Centers for Disease Control and Prevention

Center for Surveillance, Epidemiology, and Laboratory Services

Strengthening the Population & Public Health Workforce Pipeline

CDC-RFA-OE22-2201

05/10/2022

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-OE22-2201. 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:

Strengthening the Population & Public Health Workforce Pipeline

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-OE22-2201

E. Assistance Listings Number:

93.967

F. Dates:

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

2. Due Date for Applications:

05/10/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
N/A

G. Executive Summary:

1. Summary Paragraph

This Notice of Funding Opportunity supports activities that build competencies and enhance the capacity of the nation's public health workforce to reduce health disparities and advance health equity. The NOFO consists of three components (A, B and C) providing funding for best practices in training, curriculum, and recruitment, fellowship program, and workforce improvement projects (WIPs). Three strategies are rooted in a theory of change to advance health equity, we must strive to: (1) Strengthen design and execution of data science and leadership training programs; (2) Assess, design and test a recruitment approach for developing a professional workforce that reflects the demographics of the populations served and the communities facing health inequities, to prepare them to advance health equity in public health practice; and (3) Provide high-quality, tailored, and applied learning experiences to diverse and representative individuals in governmental public health organizations. Organizations are expected to implement diversity and inclusion best-practice principles at the national, state, and local levels. Long-term outcomes of this work include: Increased effectiveness of leadership and data science development training programs to address health disparities and advance health equity; and increased leadership and data science competency of diverse and representative emerging public health professionals.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
4
Only one award will be made for Component B: Public Health Fellowship program, and up to 3 awards will be made for Component A: Best Practices in Training, Curriculum and Applied Learning, and Recruitment. Component C is dependent on CIO funding and Workforce Improvement Project proposals to the extent such proposals align with the authority and purposes of this NOFO.

d. Total Period of Performance Funding:
$1,830,000

This amount is an estimate and subject to availability of funds. Applicants should apply separately for the components for which they wish to be considered.

e. Average One Year Award Amount:
$366,000
These amounts are estimates, up to 3 awards will be made for Component A (Best Practices in Training, Curriculum and Applied Learning, and Recruitment) amount range from $166,000 to

$366,000; only one award will be made for Component B (Public Health Fellowship Program) amount range from $200,000 to $366,000. Component C is dependent on CIO funding and Workforce Improvement Project proposals to the extent such proposals align with the authority and purposes of this NOFO.

f. Total Period of Performance Length:
5

g. Estimated Award Date:
August 01, 2022

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

A well-trained diverse public health workforce is essential for successfully implementing strategies and activities that will reduce our nation's health disparities and advance health equity. Understanding the social, technological, and cultural dynamics that impede health equity and how they drive inequities is critical for the public health workforce to equitably apply innovative, multi-sectoral practice models that impact population health. The goal of the NOFO is to support activities that apply innovative and established best practices in the education and training of diverse graduate, postgraduate, and applied public health learners, many of whom represent communities facing the greatest inequities in the cross-cutting areas of leadership development, data science training, and public health practice. Under Component A, recipients will focus thier activities under the NOFO's two strategies: (1) Strengthen the design and execution of data science and leadership training programs; and (2) Design, assess, and test a recruitment approach for developing a professional workforce that is inclusive of the demographics of the populations served and communities facing health inequities. Under Component B, recipients will provide high-quality, tailored, and applied learning experiences to diverse individuals in governmental public health organizations that support diversity and inclusion best-practice principles at the national, state, and local levels. Under Component C, recipients will execute projects supported by various CDC Centers, Institutes, and Offices (CIOs) and other federal agencies. These projects will have an emphasis on education and training and focus on improving the health of populations while engaging the workforce in various areas of public health practice. By applying activities through a theory of change lens to systematically advance health equity, these strategic practices will seek to address the possible causes of health inequities. The 2016 U.S. Department of Health and Human Services (HHS) Public Health 3.0 initiative calls for a more concerted and coordinated effort to build foundational, high-performance skills and leadership development and management skills to ensure the success of the entire public health workforce. Producing highly skilled public health leaders requires a robust understanding of public health competencies and how to apply them to formal and informal leadership roles. Evidence needs to direct public health workforce planning and development, drive recruitment and retention strategies, and understand and address training gaps. For example, both specialized and generalized big data skills are becoming more common and necessary in the public health workforce. The modernization of data and information science requires a workforce trained in new, innovative approaches and methods in data science to tailor more precise and effective

interventions. Education and applied training programs should also prioritize the recruitment and graduation of a diverse public health workforce. A greater diversity of demographic backgrounds, perspectives, and experiences yields more innovative public health approaches. With these factors in mind, CDC is supporting activities that apply innovative and established best practices in the education and training of graduate, postgraduate, and applied public health learners in the strategies highlighted in this NOFO.

b. Statutory Authorities
Section 317(k)(2) of the PHS Act (42 U.S.C. Section 247b(k)(2))

c. Healthy People 2030
This NOFO supports and builds the Public Health Infrastructure as defined in Healthy People 2030. The activities seek to develop a capable and qualified workforce able to assess and respond to public health needs. More information about the public health infrastructure goals can be found at: https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure. Specific workforce objectives related to this funding opportunity include PHI-R01, PHI-R02, and PHI-R03.

d. Other National Public Health Priorities and Strategies
- National Public Health Workforce Strategic Roadmap: https://www.cdc.gov/csels/dsepd/strategic-workforce-activities/ph-workforce/roadmap.html.
- Public Health Workforce Development Action Plan: https://www.cdc.gov/csels/dsepd/strategic-workforce-activities/ph-workforce/action-plan.html.
- Building Skills for a more Strategic Public Health Workforce: A Call to Action: https://debeaumont.org/wp-content/uploads/2019/04/Building-Skills-for-a-More-Strategic-Public-Health-Workforce.pdf.
- U.S. Department of Health and Human Services. *HHS Action Plan to Reduce Racial and Ethnic Disparities: A Nation Free of Disparities in Health and Health Care.* Washington, D.C.: U.S. Department of Health and Human Services, [April 2011].
- National Partnership for Action. National Stakeholder Strategy for Achieving Health Equity; 2011.

e. Relevant Work
This NOFO builds on CDC programmatic activities within Academic Partnerships to Improve Health.
https://www.cdc.gov/apih/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcsels%2Fdsepd%2Facademic-partnerships%2Findex.html
Academic Partnerships to Improve Health (APIH) focused on improving individuals' and communities' health by developing the current and emerging health workforce.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Logic Model: Strengthening the Population & Public Health Workforce Pipeline

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
COMPONENT A **Strategy 1:** **Strengthen execution of data science and leadership training programs** **Strategy 2:** **Assess and design a recruitment approach for a more diverse public health workforce** **COMPONENT B** **Strategy 3:** **Provide quality applied learning experiences in governmental public health at the national, state, and local levels** **COMPONENT C** **Strategy 4:** **Implement workforce improvement projects**	**Increased awareness of evidence on effective leadership development and data science training** **More comprehensive didactic leadership and data science trainings** **Expanded experiential leadership and data science trainings** **Fellows gain applied knowledge on data science and leadership in public health** **Increased awareness of best practices to promote equity and diversity in recruitment** **Increased understanding of barriers and potential solutions to recruitment for a diverse public health workforce** **Increased number of projects at state, local, and tribal levels that address workforce needs**	Increased implementation of best practices in leadership development and data science training Improved knowledge and skills in leadership and data science among public health professionals Increase in number of public health professionals with applied training in leadership and data science Pathways developed for diverse students and recent alumni to support recruitment of future public health workforce hires Increased availability of tools for hiring officials in institutions and jurisdictions to conduct their recruitment and selection processes that reduce bias Increase in number of health professionals with applied training in public health and population health	Increased effectiveness of leadership and data science development training programs Increased leadership and data science competency of emerging public health professionals Increased diversity of effective public health workforce Enhanced capacity of the public health workforce

i. Purpose

This NOFO will address workforce challenges to ensure adequate size, composition, and necessary skills to effectively deliver public health services. The NOFO supports best practices in training by generating and disseminating evidence-base for the execution of data science and leadership development training programs; developing and implementing a curriculum for public health leaders and data scientists; developing and implementing standards for applied learning experiences; developing and implementing strategy to support recruitment for a diverse workforce; and implementing fellowships.

ii. Outcomes

The principal outcomes of the strategies and activities under the cooperative agreement are:

- Increased effectiveness of leadership and data science development training programs
- Increased leadership and data science competency of emerging public health professionals
- Increased diversity of effective public health workforce
- Enhanced capacity of the public health workforce

iii. Strategies and Activities

Recipients will complete the activities described below under Component A, Best Practices in Training, Curriculum and Applied Learning, and Recruitment, which consists of three strategic pillars, Component B, the Public Health Fellowship program, or Component C, Workforce Improvement Projects.

Component A: Best Practices in Training, Curriculum and Applied Learning, and Recruitment

Applicants may apply to conduct all or select pillars under Component A. These activities include the following:

Strategic Pillar 1 — Best Practices in Training

Generate and disseminate the evidence base in best practices for the execution of data science and leadership development training programs

Activity 1: Identify and clarify the evidence base for effective leadership development and data science and analytic training programs.

In Year 1, the recipient may conduct literature reviews that describe the pedagogical and best practices evidence base of leadership development and data science training. In addition, the recipient should apply approaches to collect and report on practice-based evidence as reported by subject-matter experts and instructors through interviews, focus groups, and other appropriate assessments. The information obtained from the literature reviews, focus groups, and interviews should be combined into a report that summarizes the methods, results, and recommendations. The report can be shared with CDC at the end of the program year and published either in the gray or peer-reviewed literature. The recipient should also disseminate findings through presentations at relevant national or local national meetings.

Activity 2: Identify and improve the understanding of what it takes to motivate people to pursue a

public health career, retain them in the profession, and support their career progression to become leaders.

In Year 2, the recipient may conduct literature reviews that describe the pedagogical and best practices evidence base of retention and career progression. In addition, the recipient may apply approaches to collect and report on practice-based evidence as reported by subject-matter experts and workforce development specialists through interviews, focus groups, and other appropriate assessments. The information obtained from the literature reviews, focus groups, and interviews should be combined into a report that summarizes the results, findings, and methods. The report can be shared with CDC at the end of the program year and published either in the gray or peer-reviewed literature and made avaialble to the public. The recipient will also disseminate findings through presentations at relevant national or local meetings.

Activity 3: Engage institutions conducting cutting edge science (from research and evaluation) and provide evidence to predict emerging trends in data science and analytics training and leadership development.

In Years 1 through 5, the recipient may convene an advisory group with relevant institutes of higher education and experts in the field that meet annually to discuss emerging evidence, trends, and identified needs in data science training and leadership development and develop recommendations. An annual report may be shared with CDC at the end of each program year and published either in the gray or peer-reviewed literature and shared with the public. The recipient will also disseminate findings through presentations at relevant national or local meetings.

Activity 4: Define solutions to improve data science training and leadership development training and help implement solutions.

In Years 1 through 5, the recipient may convene an advisory group and technical assistance teams consisting of experts from relevant institutes of higher education and experts in the field that meet at least annually to discuss solutions to improve data science and leadership training and assists with implementing solutions within institutions and government. The recipient should track the activities of technical assistance teams and generate reports at the end of each program year that describe challenges and identify solutions and recommendations. The reports may be provided to the public and CDC, and aggregated data may be published either in the gray or peer-reviewed literature. The recipient may also disseminate aggregated results through presentations at relevant national or local meetings.

Activity 5: Support pilot programs of leadership and data science education and training innovations in applied training within government at the local, state, and federal levels.

In Years 4 and 5, the recipient may provide subawards to training pilot programs in leadership development and data science training to test innovations. Pilot sites should evaluate their projects and share summaries of their innovations and evaluation results to the recipient and CDC at the end of Year 5.

Strategic Pillar 2 — Curriculum and Applied Learning
Develop and implement curriculum for development of public health leaders and data scientists and develop and implement standards for impactful applied learning experiences

Activity 1: Engage with practice partners to establish a leadership training agenda and implementation plan.

The recipient may convene public health practice partners from all levels of government and the private sector. They should identify the needs, requirements, skill sets, and competencies needed for modernizing public health workforce leadership development programs, and an implementation strategy in the governmental public health workforce. The results should be combined into a leadership training agenda and implementation plan. The report should be provided to CDC at the end of the program year and published either in the gray or peer-reviewed literature. The recipient should also disseminate findings through presentations at relevant national or local meetings.

Activity 2: Provide more opportunities for high quality applied learning experiences between schools and public health jurisdictions at the federal, state, and local levels (particularly among lower-resourced health jurisdictions).

In Year 1, the recipient may conduct an environmental scan describing current field-based applied learning experiences or externships between schools and governmental public health agencies. The environmental scan may include research formerly completed and published in the peer-reviewed or gray literature. However, such studies should not be more than three years old and should be combined with results from information the recipient gathers from schools and governmental agencies the year they first receive funding.

In Year 2, the recipient should convene a meeting with schools and health departments to present scan results, and explore opportunities, challenges, and a vision for future partnerships based on emerging needs or trends. A meeting outcomes summary should be shared with CDC and disseminated widely among represented schools.

In Year 2, the recipient may establish a workgroup to develop standards for implementing effective applied opportunities, rotations, and projects within public health departments for students, graduates, and fellows.

In Year 3, the recipient may develop a guidance document and toolkit that builds the capacity of health departments by engaging college professors as supervisors for applied projects and subject-matter experts in state, local and tribal health departments. The recipient should widely disseminate these resources and provide technical assistance where needed to support the plan's implementation on the local level.

In Years 4 and 5, the recipient may develop guidelines defining the elements of quality field-based applied learning experiences with input from experts in the field, widely disseminate the guidelines, and provide technical assistance to support their implementation within schools and health departments.

Activity 3: Develop and implement training or content, including certified minicourses, for the current public health workforce to help fill gaps in existing content for leadership development and data science training.

In Year 3, the recipient may identify gaps in content and training materials and offerings identified by their advisory groups, technical assistance teams, and other experts.

In Years 4 and 5, the recipient may develop and implement training content and minicourses as needed to fill those gaps. Course developers should apply the Analysis, Design, Development, Implementation, and Evaluation (ADDIE) model of curriculum development and include analysis, design, development, implementation, and evaluation.

Strategic Pillar 3 — Recruitment
Develop and implement a strategy to support recruitment for a more diverse public health workforce

Activity 1: Summarize best practices in recruitment and explore alternative methods (such as artificial intelligence) to reduce selection biases when recruiting for the public health workforce.

In Year 1, the recipient may engage practice leaders to understand what disciplines are essential for effective public health practice but currently underrepresented in the public health workforce.

In Years 1 and 2, the recipient may meet with academic leaders from traditional disciplines and disciplines that are not represented in the public health workforce but whose skills and training are necessary to public health to strengthen recruiting efforts.

In Years 1 and 2, the recipient may also have meaningful engagements with institutions and organizations that can support recruitment of a racial and ethnically diverse workforce (such as Historically Black Colleges and Universities, Hispanic-Serving Institutions, and Tribal colleges) to identify opportunities for collaboration and create access to diverse students and recent alumni for graduate and postgraduate education and training programs.

In Years 3, 4, and 5, the recipient may coordinate and support national implementation of the diversity recruitment strategy into governmental public health jobs.

Activity 2: Summarize best practices in the retention and progression of the public health workforce and describe how these factors may differ among diverse groups.

In Year 1, the recipient may engage practice leaders, subject-matter experts, and thought leaders to understand the factors contributing to retaining and advancing a diverse workforce.

In Year 2, the recipient may produce a report or guide that can be used by governmental and nongovernmental public health leaders to guide and support their workforce development and diversity efforts more fully.

In Years 3 through 5, the recipient may coordinate and support national implementation of the national retention and progression strategy.

Component B: Public Health Fellowship Program
This component provides applicants' funding from CDC's Centers, Institutes, and Offices (CIOs) to support the management of public health fellowships. Public health fellowships are vital to CDC's strategic interests to ensure students and emerging health professionals receive hands-on experience in public health practice at CDC.

For this notice of funding opportunity (NOFO), fellowships are for recent graduates (within five years of graduation) of Council on Education of Public Health-accredited schools or programs of public health, including dual degree programs. Public health fellowship placements will be from one to three years in length, with the option for mentors to renew for a fourth advanced training year.

The recipient will serve as a national coordinator among their constituent academic institutions for CDC fellowship programs. The goal is to provide timely and effective recruitment and selection of qualified and trained early career graduates and match them to domestic CDC placements based on the program's stated position requirements and criteria. In addition, CDC will provide the training position description and the baseline technical skills required of the fellow.

Fellowship Recruitment
The applicant should clearly outline and describe their process and methods for recruiting a well-qualified, diverse pool of fellowship applicants. Desired fellowship applicants will possess attributes that align with the service-oriented mission of CDC and share CDC's commitment to improve public health and eliminate health disparities and inequities and the underlying factors that drive it. Fellows will be recruited into applied training opportunities in different disciplines, including policy, data science, epidemiology, program management, health education, and communication. Applicants should indicate their plans and methods for partnering specifically with schools and programs that serve a diverse pool of students. These will include schools and programs within Hispanic-Serving Institutions, Historically Black Colleges and Universities, schools and programs with a substantial percentage of American Indian and Alaska Native students and alumni, and schools with a rural health program or track. The recipient is expected to include a comprehensive summary of their recruitment activities, metrics, and outcomes in the Annual Fellowship Program Report.

Fellow Selection
The applicant should clearly describe their process and methods for fellow selection. Fellow selection should occur in two stages, and both stages should incorporate Holistic Review principles and approaches into the selection process. The first stage will comprise an initial screening for general fellowship eligibility and will be conducted by the applicant or their qualified designee(s). The applicant should clearly outline the criteria used during this initial screening and include the screening instrument used by screeners. The second stage will be conducted by the CDC mentor and their designated selection team. The recipient should develop and provide a standardized interview instrument and scoring rubric to be used by interviewers

and provide a brief training that summarizes the evidence base around best practices for interviewing. The applicant should outline their process for working with mentors to ensure the identification of a diverse interview panel and applying other principles to achieve a selection process that is equitable and aligned with CDC's mission.

Also, recipients should demonstrate successful administration of their specific programs, adherence to annual budget requirements, submission of annual reports, and achievement of stated objectives. A comprehensive evaluation plan based upon said goals that incorporate a quality improvement process is required for this component.

Those applicants considering applying for the fellowship component of this NOFO should include plans for transitioning current fellows and related fellowship management activities into their organization. Similarly, applicants for the fellowship component of the NOFO should include a brief statement on how they plan to prepare for transitioning programs and fellows at the end of the five-year cooperative agreement to a new recipient, should that occur.

Evaluation Plan
Applicants are required to submit an evaluation plan and include supporting materials, tools, and instruments. The fellowship evaluation plan should include a timeline outlining when assessments will be administered and to whom (fellow or mentor). A description of the primary purpose of each assessment, how assessment results will guide the quality improvement plan, and who will be involved in making any needed programmatic changes (recipient, CDC program office, fellow or mentor) is necessary. The applicant should include all the required steps in the workplan and have the time frame that each requirement or product will be implemented and complete.

In addition to the requirements described above, recipients should do the following:
   o Charter, recruit, and establish a fellowship advisory committee or council;
   o Assess core and discipline-specific fellowship competencies on an annual basis and update fellowship competencies as needed;
   o Describe and implement, in collaboration with CDC, an instructional plan for fellowships, including learning objectives, proposed training methods, and approaches for assessing learning outcomes or performance improvement and incorporating evaluation feedback to improve future training;
   o Promote, along with academic institutions, fellowship placement opportunities located at CDC's domestic offices;
   o Manage competitive selection of candidates and coordinate efforts to identify, recruit, and match qualified and trained candidates with fellowship placements;
   o Provide comprehensive administrative support to fellows, including payroll, travel, insurance, and other necessary administrative functions;
   o Design, coordinate, and execute a comprehensive fellowship orientation that specifies expectations, familiarize trainees with foundational needs, and introduces fellows to the agency, and provides presentations and trainings that align with program competencies and meets all applicable requirements;

- o Identify and promote appropriate training opportunities for professional development in relevant topic areas that align with the program competencies;
- o Provide and manage an electronic data system reporting fellowship project goals and objectives, project plans and descriptions, and project outcomes; and
- o Develop a program plan, and annual report submitted annually to CDC that includes the following:

    - Recruiting, advertising, and marketing efforts and outcomes;

    - Developing guidelines and support mechanisms for trainees and supervisors and mentors;

    - Screening, selection, and matching process that ensures high-quality trainees;

    - Developing program orientation, its requirements, and information about fellows' specific assignments;

    - Monitoring and evaluation of trainees' progress, providing advisement and corrective plans when needed;

    - Monitoring trainees' accounting (e.g., stipend, travel, and allowance) and resolving unexpected problems;

    - Developing a transition plan that identifies an alternative recruitment process in case the fellow leaves the program early;

    - Identifying an initial description and general training plan for the advanced training 4th year and finalize it with input from CDC program offices and the advisory committee or council; and

    - Developing and implementing a rigorous evaluation and quality improvement plan based on stated objectives and activities contained in this NOFO. The evaluation plan must be included in the application.

Component C: Workforce Improvement Projects (WIPs)

This component provides funding derived from CDC Centers, Institutes, and Offices (CIOs) and other federal agencies for specific projects that have an emphasis on education and training and focused on improving the health of populations while engaging the workforce in various areas of public health practice. Recipients may work with the CIO supporting the project throughout project implementation. Depending on the requirements outlined in the WIP, recipients may apply for WIPs as a sole applicant or collaborate with other organizations or institutions to submit joint applications. WIP projects may be one to five years in length, depending on project scope, needs, and requirements and the specific projects will be advertised annually, and recipients will be eligible to apply for funding to implement the specific projects identified by the CIO.

1. Collaborations

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

For applicants applying for Component A, the collaborations described in the CDC project description includes subject matter experts (data scientists and leaders in state, local, tribal health departments, federal agencies and NGO's, and workforce development specialists); Instructors and researchers in workforce, leadership, data science and experts in higher education; Public health practice partners, administrators and managers within schools and programs of public health and health departments, and historically black colleges and universities, Hispanic-serving institutions, and tribal colleges. For applicants applying for Component B, the collaboration described in the CDC project description includes mentors and supervisors within CDC Centers, Institutes and Offices (CIOs), fellowship course providers and instructors, administrators of schools and programs of public health essential for the recruitment of fellows into the training program. Recipients are expected to collaborate with CDC CIOs and programs to implement the fellowship program and workforce development activities. CDC CIOs sponsoring fellows will provide mentorship, applied learning opportunities, and training support to fellows. Fellowship placements in CIO funded programs within state, local, tribal and territorial health departments will be coordinated through the CIO in collaboration with the recipient.

b. With organizations not funded by CDC:
Recipients are expected to collaborate with schools of public health and other schools that represent disciplines important to public health, state, local, tribal, and territorial health departments, and the national organizations that represent them, academic associations that represent industries, schools, and programs critical in impacting health, historically black colleges and universities, Hispanic-serving institutions and tribal colleges, and credentialing organizations. Applicants are strongly encouraged to provide letters of support, where applicable. Letters of support should be uploaded as a pdf at www.grants.gov and titled "Letter of Support". Recipients will identify opportunities to advance the goals of the cooperative agreement at relevant meetings and conferences.

2. Target Populations
The group that will benefit from achieving the outcomes within this NOFO is the governmental public health workforce at state, tribal, local, territorial and federal levels.

Recipients are expected to identify segments of the public health workforce that are most impacted by health disparities and inequities in the context of professional development to ensure broad and deep representation in the learner cohorts. Recipients are expected to use best available data to identify their target population(s) and describe the sociodemographic characteristics of these sub-groups.

a. Health Disparities
The Public Health Fellowship program recruits recent graduates that possess attributes that align with the service-oriented mission of CDC and share CDC's commitment to improve public health, eliminate health disparities and inequities, and the underlying factors that drive it.

Recipients are expected to develop, adapt, and modify program strategies, activities, and materials to ensure diversity and representativeness of learners in funded programs, as well as identify and describe how they will validate the cultural, linguistic, and social appropriateness of this work. To advance inclusion, recipients should establish a hiring process that vets candidates

for their sensitivities to and understanding of root causes of health inequities, empathy, and health equity to facilitate a staff body that advances inclusion principles. Recipients should develop an internal strategic plan that outlines their intentions to change and align internal practices and processes to advance diversity, inclusion, and equity principles and describe how these principles will be enforced. Monitoring and evaluation procedures should be developed to document and inform best-practices and to understand the implications of this work.

iv. Funding Strategy

This is a multicomponent NOFO. Applicants may apply for both components A and B or just a single component. Successful applicants will automatically be eligible for Component C, Workforce Improvement Projects. No application is required for Component C. Applicants must submit one cumulative application be submitted for all components applied for they would like to be considered. Applicants applying to administer the Public Health Fellowship program should note that the award for the Public Health Fellowship includes the base funding amount plus the award for each fellow enrolled in the program. Additional funds cover fellow stipends, travel and training, and associated organization administrative fees.

The range of funding for Component A is $166,000 to $366,000. Applicant's can propose to implement activities under one, two, or three strategic pillars. The range of base funding for Component B is $200,000 to $366,000. The maximum base funding for the two components is $366,000. Applicants who apply to implement activities under both components, their total base budget across the two components should not exceed $366,000. Funding will be based on the number of activities or strategic pillars applicants will implement and the recipient's capacity. Funding for Component C may vary and is dependent on CIO funding availability.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The activities under this NOFO will result in the following outcomes:

Outcome Measure 1: Increased awareness of evidence on effective leadership development and data science training programs
Suboutcome: Increased implementation of best practices in leadership development and data

Outcome Measure 2: More comprehensive didactic leadership and data science trainings
Suboutcome: Improved knowledge and skills in leadership and data science among public health professionals

Outcome Measure 3: Expanded experiential leadership and data science trainings
Suboutcome: Increase in number of public health professionals with applied training in leadership and data science

Outcome Measure 4: Fellows gain applied knowledge on data science and leadership in public health

Outcome Measure 5: Increased awareness of best practices to promote equity and diversity

in recruitment
Suboutcome 1: Pathways developed for diverse students and recent alumni to support recruitment of future public health workforce hires
Suboutcome 2: Increased availability of tools for hiring officials in institutions and jurisdictions to conduct their recruitment and selection processes that reduce bias

Outcome Measure 6: Increased understanding of barriers and potential solutions to recruitment for a diverse public health workforce
Suboutcome 1: Pathways developed for diverse students and recent alumni to support recruitment of future public health workforce hires
Suboutcome 2: Increased availability of tools for hiring officials in institutions and jurisdictions to conduct their recruitment and selection processes that reduce bias

Outcome Measure 7: Fellows gain applied knowledge in governmental public health and population health
Suboutcome: Increase in number of health professionals with applied training in public health and population health

CDC will use the below measures to track implementation of recipient strategies and activities:
Component A
Process measures for Strategy 1:

- By the end of the first year, recipients can submit a report to CDC (and possibly a broader audience through publications or conference presentations) summarizing findings on the evidence base of effective leadership development and data science programs.
- Recipients should annually report on the number of and quality of relationships with institutions.
- By the end of the third year, recipients may submit a report to CDC on the evidence to predict emerging trends in leadership and data science.

Process measures for Strategy 2:

- By the end of the fifth year, recipients can submit to CDC a report on the training agenda and implementation plan.
- By the end of the first year, recipients may submit to CDC a report of environmental scan findings.
- By the end of the second year, recipients may submit to CDC a report prioritizing the training needs.
- By the end of the first year, recipients may submit a report to CDC on environmental scan findings of current practices.
- By the end of the second year, recipients should convene a meeting with SPH and HDs to present results from environmental scan and explore challenges and opportunities.
- By the end of the second year, recipients may submit to CDC a report summarizing meeting discussion and proposing recommendations to CDC.
- Recipients can submit annual reports to CDC the number of college professors serving as host site supervisors.

- By the end of the second year, recipients should establish the workgroup and then annually report on the number of workgroup meetings.

Process measures for Strategy 3:

- By the end of the first year, recipients may submit to CDC a report on recruitment best practices and recommendations.
- By the end of the second year, recipients may submit to CDC a report of motivating factors and opportunities to increase retention and progression of public health professionals.
- Recipients should annually report to CDC the number of minority-serving institutions engaged with and the recruitment activities that took place.
- By the end of the first year, recipients should report to CDC the number of education and training leaders engaged with.
- By the end of the second year, recipients should report on identified approaches for increased engagement.
- During years 3-5 recipients should submit to CDC annual implementation and evaluation reports. Evaluations may investigate the quality and fidelity of implementation. CDC evaluation resources are available to provide consultation as needed.

Component B
Process measures for Public Health Fellowship Program:

- Recipients should annually report to CDC the types of hands-on training in which fellows participated.
- Recipients should annually report to CDC results of training assessments from fellows.
- Recipients may develop a tracking mechanism to follow graduates over time and annually report data to CDC.
- Recipients should annually report to CDC data from assessments of fellows' learning.

CDC will use the below measures to determine progress on achieving the period of performance outcomes:
Component A
Outcome measures for Strategy 1:

- By the fifth year, recipients should report to CDC changes in awareness of evidence on effective leadership development and data science training programs among leaders, directors, and/or decision makers of public health training programs, as informed by evaluation surveys on that population.

Outcome measures for Strategy 2:

- Annually during years 3-5 recipients should report to CDC the number of new trainings developed and an evaluation report of the training quality, effectiveness, and fidelity of implementation.
- By the end of the fifth year, recipients may have implemented recommendations in select host sites and will report the number of institutions where curricula were changed to include experiential learning.

- Recipients should annually report to CDC changes in fellows' knowledge, as measured on post-training evaluations.

Outcome measures for Strategy 3:

- By the fifth year, recipients should report to CDC changes in awareness of best practices to promote equity and diversity in recruitment among leaders, directors, and/or decision makers of public health training programs, as informed by evaluation surveys on that population.
- By the end of the fifth year, recipients should report to CDC changes in understanding of the barriers and potential solutions to recruitment for a diverse public health workforce among leaders, directors, and/or decision makers of public health training programs, as informed by evaluation surveys on that population.

Component B
Outcome measures for Publich Health Fellowship Program:

- Recipients should annually report to CDC changes in fellows' knowledge, as measured on post-training evaluations.

Performance measures will be used to track and report on the progress and success of NOFO activities and build an evidence-base regarding engaging students and learners to develop the priority areas of leadership and data science. The data collected in a given year will be used to inform future program activities and approaches. Up to 3 awards will be made for activities described under the three strategic pillars in Component A - Best Practices in Training, Curriculum and Applied Learning, and Recruitement. One award will be made for Component B - Public Health Fellowship Program.

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.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants applying for Component A must possess the following:

- Able to describe existing and prior collaboration with the following where applicable: state, local, tribal, territorial health departments or organizations that represent them;
- Able to demonstrate evidence of existing and prior collaboration with schools and programs of public health and other schools important to public health and workforce development such as business, computer science, public policy, education;
- Has experience convening partners to develop consensus documents, significant public health practice reports or other guidance documents;
- Provide a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles;
- Provide evidence of having collaborations with state, tribal, local, territorial health departments, or the organizations that represent them, the vast majority of Council on Education for Public Health (CEPH) accredited schools of public health or the organization that represent them and other schools important to the public health enterprise.

Applicants applying for Component A or Component B must possess the following abilities:

- Has experience planning, conducting and evaluating workforce development programs;
- Has experience developing curricula and developing and curating training content;
- Has organizational and administrative capacity, skill, and expertise to perform the stated activities contained in the funding announcement.

d. Work Plan

Applicants must provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years. A sample work plan format is presented below. In this format, the table would be completed for each period of performance outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

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

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/CSELS will be expected to do the following:

- Provide direction in program execution and evaluation;
- Promote and identify opportunities for fellowships across the agency;
- Serve as the primary conduit between recipients and fellowship sponsoring CIO or program or other host sites for program administration and all funding matters;

- Monitor recipient's management processes for fellowship, reviewing reports, suggesting program improvements, and coordinating with CIOs;
- Provide intramural technical support and guidance to CDC's sponsoring programs;
- Collaborate with recipients to identify and develop high-quality fellowship placement opportunities in CDC's domestic offices;
- Provide mentoring and relevant; hands-on applied training to fellows who work within CDC's domestic offices under CDC CIO or program direction; and
- Collaborate with recipients to develop guidance and technical assistance related to program planning, implementation, progress, evaluation, quality improvement, and dissemination of successful strategies, products, tools, and lessons learned.

f. CDC Program Support to Recipients

CDC program staff will provide subject matter expertise in needed areas, link recipient with other CDC programs, and provide technical assistance in work plan development, program planning, program execution, evaluation and performance measurement to assist with the successful implementation of the program. CDC will attend focus groups, advisory committee meetings and other partner meetings virtually or in-person and materially participate where appropriate. CDC will also contribute to establishing meeting agendas, discussion questions, evaluation questions for these events. Program reports and publications will be developed in collaboration with CDC and reviewed by CDC subject matter experts and feedback will be provided before public release. For recipients of Component B, CDC/CSELS will to do the following:

- Provide direction in program execution and evaluation;
- Promote and identify opportunities for fellowships across the agency;
- Serve as the primary conduit between recipients and fellowship sponsoring CIO or program or other host sites for program administration and all funding matters;
- Monitor recipient's management processes for fellowship, reviewing reports, suggesting program improvements, and coordinating with CIOs;
- Provide intramural technical support and guidance to CDC's sponsoring programs;
- Collaborate with recipients to identify and develop high-quality fellowship placement opportunities in CDC's domestic offices;
- Provide mentoring and relevant; hands-on applied training to fellows who work within CDC's domestic offices under CDC CIO or program direction; and
- Collaborate with recipients to develop guidance and technical assistance related to program planning, implementation, progress, evaluation, quality improvement, and dissemination of successful strategies, products, tools, and lessons learned.

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:
U36 - Program Improvements for Schools of Public Health

3. Fiscal Year:
2022
4. Approximate Total Fiscal Year Funding:
$366,000

5. Total Period of Performance Funding:
$1,830,000
This amount is subject to the availability of funds.

This amount is an estimate and subject to availability of funds. Applicants should apply separately for the components for which they wish to be considered.

Estimated Total Funding:
$1,830,000
6. Total Period of Performance Length:
5
year(s)
7. Expected Number of Awards:
4

Only one award will be made for Component B: Public Health Fellowship program, and up to 3 awards will be made for Component A: Best Practices in Training, Curriculum and Applied Learning, and Recruitment. Component C is dependent on CIO funding and Workforce Improvement Project proposals to the extent such proposals align with the authority and purposes of this NOFO.

8. Approximate Average Award:

$366,000
Per Budget Period

These amounts are estimates, up to 3 awards will be made for Component A (Best Practices in Training, Curriculum and Applied Learning, and Recruitment) amount range from $166,000 to $366,000; only one award will be made for Component B (Public Health Fellowship Program) amount range from $200,000 to $366,000. Component C is dependent on CIO funding and Workforce Improvement Project proposals to the extent such proposals align with the authority and purposes of this NOFO.

9. Award Ceiling:
$0
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$0
Per Budget Period

11. Estimated Award Date:
August 01, 2022

12. Budget Period Length:
12 month(s)

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

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

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

23 (Small businesses)

22 (For profit organizations other than small businesses)

20 (Private institutions of higher education)

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)

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

08 (Public housing authorities/Indian housing authorities)

07 (Native American tribal governments (Federally recognized))

06 (Public and State controlled institutions of higher education)

05 (Independent school districts)

04 (Special district governments)

02 (City or township governments)

00 (State governments)

01 (County governments)

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

 Cost Sharing / Matching Requirement:

No

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: For applications due on or after April 4, 2022, applicants must have a unique entity identifier (UEI) at the time of application submission (SF-424, field 8c). In preparation for the federal government's April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), applicants must obtain a UEI. The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and grants.gov. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available on the GSA website, SAM.gov, and Grants.gov-Finding the UEI.

a. Data Universal Numbering System:

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll

free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

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

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS) (Required until April 4, 2022)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711

2	System for Award Management (SAM)	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this 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)

Number Of Days from Publication _____

b. Application Deadline

Due Date for Applications 05/10/2022

05/10/2022

11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call

N/A

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

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

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

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective

are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

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

6. Content and Form of Application Submission

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

7. Letter of Intent

LOI is not requested or required as part of the application for this NOFO.

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

o 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:** 30

The review criteria for Components A and B are as follows:

- The extent to which the applicant presents outcomes consistent with the outcomes described in the CDC project description and logic model.
- Applicant's proposed project goal, strategy and activities are consistent with those listed in the CDC project description and logic model.
- The extent to which the applicant shows that the proposed use of funds is an efficient and effective way to implementthe strategies and activities and attain the project period outcomes.
- Applicant presents a work plan and project narrative that is aligned with the listed strategies, activities, outcomes, and performance measures, and is consistent with the content and format proposed by CDC.
- The extent to which the applicant shows alignment between proposed activies, methods, and approaches.

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

The review criteria for Components A and B are as follows:

- The extent to which the applicant describes a plan and approach to collect data on the process and outcome performance measures specified by CDC.
- The extent to which the applicant describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- The extent to which the applicant describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement.
- The extent to which the applicant describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.

iii. Applicant's Organizational Capacity to Implement the Approach   **Maximum Points:** 40

- The extent to which the applicant demonstrates experience and capacity to implement the evaluation plan.
- Applicant provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles.

- Applicant provides evidence of having collaborations with state, tribal, local, territorial health departments, or the organizations that represent them, the vast majority of CEPH accredited schools of public health or the organization that represent them and other schools important to the public health enterprise.
- The extent to which the applicant describes experience convening partners to develop consensus documents, significant public health practice reports or other guidance documents.

Budget   **Maximum Points:** 0
- Applicant must ensure that the budget aligns appropriately with the level of effort, time and other resources required to carry out specific program activities.

c. Phase III Review
Applications will be objectively reviewed by a CDC panel. Applications may be funded out of rank order to ensure all strategic pillars are being implemented and attainment of regional and discipline diversity as reflected in organizational reach, membership and affiliations.

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

Information about the awards will be available through www.grants.gov no earlier than July 2, 2022.

F. Award Administration Information
1. Award Notices

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

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

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

Should you successfully compete for an award, recipients of federal financial assistance (FFA)

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

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

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

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

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

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;

- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;

- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and

- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

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

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later 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**

    o Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.

    o Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.

    o Recipients must describe success stories.

- **Challenges**

    o 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.

    o 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**

- o 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)

  - o SF-424A Budget Information-Non-Construction Programs.

  - o Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.

  - o 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.

Recipient will be required to report on program performance measures monthly to CDC during the monthly monitoring calls. CDC will provide the reporting template prior to the start of the program year.

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:
LaVonne

Last Name:
Ortega, MD, MPH
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:

Telephone:

Email:
LOrtega1@cdc.gov

Grants Staff Contact

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

First Name:
Wanda

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

Address:

Telephone:

Email:
KNA9@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

Resumes / CVs

Position descriptions

Organization Charts

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see .https://www.cdc.gov/grants/additional-requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

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

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

Budget Period or Budget Year: The duration of each individual funding period within the 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.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet,

obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the

public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

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

NOFO-specific Glossary and Acronyms