, meetings, etc.
- Track and strive for at least 75% of network member participation in activities (calls, webinars, meetings)
- Report at least monthly during routine calls with CDC Project Officer/Subject Matter Technical Monitor
- Dissemination of Regional Network Satisfaction Survey
- Collaborate with ICRCs or similar research entities, including invitation as participatory members
- Continue to expand Regional Network membership and invite relevant new members to participate

Provide leadership and support for violence prevention partner meetings

Annual

- Convene at least one and no more than three meetings with violence prevention partners
- Meeting(s) may be in collaboration with other violence and/or injury related conferences
- Develop a meeting planning brief outlining the proposed agenda, speakers, facilitators, and/or attendees for each meeting
- Meeting planning activities handled may include but are not limited to registration, agenda development, researching and securing meeting space in a physical or virtual environment, coordinating with event organizers, coordinating travel (in the case of an in-person meeting), and providing on-site support
- Collaborate with CDC staff for meeting planning and partnership engagement activities
- Meeting planning process will include input directly from CDC on overall objectives and reasoning for attendance. The decision to register, attend the conference and/or meeting is at the sole discretion of CDC
- Develop a post-meeting report and/or conference call highlighting overall attendance, staffing commitment, and other engagement metrics from meeting events as determined by CDC

- Annual activities will be implemented in years 1-5

Provide leadership and support for health equity and Injury Violence Prevention Network (IVPN)
Annual

- Convene IVPN Partnership Meetings
- Convene semiannual meetings with IVPN partners and CDC staff
- Advance identification and promotion of health equity focused injury and violence prevention tools and resources
- Conduct policy education activities focused on health equity, injury, and violence prevention
- Annual activities will be implemented in years 1-5
- Develop graphical communications to bring injury and violence prevention successes to life through state storytelling
    - Adding voice to lived experiences for inclusion

1. Collaborations

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

This program will work in conjunction with Core SIPP team lead, public health advisors, scientists, and evaluators at NCIPC to ensure that state and territorial health departments and their key partners have the resources and capacity to move science into action. Collaboration activities at a minimum should include participation in calls and webinars and collaborative development of tools and resources for state and territorial IVP programs.

Applicants are expected to collaborate with other CDC funded programs (both CDC staff for these programs and the recipients in the field as appropriate) to help carry out the activities in this cooperative agreement. Examples of programs include Core SIPP, Essentials for Childhood, Overdose Data to Action (OD2A), National Violent Death Reporting System (NVDRS), Comprehensive Suicide Prevention and Rape Prevention and Education (RPE) which are also housed at the state health department. Injury Control Research Centers, PREVAYL, Tribal Overdose partners and other programs as determined in coordination with CDC are also appropriate. These partners may have a consultative role in assisting with the development of resources and expertise to support capacity building of state health department injury and violence programs. In addition, the applicant is encouraged to consult with other CDC funded programs for scientific information on policy and program strategy, evaluation, surveillance, and evidence-informed practices. (More information on NCIPC funded programs is available at: http://www.cdc.gov/injury/FundedPrograms/index.html

Collaborations with CDC funded programs are required as a part of this NOFO. As such, the applicant must specify which partnerships will be developed and the way that the applicant intends to collaborate with each of the partners. MOUs are not necessary. Applicant should provide documentation of current CDC funded programs the applicant has worked with. Documents could include program plans or contract/grant paperwork. Applicant should name the requested files "CDC-funded Projects", and upload as a PDF file at www.grants.gov].

b. With organizations not funded by CDC:

Strategic partnerships and collaborations are crucial to implementing program strategies and achieving outcomes. They allow for more efficient use of existing resources and the exchange of information between experts working in various areas of public health. Recipients are encouraged to: build and expand collaborative relationships with strategic partners to achieve greater program impact and sustainability; maximize partnerships with other federally awarded agencies and organizations to avoid duplication of efforts; and expand working relationships between public health agencies and national non-governmental organizations (NGOs). The recipient should develop and/or strengthen collaboration with organizations such as the:

- American Hospital Association, Hospitals Against Violence
- Trauma Center Association of America
- National Governors Association
- Council of State and Territory Epidemiologists
- Association of State and Territorial Health Officials and its affiliates
- Society for the Advancement of Injury and Violence Research
- National Association of County and City Health Officials
- American Public Health Association
- National Association of Local Boards of Health, Safe States Alliance

IVP programs focused health care providers and their representative organizations (i.e., The American Physical Therapy Association) and other organizations and/or non-traditional partners, such as the Society for Public Health Educators, related to IVP programs research, practice, and professional preparation and training to raise the visibility of NCIPC priority issues. The recipient should further develop relationships with federal agencies such as the National Highway Traffic Safety Administration, academic institutions, the public health community, the business community, and others as relevant. These collaborations should assist the recipient in carrying out the cooperative agreement strategies to achieve program outcomes. The recipient should include these partners in all partner calls and should actively collaborate with them in the development of tools and resources for state and territorial health departments.

While formal collaborations with partner groups are not required as a part of this NOFO, the applicant may specify which partnerships will be developed and the way that the applicant intends to collaborate with each of the partners. MOUs are not necessary. The applicant may provide documentation of existing relationships with the organizations listed above and others that are relevant. Documents could include, letters of support, membership lists, MOUs, or MOAs. Applicants must file the MOU or MOA, as appropriate, name the file “MOUs/MOAs”, and upload it as a PDF file at www.grants.gov].

2. Target Populations

The recipient must work with funded and unfunded LHD and SHD programs targeting injury and violence prevention topic areas in the communities.

a. Health Disparities
Recipient must strive to make their programs accessible and available to participants regardless of age race/ethnicity, sexual orientation, gender identity, or socio-economic status. Additionally, the recipient should provide programs and services to multiple underserved populations including but not limited to racial/ethnic minorities, individuals with disabilities, rural communities, and individuals with limited English proficiency.

iv. Funding Strategy
N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC's strategy for monitoring and evaluating program and recipient performance will include several activities, spanning both process and outcome evaluation, and will be consistent with the logic model and approach presented earlier. As capacity building activities will differ slightly year to year depending on the needs of state health department violence and injury programs and emerging issues, CDC will work with the recipient in applying the principle of continuous quality improvement and remain flexible as necessary activities and outcomes may change. CDC will collect information from the recipient annually via the Annual Progress Report to document progress towards program activities and outcomes.

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

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

- How 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.

Evaluation and performance measurement will show action towards the completion of work plan activities and potential outcomes of activities by the recipient to build IVP capacity and infrastructure in SHDs and LHDs. Performance Measures for the bolded short-term and intermediate outcomes in the logic model may include the following:

Short-term Outcomes:	**Performance Measures:**
Increase in self-reported knowledge by webinar participants	Completion of pre/post session knowledge assessment
Increase in the training participants' ability to address diversity and health equity through their injury and violence prevention work	• Greater engagement by training participants with disproportionately affected populations • Greater number of activities addressing diversity and health equity in participant organizations
Increased number and diversity of the Regional Network	• Number of participants attending RNCO webinars/meetings • Number of partners from fields outside of public health presenting at RNCO webinars/meetings • Number of memberships in RNCO
Improved collaboration with ICRCs or similar research entities, including invitation as participatory members	• Number of research and practice partners presenting at RNCO webinars/meetings

	• Number of collaborative projects between state health departments and research partners
Improved collaboration and use of data and strategies for continuous program improvement	• Post implementation evaluation report data collected will be used for continuous program improvement • SHD TA plan report
Increased development and facilitation of IVP partnerships (IVPN, Core SIPP, RNCO, violence prevention partners)	• Number of webinars, face-to-face, and virtual collaborative meetings held • Number of attendees at each offering, including information about attendee affiliation • Meeting evaluation completed with action items identified • Meeting evaluation plan complete, to include attendee satisfaction and knowledge acquisition
Intermediate Outcomes:	**Performance Measures:**
Increased ability for IVP funded and unfunded SHDs and LHDs to identify and respond to emerging injury and violence threat	• Number of engagements with funded and unfunded State and Local HDs • Number of resources developed and provided to state health departments
Increased capacity for IVP funded and unfunded SHDs and LHDs to address health equity and DEBIA within their organization and with their communities served	• Number of new DEBIA activities developed and implemented by health departments
Increased access for IVP funded and unfunded SHDs and LHDs to resources and tools to improve the health of communities served	• Number of partners engaged in partnership activities (as listed above) • Number of partners distributing tools and resources • Number of partners presenting technical packages and/or other information/materials/tools based on the best available evidence to leadership, staff, partners
Increased capacity for IVP funded and unfunded SHDs and LHDs to strengthen communities by	• Increased number of resources developed to address risk and

increasing protective factors for injuries and violence using best available evidence	protective factors for injury and violence prevention
Increased ability for IVP funded and unfunded SHDs and LHDs to implement evidence-informed programs	• Increased number of resources developed for IVP practitioners supporting implementation of evidence-informed programs
Increased ability for IVP partnerships to collaborate across various sectors (SHDs, LHDs, research, public health, etc.)	• Increased number of connections made between IVP partners at the federal/national and state levels

c. Organizational Capacity of Recipients to Implement the Approach

Strong applicants will describe the capacity to work with the Regional Network Coordinating Organizations with a clear vision and approach for effectively addressing the purpose, implementing the activities, and achieving the outcomes of this NOFO. The applicant must clearly define the roles for staff members. Describe experience working on priority areas (health equity, DEBIA, Collaborative Learning, Shared Risk and Protective Factor approach). Specifically, as part of their application, applicants must describe that they have:

- Expertise and experience in providing training and TA on Core SIPP priority IVP topic areas (Transportation Safety, TBI, and ACEs) and NCIPC priority areas such as, overdose prevention and suicide to SHDs
- Existing staff with expertise in communication, partnerships development, and collaborative learning
- Expertise and experience with risk factors and protective factors that are linked to multiple forms of injury and violence, policy and program implementation, performance management, internet, website development and security, web-based communication systems (i.e., webinars), meeting logistics coordination and facilitation (i.e., participant travel, hotel negotiations, etc.), and the full capability to manage the required award including compliance with federal grants and cooperative agreement policy requirements.
- Expertise and experience conducting in-person reviews, developing, and implementing direct technical assistance to health department IVP programs
- Expertise or organizational mission to advance health equity for IVP
- Previous experience implementing projects similar to the activities proposed in this NOFO within the specific topic area of IVP.
- Experience with CDC performance monitoring, budget management, financial reporting, and personnel management, and ability to develop, award and manage required procurement efforts.

- Adequate and appropriate organizational infrastructure and capacity to support the requirements of this cooperative agreement including the proposed staffing plan to successfully implement the program activities and achieve project outcomes.
- Experience in managing IVP partnership networks
- Existing relationships with Tribal IVP programs
- Describe experience working on priority areas (health equity, DEBIA, Collaborative Learning, Shared Risk and Protective Factor approach).

Applicant is expected to describe the nature of their relationship and history working with SHDs, and or their LHD affiliates, IVP partnerships, and other key audiences for this project.The applicant must provide documentation of a strong existing connection to IVP programs as evidenced by organizational membership or distribution list of SHD IVP and control programs. Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

d. Work Plan

Period of Performance Outcome: [from Outcomes section and/or logic model]		Outcome Measure: [from Evaluation and Performance Measurement section]	
Strategies and Activities	Process Measure	Responsible Position / Party	Completion Date
1.			
2.			
3.			
4.			
5.			
6.			

With this cooperative agreement, the applicant is expected to provide comprehensive support to IVP capacity building activities with a focus on the Core SIPP program. A draft work plan must be submitted with the proposal. The recipient will finalize their work plan post-award to include feedback and technical assistance from CDC. The work plan should not exceed 20 pages and be included as part of the narrative. The work plan at a minimum should:

- Must include a detailed work plan for the first year.
- Describe key strategies and activities to be conducted to meet the program outcomes in each of the four strategy areas described earlier.
- List objectives that are Specific, Measurable, Achievable, Relevant, and Time-phased (SMART) during the first 12-month budget period. The applicant should also develop a 5-year long-term work plan of overarching goals that will be accomplished over the entire cooperative agreement period of performance. The objectives should relate directly

to the project goals and applicant activities. It should also include the high level description of the work plan.

- Describe possible barriers to or facilitators for reaching each objective.
- Provide a timeline that identifies major activities and assigns approximate dates for inception and completion.
- Describe staff and administrative roles and functions to support implementation of the award.
- Explain administration and assessment processes to ensure successful implementation and quality assurance.
- Include other activities as defined by CDC.

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.

CDC will ensure work plans are feasible based on the budget and consistent with the intent of the award and that recipients are performing at a sufficient level to achieve outcomes within stated timeframes. Recipient will report annually on status of proposed activities, adjustments to planned activities, and program improvements.

f. CDC Program Support to Recipients

CDC will provide technical assistance, feedback on tools and resources developed under this cooperative agreement, and consultation on all aspects of recipient activities, and facilitate information sharing and connections with other CDC funded programs. Specifically, assigned CDC staff will work with the recipient on facilitating successful implementation of the strategies and activities as described in the NOFO. Examples of resources and tools provided by CDC include, but are not limited to:

- Consulting, problem solving, applying collaborative learning practices when feasible with assigned staff, and subject matters experts.
- Identification and measurement of risk factors and protective factors that are linked to multiple forms of injury and violence
- Assist with recruitment of participants and promotion of recipient program activities.
- Addressing critical issues
- TA on program evaluation activities related to this NOFO
- Networking with other NCIPC funded partners and activities, as appropriate.
- Providing up-to-date scientific information on CDC NCIPC IVP priorities, risk and protective factors, and effective programs, policies, and/or practices, as well as findings from formative research
- Sharing successful IVP program models, lessons learned practices, and program evaluation results through convening meetings of recipient and communication between the recipient and CDC's project officers.
- Translating and disseminating lesson learned through publications, meetings, and other means on promising and best practices to expand the evidence base.
- Providing guidance and an electronic tool for monitoring recipient’s progress and performance.

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:
U88

3. Fiscal Year:
2023

4. Approximate Total Fiscal Year Funding:

$1,150,000

5. Total Period of Performance Funding:
$10,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$10,000,000

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

year(s)

7. Expected Number of Awards:
1

8. Approximate Average Award:

$1,150,000
Per Budget Period

Pending availability of funds, additional funding may be available to expand approved activities up to $2,000,000 during the first 12-month budget period.

9. Award Ceiling:
$10,000,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$500,000
Per Budget Period

11. Estimated Award Date:
September 30, 2023

12. Budget Period Length:
12 month(s)

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

13. Direct Assistance

Direct Assistance (DA) is 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:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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 governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

State controlled institutions of higher education

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

2. Additional Information on Eligibility

To be deemed responsive, applicants ***must*** provide evidence of providing technical assistance to SHD's related to injury and violence prevention. Acceptable evidence includes the following:

- Documentation of a functional website, or
- Letter of support from an SHD stating they have received technical assistance from the applicant related to injury and violence prevention.

This required evidence/documentation must be uploaded as a separate PDF attachment. It must be titled *Organization's Injury and Violence Prevention website, or Letter of Support,* as applicable, as described in section H. Other Information of this NOFO.

Applicant(s) that fail to upload and provide this required evidence/documentation will be deemed unresponsive and will receive no further consideration.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). 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. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their UEI 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 at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

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

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. 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
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR)	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with	Register early! Applicants can register within minutes.

		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	Grants.gov and apply for federal funding.	

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 03/10/2023

03/10/2023

b. Application Deadline

04/17/2023
11:59 pm U.S. Eastern 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.

Due Date: April 17, 2023

Due Date for Information Conference Call
February 27, 2023, at 1:00PM ET.

Microsoft Teams meeting

Join on your computer or mobile app

Click here to join the meeting

Meeting ID: 215 653 881 875
Passcode: ZDzMav

Download Teams | Join on the web

Or call in (audio only)

+1 404-498-3000,,148725982# United States, Atlanta

(888) 994-4478,,148725982# United States (Toll-free)

Phone Conference ID: 148 725 982#

Find a local number | Reset PIN

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 UEI.

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

The LOI is not requested or required as part of the application for this NOFO. The purpose of an LOI is to allow CDC program staff to estimate the number of applicants and plan for the review of submitted applications.

LOI must be sent via email to:

Danielia Meikle

CDC, NCIPC

Email address: CE23-2308@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

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American

Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

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

13. Funds Tracking

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

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. 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.

16. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

17. 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.

18. Other Submission Requirements

a. Electronic Submission:

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

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the

application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

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

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

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 40

Background (2 points)

- The extent to which the applicant demonstrates a comprehensive understanding of IVP and the needs for SHDs.

Purpose (3 points)

- The extent to which the applicant shows an understanding of how their proposed approach will address the desired outcomes of this NOFO.

Partnerships (5 points)

- To what extent does the applicant propose to increase development and facilitation of IVP partnerships (IVPN, Core SIPP, and RNCO) to enhance IVP capacity, infrastructure, and support distribution and implementation of the best available IVP tools, policies, programs, and practices?

Work Plan (5 points)

- The extent to which the applicant (2 points): 1) develops and describes a work plan to adequately achieve the stated program outcomes and carry out the proposed activities 2) develops a complete and comprehensive plan for the first budget period; and 3) demonstrates how the plan will address the needs of SHDs.

- Objectives (3 points): The extent to which the objectives are SMART and address the needs of the key IVP audiences and relate to the recipient activities.

Activities (20 points)

- The extent to which the described activities are achievable, able to build IVP capacity and likely to lead to the attainment of the proposed objectives. To include the extent to which the proposed activities proposed include the following:
    - (5 points) Provide training and TA for IVP for funded and unfunded SHDs, LHDs
    - (5 points) Convene and/or lead Regional Network Coordinating Organizations (RNCO)
    - (5 points) Provide leadership and support for violence prevention partner meetings
    - (5 points) Provide leadership and support for health equity and Injury Violence Prevention Network (IVPN)

Coordination (3 points)

- Enhancing IVP through the coordination and convening of IVP partnerships, Core SIPP recipients, and RNCO to enhance IVP capacity, infrastructure, and support distribution and implementation of the best available IVP tools, policies, programs, and practices.

Communication and Dissemination (2 points)

- The extent to which the applicant identifies relevant topics and outlines communication and dissemination plans for the activities.

ii. Evaluation and Performance Measurement **Maximum Points:** 25

Evaluation Plan (13 points)

- The extent to which the applicant: Proposes an evaluation plan that is consistent with their work plan and the CDC evaluation performance strategy, and that is feasible and likely to demonstrate recipient performance outcomes, including successes and needed improvements.

Measures of Effectiveness (12 points)

- The extent to which the applicant: Develops measures of effectiveness that are consistent with the components and objectives in their work plan and are likely to measure the intended performance outcomes and relate to the NOFO’s performance goals.

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

Organizational Capacity Statement (5 points).

- The extent to which the applicant demonstrates adequate and appropriate organizational infrastructure and capacity to support the requirements of this cooperative agreement

including the proposed staffing plan to successfully implement the program activities and achieve project outcomes.

Project Management/Staffing Plans (10 points).
The extent to which the applicant:

- Indicates appropriate existing staff member experience.
- Demonstrates clearly defined roles for staff members.
- Demonstrates sufficient existing staff member capacity to accomplish program goals.

Relationship with SHDs, key traditional and non-traditional IVP audiences and Previous Experience (20 points). The extent to which the applicant:

- (3 points) Demonstrates a relationship with SHD, LHD, RNCO, or Tribal Health IVP programs.
- (5 points) Provides examples of an established track record (including outcomes) of conducting similar activities as proposed in this NOFO with SHDs, key IVP partnerships, and audiences.
- (5 points) Demonstrates expertise and experience in providing training and TA on Core SIPP priority IVP topic areas (Transportation Safety, TBI, and ACEs) and NCIPC priority areas such as, overdose prevention and suicide to SHDs
- (2 points) Demonstrates expertise and experience with risk factors and protective factors that are linked to multiple forms of injury and violence, policy and program implementation, performance management, internet, website development and security, web-based communication systems (i.e., webinars), meeting logistics coordination and facilitation (i.e., participant travel, hotel negotiations, etc.), and the full capability to manage the required award including compliance with federal grants and cooperative agreement policy requirements.
- (5 points) Demonstrates expertise and experience in providing training and TA on Core SIPP priority IVP topic areas (Transportation Safety, TBI, and ACEs) and NCIPC priority areas such as, overdose prevention and suicide to SHDs

Budget **Maximum Points:** 0
The extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities.

c. Phase III Review
Applications will be funded in order by score and rank determined by the review panel.

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

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

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

The successful applicant can anticipate receiving a notice of award funding by September 1, 2023, with a September 30, 2023, start date.

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 annual 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.

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

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 will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. 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.

- 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 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 end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	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 publicly 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 than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.

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

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

c. Performance Measure Reporting (optional)

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

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.

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

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 notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Danielia

Last Name:
Meikle
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
4770 Buford Hwy, NE; MS- S-106-9

Atlanta, GA 30341

Telephone:
404.498.2986

Email:
CE23-2308@cdc.gov

Grants Staff Contact

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

First Name:
Karen

Last Name:
Zion
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2939 Flowers Rd; MS- TV-2

Atlanta, GA 30341

Telephone:
770.488.2729

Email:
wvf8@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:
Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Organization's Injury and Violence Prevention website (required)

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 collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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 project period. Traditionally, budget periods are 12 months or 1 year.

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

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

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.

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

ACEs: Adverse Childhood Experiences

Collaborative Learning: Processes that help facilitate the application of systems thinking to solve complex problems. Unlike individual learning, people engaged in collaborative learning draw on one another's resources and skills to work together to search for understanding, meaning, and solutions to complex problems. This often includes promoting dialogue and consideration of multiple, sometimes conflicting, perspectives; and pursuing mutually agreed upon problem-solving and action.

Core SIPP: Core State Injury Prevention Program

DEBIA: Diversity, Equity, Belonging, Inclusion, and Accessibility

ICRC: Injury Control Research Centers

IVP: Injury & Violence Prevention

IVPN: Injury & Violence Prevention Network

LHD: Local Health Department

NCIPC: National Center for Injury Prevention and Control

NGO: Non-governmental organizations

RNCO: Regional Network Coordinating Organization

SHD: State Health Department

Shared Risk and Protective Factor: A risk or protective factor that has been empirically linked to multiple injury and/or violence outcomes (e.g. substance abuse, neighborhood poverty, social isolation) https://www.cdc.gov/violenceprevention/pub/connecting_dots.html Social Determinants

TBI: Traumatic Brain Injury

TS: Transportation Safety