



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE
CONTROL AND PREVENTION

Division of Human Development and Disability

Notice of Funding Opportunity

Application due March 6, 2025

Enhancing Timely Data Reporting, Quality, and Use in Early Hearing Detection and Intervention (EHDI) Surveillance

Opportunity number: CDC-RFA-DD-25-0157



Contents

Before you begin	3
 Step 1: Review the Opportunity	4
Basic information	5
Eligibility	7
Program description	9
 Step 2: Get Ready to Apply	34
Get registered	35
 Step 3: Prepare Your Application	37
Application contents and format	38
 Step 4: Learn about Review and Award	47
Application review	48
Award notices	54
 Step 5: Submit Your Application	55
Application submission and deadlines	56
Application checklist	58
 Step 6: Learn What Happens After Award	59
Post-award requirements and administration	60
 Contacts and Support	64
Endnotes	66



Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on March 6, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

In this step

Basic information	<u>5</u>
Eligibility	<u>7</u>
Program description	<u>9</u>

Basic information

Centers for Diseases Control (CDC)

National Center on Birth Defects and Developmental Disabilities

Division of Human Development and Disability

Supporting Early Hearing Detection and Intervention (EHDI) surveillance to reduce gaps in diagnosis and services for infants who are deaf or hard of hearing.

Summary

One in every 500 live-born infants are deaf or hard of hearing (D/HH). Early identification and intervention for infants born with congenital hearing loss is important to support their developmental progress. As a result, the Joint Committee on Infant Hearing (JCIH) recommends the following steps:

- Screen all infants for hearing by one month of age.
- Confirm diagnosis by three months of age for those who do not pass screening.
- Enroll infants diagnosed as D/HH in early intervention (EI) services by six months of age.

Together, these three steps are known as EHDI 1-3-6. Moreover, the JCIH suggests that the true value of an effective Early Hearing Detection and Intervention (EHDI) program can only be known when linguistic and literacy performance data are examined for infants who are D/HH.

The Centers for Disease Control and Prevention's (CDC) EHDI program aims to help every infant born D/HH achieve their optimal health and well-being. This notice of funding opportunity (NOFO) will support this aim by funding EHDI states to improve data quality, using data to inform interventions and collaborations that help link infants to services in a timely manner.

In addition, to set the stage for evaluating the impact of EHDI 1-3-6 on developmental outcomes, this NOFO will fund a small number of EHDI states to incorporate language or communication outcome data collection into the state EHDI Information System (EHDI-IS).

There are two components included in this NOFO:

Have questions?

See the [Contacts and Support](#) section in this document.



Key facts

Opportunity name:

Enhancing Timely Data Reporting, Quality, and Use in Early Hearing Detection and Intervention (EHDI) Surveillance

Opportunity number:

CDC-RFA-DD-25-0157

Federal assistance listing:

93.314

Key dates

Application deadline:

March 6, 2025

Optional [letter of intent](#) deadline: January 10, 2025

Informational call:

December 12, 2024

Expected award date:

June 1, 2025

Expected start date:

July 1, 2025

Component A: Improving data quality in the state EHDI-IS to inform interventions and building collaborations to facilitate data linkage and integration.

Component B: Incorporating language outcomes data into the EHDI-IS by improving collaboration with early intervention services funded under [Part C](#) and other relevant partners that collect language or communication outcomes.

You must apply for Component A to be considered for Component B. Applying for Component B is optional.

Funding details

Type: Cooperative agreement

Funding details for Component A

Expected total program funding over the performance period: \$33,150,000

Expected total program funding per budget period: \$6,630,000

Expected awards: 39

Funding range per budget period: \$150,000 to \$190,000

Expected average award amount per budget period: \$170,000

We plan to award projects for five 12-month budget periods for a five-year period of performance.

The number of awards is subject to available funds and program priorities.

Funding details for Component B

Expected total program funding over the performance period: \$1,875,000

Expected total program funding per budget period: \$375,000

Expected awards: 5

Funding range per budget period: \$50,000 to \$100,000

Expected average award amount per budget period: \$75,000

We plan to award projects for five 12-month budget periods for a five-year period of performance.

The number of awards is subject to available funds and program priorities.

Eligibility

Statutory authority

Section 399M (b) (1) of the Public Health Service Act, [42 U.S.C. 280g-1(b)(1)].

Who can apply

Eligible applicants

Only these types of organizations may apply:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Bona fide agents of state and territorial governments.

State and territorial agencies must have the public health authority and/or legislative mandate to conduct Universal Newborn Hearing Screening (UNHS) activities, which include monitoring and tracking the disposition of every occurrent birth in the state. This authority must allow you or a bona fide agent to work collaboratively with multiple reporting sources, including but not limited to:

- State vital records.
- Birthing facilities.
- Diagnostic centers.
- Audiologists.
- Early intervention services.
- Congenital anomaly registries.
- Immunization registries.
- Other newborn screening programs.

The goal of these collaborations is to ensure accurate monitoring and tracking of all births statewide. You must also have the experience, capacity, expertise, and resources to complete the comprehensive activities for this state- or territory-wide surveillance program.

Other required qualifying factors

Component A

To be eligible for Component A, you must have the following:

Vital Records verification

You must document that there are at least 5,000 babies born in your state each year. You must submit a letter of verification from an official in Vital Records (VR) or another agency responsible for determining the number of annual births, verifying the number of resident births occurring in calendar year 2022. Include this documentation in your attachments with the file name [Vital Records Verification](#). Applications that do not include this verification will be considered non-responsive and will not move forward for review.

Tier 1 verification

You must review the tier 1 patient-level data items, and document you can collect them all and report on them biannually. See [Data items](#). You must demonstrate this ability by including documentation in your attachments with the file name [Tier 1 Verification](#). Applications that do not include this verification will be considered non-responsive and will not move forward for review.

Component B

To be eligible for Component B, you must apply for Component A.

You must also submit a letter from the principal investigator or program director (PI/PD) documenting your program's six-month early intervention benchmark average of 40.9% for calendar year 2022. You must include this letter in your attachments with the file name [Outcomes Data Collection Verification](#).

Cost sharing and matching funds

This program has a no cost-sharing requirement or matching funds requirement. If you choose to include cost-sharing funds as a contribution to the award, we will not consider it during review of your application. If you receive an award, voluntary cost-sharing funds will be a requirement of your award and you will need to report on them.

Program description

Background

Overview

Congenital hearing loss affects nearly one in every 500 live-born infants. When left undetected, congenital hearing loss can impact an infant's developmental progress and necessitate support strategies for infant-caregiver interaction. In response, federally funded EHDI programs were established to ensure all infants have their hearing screened, and those who are identified as deaf or hard of hearing (D/HH) receive timely diagnostic and early intervention services.

National benchmarks for EHDI follow what is known as the EHDI 1-3-6 plan:

- Hearing screening by one month of age.
- Diagnosis by three months of age for infants not passing the screening.
- Enrollment in intervention by six months of age for infants identified as D/HH.

CDC provides cooperative agreements to state EHDI programs to improve public health surveillance of infant hearing by enhancing EHDI Information Systems (EHDI-IS). States use their EHDI-IS to actively track infants' hearing screening, as well as timely diagnosis and enrollment in early intervention services for those that do not pass the hearing screening or those at risk for permanent hearing loss. This timely action is crucial to minimizing risks of developmental delays from undetected or late-identified hearing loss.

The most recent notice of funding opportunity (NOFO) to support the optimization of the EHDI-IS, [DD20-2006](#), marked two important shifts in our approach:

- First, while we continued supporting hearing screening-related activities, diagnosis and enrollment in early intervention were a primary focus. This has helped funded states improve documentation and delivery of timely diagnostic and early intervention services by the three- and six-month benchmarks, respectively.
- Second, we supported active tracking and timely surveillance by funding 39 states to build their EHDI-IS capabilities and report limited patient-level data to CDC, in addition to the aggregate survey report.

The successful reporting and analysis of relevant and standardized patient-level data has allowed states and the nation to move beyond the limitations of reporting aggregate data. Now we are more able to identify specific populations within states that may face barriers to receiving follow-up care and direct strategic actions toward improving access to early hearing care. In collaboration with the 39 states funded under DD20-2006, we conducted detailed analyses on the following:

- Factors associated with infants not receiving follow-up services.
- Areas for improvement in receipt and timeliness of newborn hearing screening, diagnosis, and enrollment in early intervention.
- Completeness of sociodemographic factors and EHDI 1-3-6 benchmarks at the national and state level.
- The impact of provider reporting of limited audiometric testing after not passing the hearing screening.

This NOFO further supports use of EHDI surveillance system data to inform efforts to reduce gaps in diagnosis and expand linkage to early intervention services for infants who are D/HH. This includes supporting states to engage with their partners (for example, vital records, hospitals, labs, audiologists, and Part C programs) that submit data to the state's EHDI-IS.

Component A involves:

- Enhancing state EHDI-IS that conforms to CDC EHDI [Functional Standards](#).
- Strengthening EHDI-IS optimization through improved data linkage and integration.
- Promoting state collaboration through partner engagement around tracking and surveillance activities.
- Maintaining data quality and supporting continuous program improvement through ongoing data analysis.
- Developing detailed data reports to disseminate relevant information among internal and external partners to inform actions for reducing disparities in timely screening, diagnosis, and enrollment in early intervention.

Additionally, this NOFO supports some recipients in the completion of Component B (optional), which focuses on language or communication outcomes data collection and includes:

- Increasing collaboration with Part C and other relevant partners collecting language or communication outcomes.

- Advancing language or communication outcomes data collection by standardizing outcomes data elements, enhancing your state's EHDI-IS, and reporting data to CDC.

Related work

Several other CDC NOFOs have supported states in implementing a broad range of EHDI activities. These activities included:

- Developing an EHDI-IS and supporting integration with other child health data systems.
- Enhancing the EHDI-IS to support documentation and use of follow-up diagnostic and intervention services data.
- Reporting patient-level data from state EHDI-IS to CDC to strengthen EHDI surveillance.

These efforts helped states screen over 95% of newborns by one month of age and diagnose over 6,500 infants as D/HH in 2021.

Related NOFOs include:

- [DD09-903](#): Early Hearing Detection and Intervention (EHDI) Tracking, Surveillance, and Integration
- [DD11-1101](#): Development, Maintenance and Enhancement of Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Programs
- [DD17-1701](#): Documentation and Use of Follow-up Diagnostic and Intervention Services Data through the Maintenance and Enhancement of the Early Hearing Detection and Intervention Information System
- [DD20-2006](#): Improving Timely Documentation, Reporting, and Analysis of Diagnostic and Intervention Data through Optimization of EHDI Surveillance Practices and Information Systems

Purpose

The purpose of this funding is to help EHDI states improve data quality and use data to inform interventions and collaborations that address system-based challenges in linking infants that do not pass hearing screening to diagnosis and early intervention services in a timely manner. In addition, this NOFO will fund a small number of EHDI states to incorporate language or communication outcome data collection into the state EHDI-IS. There are two components included in this NOFO:

Component A: Improving data quality in the state EHDI-IS to inform interventions and building collaborations to facilitate data linkage and integration.

Component B (optional): Incorporating language outcomes data into the EHDI-IS by improving collaboration with early intervention services funded under [Part C](#) and other relevant partners that collect language or communication outcomes.

A high-quality data system minimizes the effort of data flow (which may include factors like time, manual labor, and personnel burden) and increases data completeness. High-quality data collection requires a deep understanding of system inputs and analysis of data to determine existing data gaps.

Data for each state's EHDI-IS is often acquired from a variety of sources with unknown reliability, such as:

- Hospitals.
- Other newborn screening records.
- Electronic birth certificates.
- Audiology clinics.
- Electronically mailed reports from early intervention or other therapeutic service programs.

Through CDC-led technical assistance, EHDI state programs have reported that manual data entry, cross-agency data-sharing concerns, disconnected administrative systems, human error, and other system reporting time delays may be factors that negatively impact the efficiency of their EHDI-IS.

EHDI states will be funded to use their data to inform programmatic actions by examining the timeliness and quality of their data.

The JCIH suggests that the true value of an effective EHDI-IS can only be known when linguistic and literacy performance data are examined for children who are D/HH.^[1] Developmental outcomes have not been consistently collected within the EHDI-IS. However, it is well established that children born D/HH are at increased risk for language, cognitive, and socio-emotional delays.^{[2] [3] [4]}

Studies examining the impact of timely diagnostic and intervention services suggest that when children who are D/HH are enrolled in early intervention before six months of age, they have improved language outcomes and kindergarten readiness.^{[5] [6] [7]} Some EHDI-funded states have begun to explore ways to share data between EHDI-IS and early intervention data

systems that may include language outcomes records. Integrated data systems that allow for language outcomes to be linked or transmitted to the EHDI-IS are rare, but they hold promise. In this funding cycle, CDC will work with a subset of states to help integrate language or communication status data for infants who are under three years old with state EHDI surveillance systems, enhancing their ability to monitor the impact of early diagnosis of D/HH and subsequent intervention.

Approach

Overview

The following logic model includes the strategies and activities required under this NOFO. It also includes the program's expected outcomes. The asterisked outcomes are those we expect you to achieve during the five-year period of performance.

Outcomes are the results that you intend to achieve and usually show the intended direction of change, such as increase or decrease.

You will use these outcomes as a guide for developing performance measures.

Program logic model

The logic model below shows the strategies and activities of the program along with the outcomes we expect over time. We will require you to report on the asterisked (*) outcomes as follows.

Table: Strategies and outcomes

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
COMPONENT A Strategy 1. Enhancements Maintain and enhance the state EHDI-IS in accordance with the CDC EHDI Functional Standards. Strengthen data integration and linkages through EHDI-IS optimization.	COMPONENT A - Partners report timely data at each phase of EHDI 1-3-6 more consistently. - Increased understanding of challenges with	COMPONENT A - Decreased data collection and reporting barriers. - Improved high-quality and timely EHDI data.* - Increased utilization and dissemination of EHDI data among EHDI programs and partners, for tracking	COMPONENT A - More infants that do not pass hearing screening receive a diagnosis by three months of age.* - More infants who are D/HH

Strategy 2. Collaboration - Engage partners on data reporting, follow-up, and tracking. Strategy 3. Data analysis and quality improvement process - Identify barriers and implement solutions on data quality improvement projects across EHDl 1-3-6. Strategy 4. Data collection, use, and dissemination - Collect, store, use, and disseminate EHDl data to relevant internal and external partners.	functionality of the EHDl-IS.* - Increased understanding of incomplete tier 1 EHDl data.* - Increased identification of disparities across the EHDl 1-3-6.* - Improved timely submission of aggregate and patient-level datasets to CDC.*	and to inform decision making.* - Increased identification of interventions to address disparities across EHDl 1-3-6. - Increased standardization and comparability of aggregate and individual-level EHDl follow-up data by CDC at the national level.	enroll in early intervention services by six months of age.* More children who are D/HH reach their age-appropriate language or communication milestones.
COMPONENT B Strategy 5. Collaboration - Improve collaboration with Part C and other relevant partners that collect language or communication outcomes data. Strategy 6. Data collection and dissemination - Improve collection of language or communication outcomes data.	COMPONENT B Reduced barriers to collecting individual-level language or communication outcome data.*	COMPONENT B - Increased standardization of early intervention and outcome data.* - Enhanced capacity for EHDl-IS to meet EHDl Functional Standard 4.7.* - Increased documentation and reporting of individual-level data on language or communication outcomes of D/HH children who receive early intervention services.*	

* Indicates short-term, intermediate, and long-term outcomes you are required to report on.

Strategies

This section elaborates on the strategies and activities described in the logic model and provides details on expectations of recipients to implement the program.

This NOFO has two components:

Component A: Improving data quality in the state EHDI-Information System (EHDI-IS) to inform interventions and building collaborations to facilitate data linkage and integration.

Component B (optional): Incorporating language outcomes data into the state EHDI-IS by improving collaboration with early intervention services funded under [Part C](#) and other relevant partners that collect language or communication outcomes.

You must apply for Component A to be considered for Component B. Applying for Component B is optional.

Component A

For Component A, you'll perform the following strategies and activities.

Strategy 1. Enhancements

Maintain and enhance the state EHDI-IS in accordance with the CDC EHDI-IS [Functional Standards](#). Strengthen data integration and linkages through EHDI-IS optimization.

This strategy includes activities that focus on optimizing the existing EHDI-IS infrastructure and functionalities to improve the collection, management, and use of diagnostic and intervention data.

Some activities for this strategy are required for all recipients. Others are optional. You should indicate in your [project narrative](#) whether you plan to engage in any optional activities.

The following are required activities for Strategy 1:

- You must collect and manage hearing screening and audiological diagnostic data. You must also maintain the electronic exchange of demographic data from your state's vital records and/or any other source of demographic data to the state EHDI-IS. This is required in order to meet the "SHALL" requirements of the Goals 1 and 2 of the [Functional Standards](#).

- You must enhance the capacity of your state's EHDI-IS to meet any "SHALL" requirements under Goals 3 through 8 in the [Functional Standards](#) that your state's EHDI-IS does not currently meet.
- You must enhance the capacity of your state's EHDI-IS to support the preparation of patient-level datasets. Extract data from your EHDI-IS and construct a patient-level limited dataset^[8] according to the given standard and format provided by CDC. Develop and implement pseudonymization^[9] functionality and protocols to remove direct identifiers from each patient in the system.
- You must ensure that key staff are part of the project team and perform the following responsibilities:
 - Assisting with EHDI-IS optimization and evaluation, data management, and quality improvement projects.
 - Identifying data elements affecting data quality (for example, completeness, timeliness, and consistency) and ways to improve data collection.
 - Ensuring standardized data definitions are applied.
 - Preparing and validating data files submitted to CDC.
 - Identifying and resolving any data errors.

The following are optional, but highly encouraged activities for Strategy 1:

- You may develop and implement data linkages to enable data sharing between your state EHDI-IS and other public health information systems. The goal of these linkages is to improve timeliness and completeness of demographic, follow-up diagnostic, and intervention information. Examples of other systems you might link with your EHDI-IS include but are not limited to your state Medicaid system, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and early intervention systems.
- You may expand the capacity of your state EHDI-IS to generate automated, on-demand data reports. This should include the ability to generate, present, and transmit both standard and custom-defined reports (for example, CDC Hearing Screening and Follow-up Survey (HSFS) from the individual-level data, loss to follow-up, and other relevant indicators) for a range of partners without assistance from the system vendor or IT personnel.

Strategy 2. Collaboration

Engage partners on data reporting, follow-up, and tracking.

The following are required activities for Strategy 2:

- Maintain and improve connections with partners around tracking and surveillance activities within the state and provide technical assistance during the reporting process. Partners may include, but are not limited to:
 - Other states and territories.
 - Birthing hospitals.
 - Home birth facilities.
 - Pediatric clinicians.
 - Audiologists.
 - Early intervention programs.
 - Health care systems and health care provider groups.
 - Other health and social service organizations.
- Maintain an up-to-date list of audiology diagnostic facilities that see infants in the state.
- Maintain and improve connection and collaboration with audiologists. Examples include working with audiologists to incorporate data reporting in their regular clinical practice, reviewing key data needs, and addressing data gaps. Train audiologists on EHDI and reporting protocols to improve compliance with established protocols and reduce reporting burden.
- Maintain and improve connection and collaboration with early intervention programs. Examples include collaborating with state and local early intervention programs to review and address key data needs and gaps and improve data exchange methods and protocols.
- Collaborate with CDC through methods including, but not limited to, participation in at least one workgroup, virtual or in-person site visits, and CDC-EHDI webinars and office hours.

Strategy 3. Data analysis and quality improvement process

Identify barriers and implement solutions on data quality improvement projects across EHDI 1-3-6.

The following are required activities for Strategy 3:

- Assess the quality of data collected in your state's EHDI-IS, in accordance with [standards 5.1 and 5.5](#) of the EHDI-IS Functional Standards, throughout the duration of the NOFO.
- In Year 1, collaborate with CDC to complete a system assessment that provides a comprehensive background of the data elements collected in your state's EHDI-IS, including data sources, challenges experienced collecting data, and gaps in types of data collected.
- In Years 1 and 2, conduct a quality improvement project to address data gaps in your state's EHDI-IS, such as incomplete or missing data. The quality improvement project must occur in two phases.
 - Phase 1: Develop an EHDI-IS data flow diagram, describing data systems and linkages at the state level that you use to create your state's EHDI-IS.
 - Phase 2: Propose and conduct a quality improvement project focused on improving one-, three-, or six-month data quality and systems improvement (such as linkage or interoperability). Your project must be informed by your analysis of patient-level data. If possible, focus on the benchmark that needs the most improvement. Please see the [Six Dimensions of EHDI Data Quality Assessment](#) as a reference.
- Facilitate use of data by engaging partners, conducting analyses, and sharing information to address gaps and disparities in timely screening, diagnosis, and enrollment in early intervention.

Strategy 4. Data collection, use, and dissemination

Collect, store, use, and disseminate EHDI data to relevant internal and external partners.

The following are required activities for Strategy 4:

- You must disseminate the findings of your data analysis and quality improvement processes to key partners. It is essential to engage state or jurisdictional programs (for example, Title V, Part C, and Medicaid) directly around the use of EHDI data to inform actions to address gaps and disparities in timely screening, diagnosis, and enrollment in early

intervention. You may share your findings through various channels such as manuscripts, reports, presentations, webinars, or websites.

- You must also share key information and lessons learned with other state or jurisdictional EHDI programs through CDC-hosted webinars during this cooperative agreement.
- To improve EHDI-IS visibility, you should consider presenting at state, regional, and national meetings and conferences, such as those held by the American Academy of Audiology and the American Speech Language-Hearing Association, early education and child development conferences, and the National EHDI Meeting.
- You must submit data to CDC two times per year. This includes two parts:
 - You must submit the HSFS survey annually in January.
 - You must submit a limited, de-duplicated, standardized patient-level limited dataset twice per year (January and May) that includes EHDI information on all occurrent births of a specified calendar year. This requirement applies throughout the period of performance.
- You must complete the following data use activities:
 - In collaboration with CDC, develop and sign a data use agreement (DUA) within the first six months of the award, if applicable and warranted by your state.
 - Develop and implement a protocol for the pseudonymization of individual-level EHDI data that will be transmitted to CDC. This requirement also falls under [Strategy 1](#) of Component A.

Component B

You must apply for Component A to be considered for Component B.

Component B is optional. Component B includes Strategy 5 and Strategy 6.

Strategy 5. Collaboration

Increase collaboration with Part C and other relevant partners that collect language or communication outcomes data.

The following are required activities for Strategy 5:

- Revise or update your memoranda of understanding/memoranda of agreement (MOU/MOA) and/or data use agreement with Part C or other relevant partners that collect language or communication outcomes data to improve data exchange between programs. For example, improvements could include:

- Increasing the frequency of data sharing over the calendar year between Part C and your EHDI program, particularly if data sharing currently occurs only once per year.
- Collecting additional data elements or variables in the EHDI-IS, such as disability status, primary diagnosis listed on Part C, exit date, and exit reason.
- Based on infrastructure assessment or evaluation findings conducted under the Health Resources and Services Administration (HRSA) funding opportunity number HRSA-24-036, develop a plan to address gaps that remain unexamined and barriers to collecting language or communication outcomes data.
- Collaborate with Part C programs to develop a list of partners that provide services to D/HH children enrolled in Part C (local, regional, and statewide) to improve gaps in data collection at the six-month benchmark and to enhance opportunities to collect language or communication outcomes data.

Strategy 6: Data collection and dissemination

Improve collection of language or communication outcomes data.

The following are required activities for Strategy 6:

- Enhance your state's EHDI-IS to collect and document individual-level language outcome data, in accordance with [Standard 4.7](#) of the EHDI-IS Functional Standards. At minimum, you must engage in the following:
 - Identify and document the language or communication assessments used by programs in your state.
 - Work with CDC and other collaborators to evaluate, define, and integrate language or communication outcomes data elements for the EHDI-IS.
 - Report on current data sharing or linkage of EHDI-IS with Part C (or another language or communication outcomes database) and ensure parental consent to collect language or communication outcomes in your state's EHDI-IS.
 - Determine your state's capacity to increase data linkage and interoperability between systems that collect language or communication outcomes to your state's EHDI-IS.
 - Share key information and lessons learned with CDC and other state EHDI programs through webinars during the course of this cooperative agreement.

Outcomes

This section includes outcomes you are expected to report progress on and achieve within the performance period.

We will measure your progress toward the following short-term, intermediate, and long-term outcomes from the logic model:

Component A outcomes

- Increased understanding of challenges with functionality of the EHDI-IS.
- Increased understanding of incomplete tier 1 EHDI data.
- Increased identification of disparities across the EHDI 1-3-6.
- Improved timely submission of aggregate and patient-level datasets to CDC.
- Improved high-quality and timely EHDI data.
- Increased utilization and dissemination of EHDI data among EHDI programs and partners, for tracking and to inform decision making.
- More infants that do not pass hearing screening receive a diagnosis by three months of age.
- More infants who are D/HH enroll in early intervention services by six months of age.

Component B outcomes

- Reduced barriers to collecting individual-level language or communication outcome data.
- Increased standardization of early intervention and outcome data.
- Enhanced capacity for the EHDI-IS to meet EHDI [Functional Standard 4.7](#).
- Increased documentation and reporting of individual-level data on language or communication outcomes of D/HH children who receive early intervention services.

Focus populations

The target populations for this program are:

- All infants receiving hearing screening at birth.
- Infants referred for audiology diagnostic testing.
- Infants identified as D/HH and referred for early intervention.

Equal opportunities

This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on the basis of race, color, national origin, disability, age, sex (including gender identity, sexual orientation, and pregnancy), or other constitutionally protected statuses.

Health disparities

The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Health disparities are often caused by social determinants that influence which populations are most disproportionately affected by health conditions.

A health disparity is a difference in health burdens between groups of people with differing social determinants of health.

[Social determinants of health](#) are conditions in the environments where people are born, live, learn, work, play, worship, and age. These determinants affect a wide range of health, functioning, and quality-of-life outcomes and risks.

The collection of patient-level data allows for analysis of health disparities that can provide insights on groups of infants that are not receiving the recommended EHDI services. Using sociodemographic variables, EHDI programs can identify characteristics of these vulnerable groups and use the information to target their programmatic efforts and strengthen their surveillance systems. Understanding the underlying population is an important aspect of moving toward health equity at the program level.

You will work to address disparities using [Strategies 2](#) and [3](#) of Component A. Activities under these strategies may include, but are not limited to:

- Using data analysis to identify disparities in the individual-level data. Analysis may include identifying sociodemographic differences in EHDI 1-3-6 or in populations that do not receive follow-up services.
- Engaging with partners to deliver culturally sensitive interventions to improve programmatic data quality and address disparities in infants receiving timely services.

Organizational capacity

In this section, you must demonstrate that your program has the capacity to meet the project requirements and successfully complete the activities described in the [strategies](#) section.

Specifically, you must demonstrate your organizational capacity to conduct the activities using four key staff members, as described in the following subsections:

- Leadership capacity
- Surveillance capacity
- Evaluation and performance monitoring capacity
- Health informatics capacity

These key roles must be shown on your [work plan](#) alongside the activities they will be responsible for.

The [budget narrative](#) must include the names of the people who will serve in these four specific roles, whether their work will be funded or in-kind, the percentage of time they will devote to the project, and a description of the specific activities they will be responsible for.

The percentages noted for each role are the percentages of the staff member's time that we expect them to devote to the role. For example, the project director/principal investigator must devote 15% to 20% of their time to the role.

Leadership capacity (15% to 20%)

This individual will be your project director/principal investigator (PD/PI) and will be responsible for the scientific, technical, and programmatic oversight of your project. This individual should have experience with all of the following:

- Managing a state surveillance system.
- Working with project staff to ensure that project goals are met.
- Managing funds.
- Finding resources to collect and use qualitative and quantitative data.
This could include identifying funding to onboard relevant vendors, contractors, and other collaborators to support data collection and analysis.

Lived experience or previous work with populations that include infants with disabilities or families with young children may be helpful.

Surveillance capacity (25% to 50%)

This individual should have knowledge of research and epidemiologic methodology, as well as experience in data collection, data management, and analysis. They should also be able to present both technical and non-technical information to diverse audiences.

Evaluation and performance monitoring capacity (15% to 25%)

This individual should be familiar with evaluation methods including the development, coordination, and implementation of an EHDI-IS evaluation plan. They should also have training or prior experience conducting and overseeing evaluation activities. In your application, describe this individual's most recently implemented evaluation activities.

They should also be able to conduct quality improvement (QI) and [Plan-Do-Study-Act \(PDSA\)](#) cycles and present evaluation findings and conclusions to a variety of audiences.

Health informatics capacity (15% to 25%)

This individual should have experience working on the following:

- Public health information systems.
- Large public health datasets.
- Data interoperability.
- Data systems development.
- Data linkage.
- Data modernization (for example, cloud-based data storage, Application Programming Interface (API), Health Level Seven (HL7), Fast Healthcare Interoperability Resources (FHIR)).

In your attachments, you must submit a targeted, abridged [resume or CV](#), limited to five pages, that highlights relevant training and work experience for each individual who will hold one of these positions. For any vacant positions, include the job description and hiring plan you will use for recruitment instead of a resume or CV.

All four roles are considered key personnel. If any of these roles become vacant during the period of performance, you must promptly notify the Office of Grant Services (OGS) at the CDC Office of Financial Resources (OFR).

Collaborations

You must collaborate with CDC, other state EHDI programs, and other newborn screening and relevant public health programs to collect and use complete and accurate data. Some organizations to consider include, but are not limited to:

- State vital records.
- Early intervention programs.
- Audiologists.
- Pediatricians.
- Speech language pathologists.
- State and federal department of education Part C partners.
- Part C and other programs that collect language or communication outcomes data.

All collaborations you propose must include sufficient details in a [letter of support](#). Each letter of support should be no longer than one page and summarize your proposed collaboration for data quality improvement, the population (for example, by age or region) impacted, partners that will need to be included, and expected program impact.

Data, monitoring, and evaluation

CDC strategy

The evaluation and performance measurement strategy will assess your project performance. Measures are subject to change. You must track evaluation and performance measures and report progress to CDC using a CDC-defined format and timeline.

Required performance measures

Following are the draft performance measures you will need to report on annually after award. We will likely refine the required measures for this program. If so, we will work with you and finalize them before we require you to submit any data.

Table: Component A: Draft performance measures

Component A	Performance measures
Strategy 1: Enhancements	Document the number of “SHALL” requirements of the CDC EHDI Functional Standards that you have met. You must maintain all “SHALL” requirements under all functional standards, including Goals 1 through 8. Please include a functional standards verification letter stating that your state meets these requirements. Document steps you have taken toward data linkages and integration, to enable data sharing between your state EHDI-IS and other public health information systems.
Strategy 2: Collaboration	Document strategies to engage partners in the data-reporting process and ensure they are informed about reporting protocols. Document your strategy to update the directory of audiologists that see infants in the state. Document that you have a revised and updated MOU/MOA or data-sharing agreement between early intervention and EHDI programs.
Strategy 3: Data analysis and quality improvement process	Complete your data analysis and quality improvement plan.
Strategy 4: Data collection, use, and dissemination	Maintain rates of infants who receive hearing screening by one month of age. Achieve a minimum rate of 95%. You should calculate this rate by dividing the total number of infants who received a hearing screening by one month of age by the total number of births in your state during the same year. Make at least one presentation each year to partners or at a national meeting on EHDI surveillance data.
Outcome: Increased understanding of incomplete tier 1 EHDI data	Complete report based on quality improvement project to enhance completeness of data across EHDI 1-3-6.

Component A	Performance measures
Outcome: Improved timely submission of aggregate and patient-level datasets to CDC	Complete, validate, and submit your patient-level and aggregate data files to CDC based on timelines established at the start of the period of performance. Report improvement over time of the completeness of tier 1 data elements. Depending on which timepoint your quality improvement process focuses on, reduce the percentage of unknowns for infants at the one-, three-, or six-month benchmark.
Outcome: Increased identification of disparities across the EHDI 1-3-6	Disseminate findings about the identification of disparities across the EHDI-1-3-6.
Outcome: More infants that do not pass hearing screening receive a diagnosis by three months of age	Percent of children diagnosed by three months of age. You should calculate this percentage by dividing the total number of children diagnosed by three months of age by the total that did not pass the hearing screening and the total that were directly referred to a diagnostic evaluation. Baseline: 2022 HSFS data published on CDC's website. Target: Increase by 10 percentage points from baseline or achieve a minimum rate of 85%, whichever is lower by the end of the period of performance.^[10]
Outcome: More D/HH infants enroll in early intervention services by six months of age	Percent of children enrolled in early intervention services by six months of age. You should calculate this percentage by dividing the total number of children enrolled in early intervention services (including both Part C and non-Part C services) by six months of age by the total number of children diagnosed with permanent hearing loss. Baseline: 2022 HSFS data published on CDC's website. Target: Increase by 10 percentage points from baseline, or achieve a minimum rate of 85%, whichever is lower by the end of the period of performance.^[11]

Table: Component B: Draft performance measures

Component B	Performance measures
Strategy 5: Collaboration	Document that you have a revised and updated MOU/MOA and data-sharing agreement with Part C or other partners that collect language or communication outcomes data.
Strategy 6: Data collection and dissemination	Complete a report that details challenges and barriers to collecting individual-level language outcome data and proposed actions to overcome barriers.
Outcome: Increased standardization of early intervention and outcome data	Submit to CDC an integrated master list of standardized data elements for language and communication outcome data.
Outcome: Increased documentation and reporting of individual-level data on language or communication outcomes of D/HH children who receive early intervention services	Submit individual-level language or communications outcome data included in the state EHDI-IS to CDC.

Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. Use the measures required under the CDC strategy.

In addition to the required performance measures, you must complete the quality improvement activities described under [Strategy 3](#).

An initial draft of your evaluation and performance measurement plan, including the data management plan (DMP), should be submitted with your application. You must submit a more detailed plan within the first six months of the award. See [reporting](#).

Include the following elements.

Methods

Describe the following:

- How you will:
 - Collect the performance measures.
 - Use evaluation findings for continuous program quality improvement.
 - Incorporate evaluation and performance measurement into planning, implementation, and reporting of project activities.
- How findings will contribute to reducing or eliminating health disparities, if relevant.
- How key program partners will participate in the evaluation and performance measurement process.
- How you will share evaluation findings with communities and populations of interest in a way that meets their needs.

Data management

CDC considers EHDI data to be public health data. For all public health data you plan to collect, describe the following:

- The data you plan to collect and their available data sources.
- A data management plan (DMP) that includes:
 - The data you will collect or generate.
 - Any data elements collected or generated under this award that you cannot share with CDC and the reasons why. These could include legal, regulatory, policy, or technical concerns.
 - Who can access data and how you will protect it.
 - Data standards that ensure released data have documentation that describes collection methods, what the data represent, and data limitations.
 - Archival and long-term data preservation plans.
 - How you will update the DMP as new information is available over the life of the project. You will provide updates to the DMP in annual reports. For more information about CDC's policy on the DMP, see [Data Management and Access Requirement](#).

For a definition of “public health data” and other key information, see [AR 25: Data Management and Access](#).

Work plan

You must provide a work plan for your project. The work plan connects your period of performance outcomes, strategies and activities, and measures. It provides more detail on how you will measure outcomes and processes.

For **Component A**, you must provide a work plan with details for Year 1 of the project and high-level plans for subsequent years.

If you're also applying for **Component B**, you must provide a separate work plan with details for Year 1 of the project and high-level details for subsequent years.

In both work plans, be sure to include the key roles noted in the [organizational capacity](#) section and say what activities they will be responsible for.

Table: Sample work plan format

Activities to be implemented	Progress or process measures From data, monitoring, and evaluation section	Relevant period of performance outcomes From outcomes section	Responsible position or party	Completion date
Strategy 1:				
1.				
2.				
3.				
Strategy 2:				
1.				
2.				
3.				

Paperwork Reduction Act

Any activities involving information collection from 10 or more individuals or organizations may require you to follow the Paperwork Reduction Act (PRA). This requires review and approval by the White House Office of Management and Budget. For further information about CDC's requirements under PRA see [CDC Paperwork Reduction Act Compliance](#). Collections include items like surveys and questionnaires.

Funding policies and limitations

General guidance

- Your budget is arranged in eight categories: salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual. See [CDC Budget Preparation Guidelines](#).
- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. Questions about this determination should be posed to the grants management specialist.
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.
- You may use funds to support your state's vital records office (VRO) to improve overall EHDI surveillance, such as:
 - Building its capacity through partnerships.
 - Providing technical or financial assistance to improve vital records timeliness, quality, or access.
 - Supporting vital records improvement efforts.
- You may use funds to support one state EHDI program key personnel to attend the 2026 National Early Hearing Detection and Intervention Conference, date and location to be determined.

Unallowable costs

You may not use funds for the following:

- Research.
- Clinical care except as allowed by law.
- Pre-award costs unless CDC gives you prior written approval.
- Other than for normal and recognized executive-legislative relationships:

- Publicity or propaganda purposes, including preparing, distributing, or using 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 [Anti-Lobbying Restrictions for CDC Recipients](#).
- Purchasing hearing screening or diagnostic equipment.
- Servicing hearing screening or diagnostic equipment.

Indirect costs

Indirect costs are those for a common or joint purpose across more than one project and that cannot be easily separated by project. Learn more at [45 CFR 75.414](#), Indirect Costs and [CDC Budget Preparation Guidelines](#).

To charge indirect costs you can select one of two methods:

Method 1 — Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency.

Justification: Provide a summary of the rate. Enclose a copy of the current approved rate agreement in the Attachments.

Method 2 — *De minimis* rate. Per [45 CFR 75.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you are awaiting approval of an indirect cost proposal, you may also use the *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 10% of modified total direct costs (MTDC). See [45 CFR 75.2](#) for the definition of MTDC. You can use this rate indefinitely.

Other indirect cost policies

- As described in [45 CFR 75.403\(d\)](#), you must consistently charge items as either indirect or direct costs and may not double charge.
- Indirect costs may include the cost of collecting, managing, sharing, and preserving data.

National public health priorities and strategies

Healthy People 2030

This NOFO addresses the following Healthy People 2030 focus areas:

- HOSCD-01: Increase the proportion of newborns who get screened for hearing loss by age one month.
- HOSCD-02: Increase the proportion of infants who didn't pass their hearing screening who get evaluated for hearing loss by age three months.
- HOSCD-03: Increase the proportion of infants with hearing loss who get intervention services by age six months.



Step 2:

Get Ready to Apply

In this step

Get registered

35

Get registered

While you can review the requirements and get started on developing your application before your registrations are complete, you must be registered in both SAM.gov and Grants.gov to apply.

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier. SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number CDC-RFA-DD-25-0157.

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, [contact Grants.gov](#) for assistance.

To get updates on changes to this NOFO, select **Subscribe** from the View Grant Opportunity page for this NOFO on Grants.gov.

Need help? See [Contacts and Support](#).

Help applying

For help related to the application process and tips for preparing your application see [How to Apply](#) on our website. For other questions, see [Contacts and Support](#).

Join the informational call

Thursday, December 12, 2024

2 pm - 3 pm ET

- [Join the call on Zoom](#)
- Meeting ID: 160 278 2845
- Passcode: xUr8?@RS

One tap mobile

+16692545252,,1602782845#,,,,*56648447# US (San Jose)

+16469641167,,1602782845#,,,,*56648447# US (US Spanish Line)

Dial by your location

- +1 669 254 5252 US (San Jose)
- +1 646 964 1167 US (US Spanish Line)
- +1 646 828 7666 US (New York)
- +1 669 216 1590 US (San Jose)
- +1 415 449 4000 US (US Spanish Line)
- +1 551 285 1373 US (New Jersey)

Meeting ID: 160 278 2845

Passcode: 56648447



Step 3:

Prepare Your Application

In this step

Application contents and format 38

Application contents and format

Applications include five main elements. This section includes guidance on each.

If you are applying for Components A and B, you must include separate versions of the five main elements for each component. For example, provide one project abstract for Component A and a second project abstract for Component B.

Make sure you include each of the following five elements:

Table: Application contents

Element	Submission form
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Other Attachments form.
Other required forms	Upload using each standard form.

We will provide instructions on document formats in the section that follows. If you don't provide the required documents, your application is incomplete. See [initial review](#) to understand how this affects your application.

Required format for project abstract, project narrative, and budget narrative

Font: Calibri

Format: PDF

Size: 12-point font

Footnotes and text in graphics may be 10-point.

Spacing: Single-spaced

Margins: 1-inch

Include page numbers.

Project abstract

Page limit: 1 per component

File name: Project Abstract Summary

Provide a self-contained summary of your proposed project, including the purpose and outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects.

Project narrative

Page limit: 20 pages per component.

File name: Project Narrative

Your project narrative must use the exact headings, subheadings, and order that follow. See [merit review criteria](#) to understand how reviewers will evaluate your project narrative.

Background

Describe the problem you plan to address. Be specific to your population and geographic area.

See the [background](#) section of the program description.

Approach

Strategies and activities

Describe how you will implement the proposed strategies and activities to achieve performance outcomes. Explain whether they are:

- Existing evidence-based strategies.
- Other strategies. Note where in your [evaluation and performance measurement plan](#) you describe how you will evaluate them.

See the [strategies and activities](#) section of the program description. Be sure to note whether you will complete any of the optional activities.

Outcomes

Using the [logic model](#) in the program description, identify outcomes you expect to achieve or progress on by the end of the performance period.

Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. This plan describes how you will fulfill the requirements in the [data, monitoring, and evaluation](#) section of the program description.

Work plan

Include a work plan using the requirements in the [work plan](#) section of the program description.

Focus populations and health disparities

Describe the specific population or populations you plan to address under this award. Explain how you will include them and meet their needs in your project. Describe how your work will benefit public health and the populations and alleviate health disparities.

See the [focus populations](#) section of the program description.

Organizational capacity

Describe how you will address the organizational capacity requirements in the [organizational capacity](#) section of the program description.

You must provide attachments that support this section including the following:

- [Resumes and job descriptions](#)
- [Organizational chart](#)

Collaborations

Describe how you will collaborate with programs and organizations, either internal or external to CDC. Explain how you will address the requirements in the [collaborations](#) section of the program description.

In your attachments, include [letters of support](#) from vital records, Part C, and other collaborators necessary for data collection. If available, you are strongly encouraged to submit a [memorandum of understanding or memorandum of agreement](#) (MOU or MOA) with Part C as a separate attachment.

Budget narrative

Page limit: None

File name: Budget Narrative

The budget narrative supports the information you provide in Standard Form 424-A. See [other required forms](#). If you are applying for both Component A and Component B, you must submit a separate budget narrative for each component.

As you develop your budget, consider if the costs are reasonable and consistent with your project's purpose and activities. CDC will review and must approve costs prior to award.

The budget narrative must explain and justify the costs in your budget. Provide the basis you used to calculate costs. It must follow this order and format:

- Salaries and wages.
- Fringe benefits.
- Consultant costs.
- Equipment.
- Supplies.
- Travel.
- Other categories.
- Contractual costs.
- Total direct costs (total of all items).
- Total indirect costs.

See [funding policies and limitations](#) for policies you must follow.

The budget narrative must include the names of the people who will serve in the key roles described in the [organizational capacity](#) section, whether their work is funded or in-kind, the percentage of time they will devote to the project, and a description of the specific activities they will be responsible for.

Attachments

You will upload attachments in Grants.gov using the Other Attachments Form. When adding the attachments to the form, you can upload PDF, Word, or Excel formats.

Table of contents

Provide a detailed table of contents for your entire submission that includes all the documents in the application and headings in the [project narrative](#) section. There is no page limit.

File name: Table of Contents

Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your [cognizant agency for indirect costs](#). If you use the *de minimis* rate, you do not need to submit this attachment.

File name: Indirect Cost Agreement

Resumes and job descriptions

For key personnel, attach resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications and plans to hire.

See the [organizational capacity](#) section of the program description for full details about which positions you need to submit resumes and job descriptions for.

File name: Resumes and Job Descriptions

Organizational chart

Provide an organizational chart that describes your structure. Include any relevant information to help understand how parts of your structure apply to your proposed project.

File name: Organizational Chart

Letters of support

You may attach a letter of support from your state's [IDEA Part C program](#). You may also attach other letters from relevant organizations supporting your state's successful work. Submit a separate attachment for each letter of support.

File name: Letter of Support

Memorandum of understanding or memorandum of agreement

You are strongly encouraged to provide an MOU/MOA with your state's [IDEA Part C program](#), if one exists, that describes what will be done as part of the collaboration.

File name: Part C MOU/MOA

Vital records verification

You must submit a letter of verification from an official in vital records (VR) or other agency responsible for determining the number of annual births. This letter must verify the number of resident births occurring in calendar year 2022. Also, the letter must include confirmation of VR collaborations and agreement to share data with your EHDI program.

File name: Vital Records Verification

Tier 1 verification

You must review the tier 1 patient-level data items, and document you can collect all and report biannually to CDC EHDI. See [Data Items](#). Demonstrate this ability by providing the following:

- A letter from the principal investigator/project director (PI/PD) verifying program's ability to collect and report all tier 1 patient-level data items. If determined by your jurisdiction that it is not allowable to submit certain variables that are considered personally identifiable information, please indicate which variables and reasons in the letter.

Filename: Tier 1 Verification

Data completeness

You must be able to document completeness of selected Tier 1 variables.

- Demonstrate completeness by providing a letter from your PI/PD confirming the completeness of selected tier 1 variables in your EHDI-IS using the following template. States may request SAS code for calculating percentage completeness of the variables by contacting [CDC](#).

You should use the EHDI [data items](#) as a guide when looking at completeness. In general, unknown values would include entries of 88 (unknown), 99 (does not collect), or blank. For maternal race, MRACE17 is defined as an unknown race, so this category would be included as an unknown value.

Template for suggested minimum completeness of individual-level 2022 selected variables.

Variable name	Variable long name	% of known values	Suggested minimum %
IID	Unique ID		100
IDOB	Date of birth		95
ISEX	Gender		90
IBPLACE_ST	Birth state		90
MDOB	Mother's birthdate		80
MEDUC	Mother's education		80
METHNIC	Mother's ethnicity		80
MRACE1-16	Mother's race - All options included		80
HSDATE	Final inpatient screening date		90
HSRSLT_RIGHT	Final inpatient screening result-right		90
HSRSLT_LEFT	Final inpatient screening result-left		90

File name: Data Completeness

Functional standards verification

You must include a letter from your PI/PD stating how many of the 35 "SHALL" [EHDl Functional Standards](#) your state meets for goals 1 through 8. If any of the "SHALL" EHDl Functional Standards cannot be met for goals 1 through 8, please indicate which specific standards in the letter and explain why they cannot be met.

File name: Functional Standards Verification

Outcomes data collection verification (Component B only)

If you are applying for Component B, you must submit a letter from the PI/PD documenting your program's six-month early intervention benchmark for calendar year 2022. This outcomes data collection verification letter must also include a statement indicating:

- That your state's benchmark meets or exceeds the national benchmark average of 40.9% for calendar year 2022. The benchmark will be calculated using the following definition: Total number of infants enrolled in Part C and non-Part C before six months of age divided by the total number of infants identified as D/HH.
- Your program's role in your state's Part C [Interagency Coordinating Council](#). If your EHDI program is not currently engaged with the Part C Interagency Coordinating Council, please describe plans for involvement by the end of year 1 of the period of performance.
- A brief (one page maximum) summary of your proposed method for collecting individual-level language or communication outcome data and incorporating the data into your jurisdiction's EHDI-IS. Your summary should also include the target population (for example, by age or region), partners that will need to be included, and the language or communication assessment you are considering collecting.

Currently all publicly available data for each state EHDI program's six-month early intervention benchmark can be located at on the [Annual Data: Early Hearing Detection and Intervention \(EHDI\) Program page on CDC's website](#).

File name: Outcomes Verification

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and their instructions at [Grants.gov Forms](#).

Table: Required standard forms

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application. You must use a separate column for each Component. It is crucial that you label the "Grant Program Function or Activities" on the SF-424A with the component titles you're applying for. The spelling, capitalization, and punctuation should match these component names: COMPONENT A COMPONENT B
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.



Step 4:

Learn about Review and Award

In this step

Application review	<u>48</u>
Award notices	<u>54</u>

Application review

Initial review

We review each application to make sure it meets responsiveness requirements. These are the basic requirements you must meet to move forward in the competition. We won't consider an application that:

- Is from an organization that doesn't meet eligibility criteria. See requirements in [eligibility](#).
- Is submitted after the [deadline](#).
- Proposes research activities. See [45 CFR 75.2](#) for the definition of research.
- Is from a state in which fewer than 5,000 babies are born each year.
- Is from a state that cannot submit all tier 1 patient-level data items.
- If you are applying for Component B, we will not consider your application if you are applying from a state that cannot document the state EHDl program's ability to meet or exceed the six-month national benchmark average of 40.9% for calendar year 2022.

We will not review any pages that exceed the page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use the following criteria.

Table: Component A criteria and total points

Criterion	Total number of points = 100
1. Background and approach	40 points
2. Organizational capacity	35 points
3. Evaluation and performance measurement	25 points

Criteria: Component A

Background and approach (Maximum points: 40)

Ensure that responses are consistent with the [program description](#) requirement sections shown in the following table.

Table: Background and approach criteria

Evaluate the extent to which the applicant provides the following:	Consistent with:
A background that supports a clear problem to address. (5 points)	Background
Strategies and activities consistent with the program's logic model. (5 points)	Approach, logic model
Outcomes consistent with the period of performance outcomes in the program's logic model. (5 points)	Approach, logic model
Strategies and activities that are achievable and appropriate to achieve the project outcomes. (5 points)	Strategies and activities
Strategies and activities that are evidence-based, to the degree possible. Evidence-based can include analysis of the state's data to drive program actions. (5 points)	Strategies and activities
A description of how they will consider and address health disparities in designing and implementing their strategies and activities. (5 points)	Focus populations, health disparities
A work plan that is aligned with the strategies, activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC. (5 points)	Work plan
A proposed use of funds that aligns to the work plan and is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes. (5 points)	Work plan

Organizational capacity (Maximum points: 35)

Ensure that responses are consistent with the program description's [organizational capacity section](#) generally, including the subsections or required attachments shown in the following table.

Table: Organizational capacity criteria

Evaluate the extent to which the applicant describes the following:	Consistent with:
Relevant experience and capacity to implement the activities and achieve the project outcomes. Experience includes management, administrative, and technical experience. (12 points)	Organizational capacity
Experience or capacity to implement the evaluation plan. (8 points)	Organizational capacity
A staffing plan that is sufficient to achieve the project outcomes and that clearly defines staff roles. Provides an organizational chart that supports the structure. (8 points)	Resumes and job descriptions Organization chart
A description of collaborations that support the applicant's capacity or add value to the project. (7 points)	Collaborations

Evaluation and performance measurement (Maximum points: 25)

Ensure that responses are consistent with the program description's [data, monitoring, and evaluation](#) section generally, including the subsections shown in the following table.

Table: Evaluation and performance measurement criteria

Evaluate the extent to which the applicant describes the following:	Consistent with:
Their ability to collect the data needed for quality improvement, evaluation, and performance measurement. (8 points)	Methods
Clear monitoring and evaluation procedures and how they will incorporate quality improvement and performance measurement into planning, implementation, and reporting of project activities. (5 points)	Methods
How they will report and use performance measurement to demonstrate outcomes and for continuous program quality improvement. (4 points)	Methods

Evaluate the extent to which the applicant describes the following:	Consistent with:
Appropriate participation in the quality improvement, evaluation, and performance measurement planning process by key partners. (3 points)	Methods
How they will share evaluation findings with partners, communities, and populations of interest in a way that meets their needs. (3 points)	Methods
A data management plan that includes data, access, standards, long-term and archiving plans, collection methods, and data limitations. Includes how they will update the plan throughout an award. (2 points)	Data management

Table: Component B criteria and total points

Criterion	Total number of points = 100
1. Background and approach	50 points
2. Organizational capacity	30 points
3. Evaluation and performance measurement	20 points

Criteria: Component B

Background and approach (Maximum points: 50)

Ensure that responses are consistent with the [program description](#) requirement sections shown in the following table.

Table: Background and approach criteria

Evaluate the extent to which the applicant provides the following:	Consistent with:
A background that supports a clear problem to address. (15 points)	Background
Strategies and activities consistent with the program's logic model. (15 points)	Approach, logic model
A work plan that is aligned with the strategies, activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC. (10 points)	Work plan

Evaluate the extent to which the applicant provides the following:	Consistent with:
A proposed use of funds that aligns to the work plan and is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes. (10 points)	Work plan

Organizational capacity (Maximum points: 30)

Ensure that responses are consistent with the program description's [organizational capacity](#) section generally, including the subsections or required attachments shown in the following table.

Table: Organizational capacity criteria

Evaluate the extent to which the applicant describes the following:	Consistent with:
Relevant experience and capacity to implement the activities and achieve the project outcomes. (10 points)	Organizational capacity
A staffing plan sufficient to achieve the project outcomes and that clearly defines staff roles. Provides an organizational chart that supports the structure. (10 points)	Resumes and job descriptions Organization chart
A description of collaborations that support the applicant's capacity or add value to the project. (10 points)	Collaborations

Evaluation and performance measurement (Maximum points: 20)

Ensure that responses are consistent with the program description's [data, monitoring, and evaluation](#) section generally, including any subsections shown in the following table.

Table: Evaluation and performance measurement criteria

Evaluate the extent to which the applicant describes the following:	Consistent with:
Their ability to collect the data needed for evaluation and performance measurement. (5 points)	Methods
How they will report and use performance measurement to demonstrate outcomes and for continuous program quality improvement. (5 points)	Methods

Evaluate the extent to which the applicant describes the following:	Consistent with:
Appropriate participation in the evaluation and performance measurement planning process by key partners. (5 points)	Methods
How they will share evaluation findings and lessons learned with partners, communities, and populations of interest in a way that meets their needs. (5 points)	Methods

Risk review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We use SAM.gov [Responsibility / Qualification](#) to check this history for all awards likely to be over \$250,000. We also check Exclusions.

You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

We may ask for additional information prior to award based on the results of the risk review.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

For Component A, we will fund applications in order by score and rank determined by the review panel.

For Component B, when making funding decisions, we will consider the following:

- Merit review results. These are key in making decisions but are not the only factor.
- Diversity in data collection methods, location and region (across the United States), and population. We may fund applications out of rank order to satisfy these criteria.

Our ability to make awards depends on available appropriations.

Award notices

If you are successful, we will email a Notice of Award (NoA) to your authorized official.

We will email you or write you a letter if your application is disqualified or unsuccessful.

The NoA is the only official award document. The NoA tells you about the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you don't have permission to start work.

Once you draw down funds, you have accepted all terms and conditions of the award.

If you want to know more about NoA contents, go to [Understanding Your Notice of Award](#) at CDC's website.



Step 5:

Submit Your Application

In this step

Application submission and deadlines	<u>56</u>
Application checklist	<u>58</u>

Application submission and deadlines

See [find the application package](#) to make sure you have everything you need.

You must obtain a UEI number associated with your organization's physical location. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds.

Make sure you are current with SAM.gov and UEI requirements. See [Get registered](#).

You will have to maintain your registration throughout the life of any award.

Deadlines

Optional letter of intent

Due on January 10, 2025.

Application

Due on March 6, 2025, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

The grants management officer may extend an application due date based on emergency situations such as documented natural disasters or a verifiable widespread disruption of electric or mail service.

Submission methods

Grants.gov

You must submit your application through Grants.gov. See [Get registered](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure your application passes the Grants.gov validation checks. Do not encrypt, zip, or password-protect any files.

See [Contacts and Support](#) if you need help.

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Optional letter of intent

We ask that you let us know if you plan to apply for this opportunity. We do this to plan for the number of reviewers we will need to evaluate applications. You do not have to submit a letter of intent to apply.

If you do submit one, please email the notice to EHDlco-op@cdc.gov.

In your email, include the following:

- The funding opportunity number and title.
- Your organization's name and address.
- A contact name, phone number, and email address.

See the [deadline for letters of intent](#).

Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, [45 CFR 75.113](#).

Send written disclosures to CDC at hrf6@cdc.gov and to the Office of Inspector General at grantdisclosures@oig.hhs.gov.

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Page limit
☐ Project abstract	Use the Project Abstract Summary Form.	1 page
☐ Project narrative	Use the Project Narrative Attachment form.	20 pages
☐ Budget narrative	Use the Budget Narrative Attachment form.	None
Attachments (11 total) ☐ 1. Table of contents ☐ 2. Indirect cost agreement ☐ 3. Resumes and job descriptions ☐ 4. Organizational chart ☐ 5. Letters of support ☐ 6. Memorandum of understanding or memorandum of agreement ☐ 7. Vital records verification ☐ 8. Tier 1 verification ☐ 9. Data completeness ☐ 10. Functional standards verification ☐ 11. Outcomes data collection verification (Component B only)	Insert each in a single Other Attachments form.	None None None None None None None None None None None
Other required forms (3 total) ☐ Application for Federal Assistance (SF-424) ☐ Budget Information for Non-Construction Programs (SF-424A) ☐ Disclosure of Lobbying Activities (SF-LLL) (if applicable)	Upload using each required form.	No No No



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration [60](#)

Post-award requirements and administration

We adopt by reference all materials included in the links within this NOFO.

Administrative and national policy requirements

There are important rules you need to read and know if you get an award. You must follow:

- All terms and conditions in the NoA. The NoA includes the requirements of this NOFO.
- The rules listed in [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards or any superseding regulations.
- The HHS [Grants Policy Statement](#) (GPS). This document has policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those highlighted in the [HHS Administrative and National Policy Requirements](#).
- The following [CDC's Additional Requirements \(AR\)](#) apply to this NOFO's awards:
 - AR-7: Executive Order 12372 Review
 - AR-9: Paperwork Reduction Act Requirements
 - AR-10: Smoke-Free Workplace Requirements
 - AR-11: Healthy People 2030
 - AR-12: Lobbying Restrictions (June 2012)
 - AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
 - AR-14: Accounting System Requirements
 - AR-21: Small, Minority, and Women-owned Business
 - AR-24: Health Insurance Portability and Accountability Act Requirements
 - Ar-25: Data Management and Access

- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-32: Appropriations Act, General Provisions
- AR-34: Accessibility Provisions and Non-Discrimination Requirements are incorporated into CDC General Terms and Conditions
- AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

Reporting

If you are successful, you will have to submit financial and performance reports. These include:

Table: Financial and performance reports

Report	Description	When
Recipient Evaluation and Performance Measurement Plan	Builds on the plan in the application. Includes measures and targets. Shows how data are collected and used (data management plan).	Six months into award.
Annual Performance Report	Serves as yearly continuation application. Includes performance measures, successes, challenges. Updates work plan. Includes how CDC could help overcome challenges. Includes budget for the next 12-month budget period.	No later than 120 days before the end of each budget period.
Federal Financial Report	Includes funds authorized and disbursed during the budget period. Indicates exact balance of unobligated funds and other financial information.	90 days after the end of each budget period.
Final Performance Report	Includes information similar to the Annual Performance Report.	120 days after the end of the period of performance.

Report	Description	When
Final Financial Report	Includes information in Federal Financial Report.	120 days after the end of the period of performance.

To learn more about these reporting requirements, see [Reporting](#) on the CDC website.

CDC award monitoring

Monitoring activities include:

- Routine and ongoing communication between CDC and recipients.
- Site visits.
- Recipient reporting, including work plans, performance reporting, and financial reporting.

We expect to include the following in post-award monitoring:

- Tracking recipient progress in achieving the outcomes.
- Ensuring the adequacy of your systems to hold information and generate data reports.
- Creating an environment that fosters integrity in performance and results.

We may also include the following activities:

- Ensuring that work plans are feasible based on the budget.
- Ensuring that work plans are consistent with award intent.
- Ensuring that you are performing at a level to achieve outcomes on time.
- Working with you to adjust your work plan based on outcome achievement, evaluation results, and changing budgets.
- Monitoring programmatic and financial performance measures to ensure satisfactory performance levels.
- Other activities that assist CDC staff to identify, notify, and manage risk, including high-risk recipients.

CDC's role

We will do the following for this cooperative agreement:

- Provide technical assistance on EHDI tracking and surveillance activities using multiple data sources.
- Provide technical assistance on improving data quality.

- Provide data dictionary and guidance on reporting data to CDC.
- Provide timelines for ongoing data transmission and other key activities.
- Provide guidance for evaluation projects.

Non-discrimination and assurance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).



Contacts and Support

In this step

Agency contacts	65
Grants.gov	65
SAM.gov	65
Reference websites	65

Agency contacts

Program

Deidra Green

EHDICO-op@cdc.gov

(404) 498-3034

Grants management

Kasheena Holland

dfb7@cdc.gov

(404) 498-0773

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Reference websites

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [Grants Dictionary of Terms](#)
- [CDC Grants: How to Apply](#)
- [CDC Grants: Already Have a CDC Grant?](#)
- [Grants.gov Accessibility Information](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)

Endnotes

1. Joint Committee on Infant Hearing. (2000). Year 2000 position statement: Principles and guidelines for Early Hearing and Detection Intervention Programs. *Pediatrics*, 106 (4), 798-817. [↑](#)
2. Meinzen-J., Wiley, S., Grether, S., & Choo, D.I. (2013). Functional performance among children with cochlear implants and additional disabilities. *Cochlear Implants International*, 14 (4), 181-189. <https://doi.org/10.1179/1754762812Y.0000000019> [↑](#)
3. Stika, C.J., Eisenberg, L.S., Johnson, K.C., Henning, S.C., Colson, B.G., Ganguly, D.H., Desjardin, J.L. (2015). Developmental outcomes of early-identified children who are hard of hearing at 12 to 18 months of age. *Early Human Development*, 91 (1), 47-55. <https://doi.org/10.1016/j.earlhumdev.2014.11.005> [↑](#)
4. Yoshinaga-Itano, C., Sedey, A.L., Wiggin, M., & Chung, W. (2017). Early hearing detection and vocabulary of children with hearing loss. *Pediatrics*, 140 (2), e20162964. <https://doi.org/10.1542/peds.2016-2964> [↑](#)
5. Meinzen-Derr, J., Wiley, S., Grove, W., Altaye, M., Gaffney, M., Satterfield-Nash, A., Folger, A.T., Peacock, G., & Boyle, C. (2020). Kindergarten readiness in children who are deaf or hard of hearing who received early intervention. *Pediatrics*, 146 (4), e20200557. <https://doi.org/10.1542/peds.2020-0557> [↑](#)
6. Yoshinaga-Itano, C. (2003). From screening to early identification and intervention: Discovering predictors to successful outcomes for children with significant hearing loss. *The Journal of Deaf Studies and Deaf Education*, 8 (1), 11-30. <https://doi.org/10.1093/deafed/8.1.11> [↑](#)
7. Yoshinaga-Itano, C., Sedey, A.L., Wiggin, M., & Chung W. (2017). Early hearing detection and vocabulary of children with hearing loss. *Pediatrics*, 140 (2), e20162964. <https://doi.org/10.1542/peds.2016-2964> [↑](#)
8. Information in a limited dataset is not directly identifiable and excludes direct identifiers such as names or social security numbers of the individual or relatives, employers, or household numbers of the individual. [↑](#)
9. Each child record in the dataset must have a unique, randomly generated, artificial identifier, known as the pseudonym. The length and format of the pseudonym must conform to a given standard and must not contain any part of the child's personal identifiable information such as name, social security number, medical record number, or street address (excluding zip code). You must have a mechanism in place to allow the developer to link the pseudonym back to the original child record for which it was generated. The pseudonymization procedure must be repeatable for the same child. It must also be usable for multiple datasets (for example, updates) that include data about the same child, while the child's original pseudonym is unchanged across updates. [↑](#)
10. Target-setting method: Percentage 10-point improvement. A percentage point improvement was calculated using Cohen's h effect size of 0.2. [↑](#)
11. Target-setting method: Percentage 10-point improvement. A percentage point improvement was calculated using Cohen's h effect size of 0.2. [↑](#)