

Centers for Disease Control and Prevention

CSTLTS - Center for State, Tribal, Local, and Territorial Support

FY 2024 Supplement: Strengthening Public Health Systems and Services in Indian Country
CDC-RFA-TO-23-0001-02SUPP24
06/05/2024

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

FY 2024 Supplement: Strengthening Public Health Systems and Services in Indian Country

Announcement Type:

Revision - Type 3

Agency Notice of Funding Opportunity Number:

CDC-RFA-TO-23-0001-02SUPP24

Assistance Listings Number:

93.772

Key Dates:

Due Date for Applications 06/05/2024

06/05/2024
Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Standard Time on the deadline date.

Additional Overview Content:

Executive Summary

CDC announces the availability of supplemental funding for the 26 American Indian and Alaska Native (AI/AN) Tribes and regional AI/AN tribally designated organizations awarded funding

under CDC-RFA-TO-23-0001: Strengthening Public Health Systems and Services in Indian Country. The CDC-RFA-TO-23-0001 recipients are eligible to submit applications for new FY 2024 Centers, Institute, and Offices (CIO) Project Plans according to the entity type, HHS Region, and/or IHS Area for which they received initial funding.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the CSTLTS - Center for State, Tribal, Local, and Territorial Support

Healthy People 2030 goal(s)

- Community - https://health.gov/healthypeople/objectives-and-data/browse-objectives/community
- Health communication - https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-communication
- Health infrastructure technology (Health IT) - https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-it
- Public health infrastructure - https://health.gov/healthypeople/objectives-anddata/browse-objectives/public-health-infrastructure
- Workforce - https://health.gov/healthypeople/objectives-and-data/browseobjectives/workforce

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For purposes of this NOFO, research is defined as set forth in 45 CFR 75.2 and, for further clarity, as set forth in 42 CFR 52.2 (see eCFR :: 45 CFR 75.2 -- Definitions and *https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf*. In addition, for purposes of research involving human subjects and available exceptions for public health activities, please see 45 CFR 46.102(l) (*https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46/subpart-A/section-46.102#p-46.102(l)*).

Section I. Funding Opportunity Description

Statutory Authority

Sections 242(1), 247b(k), 307, and 317(k)(2) of the Public Health Service Act [42 USC 247b(k)(2), as amended].

Background

AI/AN tribal health systems provide public health services across the United States and are central to reducing health disparities in tribal communities. Historically, these systems have been separated from the national public health system, which has led to limited strategic partnerships with federal, state, and local partners; underdeveloped infrastructure; data access barriers; and a diminished public health workforce. Building tribal public health infrastructure enhances Indian Country's capacity to prevent disease, promote health, and prepare for and respond to emerging threats and chronic disease challenges.

AI/AN tribal public health infrastructure disparities and cultural sensitivity are most effectively addressed by the Tribes themselves. When Tribes are given the support to direct their programs, they make substantial progress in improving the health of the populations they serve. Throughout

Indian Country, public health may look different across federally recognized Tribes. They are positioned to understand and know what works best within their communities and existing infrastructure. Tribes hold the traditional and cultural understanding, and the inherent trust of populations they serve, to adequately address their public health needs and provide services.

Purpose

The program's purpose is to strengthen the quality, performance, and infrastructure of Tribal public health systems, including workforce, data and information systems, and programs and services. Recipients will work to improve capacity to develop, implement, and evaluate public health programs and services to address prioritized public health activities in AI/AN communities.

Please note, this supplemental NOFO is only open to the 26 recipients of the CDC-RFA-TO-23-0001 cooperative agreement.

Program Implementation

Recipient Activities

Please review individual Centers, Institutes, and Offices (CIO) Project Plans for specific activities. The activities listed below are not exhaustive and should be augmented based on the intended population's priority needs and the outcomes and strategies outlined in the individual CIO Project Plans.

1. **Foundational Public Health Capabilities** implemented to strengthen the ability to conduct assessments/surveillance; prepare for and respond to public health emergencies; develop and support policies, communications, community partnership, organizational competencies, and accountability and performance management. These activities may include, but are not limited to, the following:
    a. Assessments/Surveillance
        1. Collect foundational data to develop and maintain electronic information systems to guide tribal public health planning and decision-making
        2. Lead or participate in a collaborative process resulting in a comprehensive community health assessment (PHAB Standard 1.1)
        3. Increase questions in assessments/surveillance that identify the needs of people with disabilities (HP 2030: People with Disabilities)
        4. Increase questions in assessments/surveillance that identify the needs LGBTQIA+ or "Two-Spirit" persons (HP 2030: LGBT)

    b. Public Health Emergencies
        1. Develop, exercise, and maintain preparedness and response strategies and plans
        2. Prepare for and respond to public health emergencies (PHAB Standard 2.2)
        3. Strengthen the ability to activate emergency response staff and communications systems in the event of a public health crisis
        4. Maintain and execute continuity of operations plan that includes plan to access financial resources for response and recovery activities

5. Establish and promote basic, ongoing community readiness, resilience, and preparedness

c. Policy Development and Support
    1. Establish and maintain public health policy recommendations that are evidence-based/informed
    2. Assist in developing public health policy
    3. Analyze, cost out, and articulate the impact of policies and rules
    4. Identify and implement improvement opportunities to increase compliance (PHAB Measure 6.1.7 A)
    5. Examine and contribute to improving public health policies and laws (PHAB Measure 5.1.2 A) (As a reminder, recipients are required to comply with Additional Requirement -12: Lobbying Restrictions.)

d. Communications
    1. Write and implement a routine communication plan that articulates the public health mission, role, and responsibility within the community served
    2. Support tribal leadership in communicating these messages
    3. Provide information on public health issues and public health functions through multiple methods to a variety of audiences (PHAB Standard 3 .1)
    4. Establish and maintain a plan with policies and procedures for urgent and nonurgent communications
    5. Use health communication strategies to support prevention, health, and well-being (PHAB Standard 3.2)
    6. Increase use of social marketing in health promotion programs (HP 2030: Health Communication/Health Information Technology)

e. Community Partnership
    1. Create, convene, and/or support strategic partnerships
    2. Develop and implement community health improvement strategies collaboratively (PHAB Standard 5.2)
    3. Identify successful practices to inform the public and private sectors (e.g., transportation agencies, law enforcement agencies, fire departments, school systems, colleges, and universities) in collaborative efforts to move toward a healthier population
    4. Facilitate community-based participatory approach
    5. Engage with the public health system and the community in promoting health through collaborative processes (PHAB Standard 4.1)
    6. Establish and maintain diverse public health partnerships for meaningful cooperation and achievement of evidence-based and evidence-informed public health strategies and interventions
    7. Engage community members in community health improvement process

f. Organizational Administrative Competency
    1. Develop and implement a health department organizational strategic plan

2. Directly engage in health policy development, discussions, and adoptions with tribal governments
3. Define strategic direction of public health initiatives
4. Strategically coordinate health equity programming
5. Have proper systems in place to keep health and human resources data confidential
6. Support, use, and maintain communication technologies needed to interact with the community
7. Serve as a primary and expert resource for establishing and maintaining health policies and laws (PHAB Standard 5.1) (As a reminder, recipients are required to comply with Additional Requirement -12: Lobbying Restrictions.)
8. Establish and maintain effective financial management systems
9. Access and appropriately use legal services in planning and implementing public health initiatives
10. Maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data

g. Accountability/Performance Management
    1. Assess and address gaps in organizational performance using tools such as national standards
    2. Build and foster an organization-wide culture of quality improvement using nationally recognized frameworks and quality improvement tools and methods
    3. Identify and use evidence-based and/or promising practices when implementing new or revised processes, programs, and/or interventions at the organizational level
    4. Maintain a performance management system to monitor achievement of organizational objectives

2. **Data Modernization** activities to develop and deploy scalable, flexible, and sustainable technologies, policies, and methods to implement data and analytical capabilities to support the Essential Public Health Services. These activities may include, but are not limited to, the following:
    a. Enhance the use and capabilities of informatics in public health (HP 2030: Public Health Infrastructure)
    b. Collect and share data that provide information on conditions of public health importance and health status of the population (PHAB Standard 1.2)
    c. Analyze public health data and use results to improve population health
    d. Identify opportunities for collaboration on data processing, tracking, analysis, and surveillance
    e. Enhance organizational capacity to collect and use public health data through conducting a capacity assessment
    f. Identify, access, and integrate data sources into current data analysis and visualization processes

g. Engage partners in identifying and refining data set access points, permissions, and available analysis tools
h. Support enhancements that enable interoperability and bidirectional data exchange between tribal public health and partners in state and local public health departments and clinical care

3. **Public Health Programs and Services** implemented to strengthen the ability to comprehensively meet tribal public health needs. These activities may include, but are not limited to, the following:
    a. Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy (PHAB Domain 7)
    b. Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness
    c. Assist intended population with identifying and prioritizing programs that efficiently maximize effectiveness in lowering disease rates, preventing injuries, and improving health
    d. Assess healthcare service capacity and access to healthcare services
    e. Engage with partners in the health care system to assess and improve health service availability (PHAB Standard 7 .1)
    f. Assist in building public health and healthcare linkage models
    g. Evaluate the health effects and costs of legislation, regulations, and policies
    h. Connect the population to services that support the whole person (PHAB Standard 7 .2)
    i. Facilitate the intended population's cultural adoption of evidence-based and evidence informed initiatives that promote health and prevent disease and injury
    j. Identify and use the best available evidence for making informed public health practice decisions

4. **Workforce** activities to develop and maintain a diverse workforce with cross-cutting skills and competencies. These activities may include, but are not limited to, the following:
    a. Encourage the development, recruitment, and retention of qualified public health workers (PHAB Standard 8.1)
    b. Select or develop culturally informed training, educational materials, and process evaluation tools to build workforce capacity
    c. Identify and address continuing education for core and discipline-specific competencies and leadership development needs
    d. Expand practice-based continuing education for public health professionals (HP 2030: Public Health Infrastructure)
    e. Incorporate core and discipline-specific competencies for public health professionals into job descriptions and performance evaluations (HP 2030: Public Health Infrastructure)
    f. Use core and discipline-specific public health competencies, individual training and professional development, and provisions of a supportive work environment to ensure a competent workforce

g. Implement culturally appropriate evidence-based and evidence-informed strategies to develop and sustain supportive work environments
h. Promote the use of internships, fellowships, post-graduate programs, etc., to recruit and strengthen the public health workforce (HP 2030: Public Health Infrastructure)
i. Inform and educate health officials and other governing leaders on public health issues and functions and their role in strategic workforce development

CDC Activities

In a cooperative agreement, CDC and recipients share responsibility for successfully implementing the award and meeting identified outcomes.

The following are CDC's additional activities to recipients for this program:

- Provide technical assistance to understand and implement the cooperative agreement requirements and meet program outcomes;
- Collaborate to ensure coordination and implementation of strategies;
- Identify and implement appropriate activities that CDC can undertake to uniquely support and strengthen tribal public health systems and services;
- Provide guidance on monitoring and evaluation strategies and collaboration with other recipients and CDC-funded organizations;
- Facilitate sharing of successes and lessons learned;
- Serve as a conduit for information exchange, including fostering collaboration with other areas of CDC and other CDC-funded organizations;
- Provide recipient networking opportunities; and
- Review and provide feedback on products developed in whole or in part with CDC program funds*.

*CDC clearance is required for products using the official CDC logo or co-authored by CDC staff. Review of such products is part of CDC's substantial involvement to maximize the quality and effectiveness of products and services developed with federal funds and to ensure consistency with applicable federal laws and regulations. Recipients will coordinate with CDC on the submission of such products and the timing needed for CDC to conduct its review. Products developed with funding under this program must include certain funding acknowledgment and appropriate disclaimers as outlines in the General Terms and Conditions for Non-Research Grant and Cooperative Agreements.

Recipients are encouraged to incorporate peer review, responsible authorship, and publication standards when developing products supported in whole or in part with CDC program funds. In addition, recipients are encouraged to provide CDC Program staff an opportunity to review and provide feedback on products developed in whole or in part with CDC program funds. The primary purpose of the CDC review of items not using the CDC logo or co-authored by CDC is to ensure factual accuracy of all product information pertaining to the description of CDC programs, products, initiatives, policies, guidelines, and recommendations.

Funding Strategy

Section II. Award Information

Type of Award:
CA (Cooperative Agreement)
CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism:
U38

Fiscal Year Funds:
2024

Approximate Total Supplemental Funding:
$5,000,000
This amount is subject to availability of funds. Includes direct and indirect costs.

The funding levels represent approximate funding across multiple CIO Project Plans. Individual awards will vary depending on the activities and the approximate funding available for each CIO Project Plan.

Supplemental Projects:
The table below lists the CIO Project Plans for this FY 2024 supplemental NOFO. All CIO Project Plans will be added to the "Related Documents" section on Grants.gov under this supplemental NOFO (see "Appendix B: CIO Project Plans"). Applicants may submit applications for FY 2024 CIO Project Plans according to the entity type, HHS Region, and/or IHS Area for which they received initial funding. Applicants are permitted to respond to more than one CIO Project Plan, regardless of the strategies selected for funding strategy 1 (i.e., base funding).

Project Title	Proposed Project Funding Per Recipient	Eligible Entities	Eligible HHS Regions	Eligible IHS Areas
Contributing to the Healthy Native Babies Program	$250,000	All	All	All

Implementation of Electronic Case Reporting for Work-Related Asthma

$100,000

All

All

All

Point-of-Care Hepatitis C Virus Testing to Improve the Diagnosis and Treatment of Hepatitis C among AI/AN Persons

$150,000

All

All

All

Tribal Alcohol-Impaired Driving Prevention Program

$200,000

Tribes

All

All

Tribal Alcohol-Impaired Driving Prevention Program

$200,000

Regional AI/AN Tribally Designated Organizations

All

All

Please note: Any activities involving information collection (e.g., surveys and questionnaires) from 10 or more non-federal individuals/entities are subject to OMB/Paperwork Reduction Act requirements and may require CDC to coordinate an OMB Information Collection Clearance.

Approximate Number of Awards:

26

Approximate Average Award:

$200,000

This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range:

$0

Ceiling of Individual Award Range:

$0

This ceiling is for a 12-month budget period.

The individual award ceiling varies among CIO Project Plans.

Anticipated Award Date:

August 30, 2024

Budget Period Length:
12 month(s)

Period of Performance Length:
1 year(s)

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.

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category:
07 (Native American tribal governments (Federally recognized))

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

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

Additional Information on Eligibility
This funding opportunity is a program supplement intended only for the 26 American Indian and Alaska Native (AI/AN) Tribes and regional AI/AN tribally designated organizations awarded funding under CDC-RFA-TO-23-0001: Strengthening Public Health Systems and Services in Indian Country. The CDC-RFA-TO-23-0001 recipients are eligible to submit applications for new FY 2024 Centers, Institutes, and Offices (CIO) Project Plans according to the entity type, HHS Region, and/or IHS Area for which they received initial funding.

Required Registrations

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

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

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

b. System for Award Management (SAM):

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

Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

Other

Special Requirements
Please review individual CIO Project Plans for any additional requirements.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort
Maintenance of Effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants may access the application at www.grants.gov. Additional information about applying for CDC grants and cooperative agreements can be found here: https://www.cdc.gov/grants/applying/pre-award.html.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

In this Supplemental NOFO, CIO Project Plans are organized by entity type (i.e., Tribe or Tribal Organization) eligibility. CDC-RFA-TO-23-0001 recipients may submit applications for new FY 2024 CIO Project Plans according to the entity type, HHS Region, and/or IHS Area for which they received initial funding. **Applicants are permitted to respond to more than one CIO Project Plan, regardless of the strategies selected for funding strategy 1 (i.e., base funding).**

Applicants are required to complete/include all the following documents in their application package at www.grants.gov:

1. SF424 Application for Federal Domestic Assistance Version 2 (online form)
2. SF-424A Budget Information-Non-Construction (online form)
    a. Instructions for completing SF-424A Budget Information-Non-Construction online form are located at https://www.grants.gov/forms/forms-repository/post-award-reporting-forms.
3. Budget Narrative/Justification (attachment)
    a. Year 2 supplement budget period for proposed activities and objectives is 08/31/2024 – 08/30/2025.
    b. Applicants must create a detailed budget narrative/justification to accompany each "Project Narrative & Work Plan" in response to a CIO Project Plan.
    c. Applicants must provide a detailed, line-item budget justification of the funding amount requested to support the activities to be carried out with those funds.
    d. The budget justification must include the level of detail as described in the "CDC Budget Preparation Guidelines.". The budget guidance is located at https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf
    e. .Applicants must attach under "**Application Upload**". Name the document "Budget Narrative_[insert name of CIO Project Plan]".
4. Indirect Cost Rate Agreement (attachment)
    a. If 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.
    b. Applicants should clearly describe the method used to calculate indirect costs. Make sure the method is consistent with the Indirect Cost Rate Agreement.
    c. To be entitled to use indirect cost rates, a rate agreement must be in effect at the start of the budget period.

d. If an Indirect Cost Rate Agreement is not in effect, indirect costs may be charged as direct if (1) this practice is consistent with the recipient's/applicant's approved accounting practices; and (2) if the costs are adequately supported and justified.
e. If applicable, attach under "**Application Upload**". Name the document "Indirect Cost Rate."
f. If applicable, the recipient's indirect costs are based on a rate of ten percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2.

5. Project Narrative (attachment)
    a. Applicants must complete a "Project Narrative & Work Plan" template for each CIO Project Plan for which they want to apply. (See "Appendix A: Supplemental Project Narrative & Work Plan Template" within the "Related Documents" section on Grants.gov under this supplemental NOFO.)
    b. Applicants must complete each section of the "Project Narrative & Work Plan" template.
    c. Each "Project Narrative & Work Plan" document should be attached under "**Application Upload**" in the supplemental application. Name the document "Project Narrative_[insert name of the CIO Project Plan]".
    d. Within the Evaluation and Performance Measures Plan include a statement of commitment to provide a data management plan post award when specific data generation and collection activities are defined.
    e. The Work Plan must–
        1. Include the proposed objectives and accompanying activities, outputs, performance measures, and outcomes.
        2. Indicate how each performance measure(s) is linked to the selected project outcome(s).
        3. Be attached under "Application Upload". Name the document "Work Plan_[insert name of CIO Project Plan]."

    f. Please note, applicants must also create a separate budget narrative to accompany each Work Plan in response to a CIO Project Plan. A detailed budget narrative is required for each Work Plan.

6. SF-LLL Disclosure of Lobbying Activities (online form and instructions), if applicable, are located at https://www.grants.gov/forms/forms-repository/post-award-reporting-forms. The form has instructions that indicate when the form is required.
7. Statement on Programmatic, Budgetary, and Commitment Overlap (attachment)
8. 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.
    a. 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.

b. 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.
c. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether salary support is requested in the application.
d. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. The applicant must upload the report under "Miscellaneous." Name the document “Statement on Overlap.”

General Application Packet Tips:

- Submit one supplemental application containing all CIO Project Plan applications.
- Label each attachment within the application packet as described in the checklist above.
- Ensure the project narrative and budget narrative/justification created for each CIO Project Plan are separate and clearly identifiable as described in the checklist above.
- Number all pages.
- Refer to GrantSolutions Help/Support for a list of the file types GrantSolutions allows to be uploaded within the system.

Project Abstract

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

Please note: The project abstract should reflect the entire submission, including all multiple CIO Project Plans to which applicants are responding.

Project Narrative

A Project Narrative must be submitted with the application forms. The project narrative can be uploaded using PDF, Word, or Excel file formats when submitting via Grants.gov. The narrative must be submitted in the following format:

- _____: Maximum number of pages
- Font size: 12 point unreduced, Times New Roman
- Double spaced

- Page margin size: One inch
- Number of all narrative pages; not to exceed the maximum number of pages.

Please disregard the information above about the maximum number of pages, font size, etc. Program is unable to delete the format submission requirement in this NOFO template.

The below instruction bullets are the required components of the project narrative for applying to any CIO Project Plan.

- Applicants must complete a "Project Narrative & Work Plan" template for each CIO Project Plan for which they want to apply. (See "Appendix A: Supplemental Project Narrative & Work Plan Template" attached to this Announcement.)
- Applicants must complete each section of the "Project Narrative & Work Plan" template.
- Each "Project Narrative & Work Plan" document should be attached under **"Application Upload"** in the supplemental application. Name the document "Project Narrative_[insert name of the CIO Project Plan]".
- Within the Evaluation and Performance Measures Plan, include a statement of commitment to provide a data management plan post award when specific data generation and collection activities are defined.
- The Work Plan must–
    - Include the proposed objectives and accompanying activities, outputs, performance measures, and outcomes.
    - Indicate how each performance measure(s) is linked to the selected project outcome(s).
    - Be attached under "**Application Upload"**. Name the document "Work Plan_[insert name of CIO Project Plan]."

- **Please note, applicants must also create a separate budget narrative to accompany each Work Plan in response to a CIO Project Plan. A detailed budget narrative is required for each Work Plan.**

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

The Project Narrative must include the information as required in the "Project Narrative & Work Plan" template (i.e., Appendix A):

1. Intended Population Description: Describe population(s) that are the focus of the strengthening public health systems and/or services project. Detail the applicant's relationship with the intended population for the CIO Project Plan.
2. Project Approach: Describe the plan for achieving the strategies and outcomes highlighted in the CIO Project Plan's "Approach: Strategies and Outcomes" section.
3. Objectives: Include specific, measurable, achievable, realistic, and time-bound objectives that address the intended population's needs and are consistent with the CIO Project Plan's "Project Details" section.
4. Activities: Describe activities that are achievable, able to build capacity, and likely to lead to the attainment of the proposed objectives and outcomes within the budget period. Outline proposed actions to be completed by staff to achieve the desired outcomes.

5. Outputs: List expected budget period outputs of the activities that align with the CIO Project Plan's "Project Details."
6. Outcomes: List expected budget period outcomes. Please note, budget period outcomes are the desired project results achieved by the end of the budget period.
7. Process Measures: List indicators for measuring the project's activities and outputs.
8. Outcome Measures: List indicators for measuring whether the project is achieving the expected effects/outcomes in the short, intermediate, and long term.
9. Organizational Capacity: Describe your capacity to successfully complete the project outlined in the CIO Project Plan. Include your organization's relevant staffing, systems, and resources.
10. Program Experience: Describe organization's relevant experience to achieve CIO Project Plan outcomes. This may include services, training, and/or technical assistance provided, as well as products developed.
11. Collaborative Work: Describe the plan for collaboration as it relates to the project outlined in the CIO Project Plan, including any expected contractual and/or consultant work.
12. Budget Information: Provide a detailed, line-item budget of the funding amounts requested to support the activities following the categories in the SF-424A.
13. Additional Attachments: Includes the Budget Narrative/Justification (see Budget Preparation Guidelines at https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf), Indirect Cost Rate Agreement, Evaluation and Performance Measures Plan, Organizational charts, Position Descriptions, Resumes/CVs.

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

Additional information submitted via Grants.gov must be uploaded in a PDF file format and should be titled:

- Table of Contents for Entire Submission
- Project Abstract Summary for Entire Submission
- Project Narrative & Work Plan (one file for each Project Plan)
- Budget and Budget Narrative (one file for each Project Plan)
- CDC Assurances and Certifications
- Indirect cost rate, if applicable
- Organizational Chart(s)
- Resume/Curriculum Vitae for key staff

An itemized Budget and Budget Narrative (see CDC Budget Preparation Guidelines) is required as part of the applicant's submission. If indirect costs are requested in the budget, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: Budget Preparation Guidelines (cdc.gov)

Additional information submitted via Grants.gov can be uploaded in PDF, Word, or Excel file formats, and should be named:

_____: Maximum number of allowable electronic attachments

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.

This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.

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.

Application Deadline Date

Due Date for Applications 06/05/2024

06/05/2024
Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Time on the deadline date.

TO-23-0001 recipients will receive an informational call notice from TribalCoAg@cdc.gov.

Employee Whistleblower Rights and Protections

All recipients of an award under this NOFO will be subject to a term and condition that applies the requirements set out in 41 U.S.C. § 4712, "Enhancement of contractor protection from reprisal for disclosure of certain information" and 48 Code of Federal Regulations (CFR) section 3.9 to the award, which includes a requirement that recipients and subrecipients inform employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. § 4712. For more information see: https://oig.hhs.gov/fraud/whistleblower/.

Copyright Interest 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.

Funding Restrictions

Funding Restrictions:

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on anti-lobbying restrictions for CDC recipients.

Please review the "Budget Instructions" section within each CIO Project Plan for information on additional funding restrictions.

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:
http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Other Submission Requirements

Application Submission
Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or review the Applicants section on www.grants.gov.

Electronic Submission of Application:
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.

Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organizational Representative (AOR) will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it’s needed. You can reach the Grants.gov Support Center at 1-800-

518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-TO-23-0001-02SUPP24 Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

APPROACH **Maximum Points:** 40

Develops a complete and comprehensive plan for the budget period that describes how the applicant will adequately achieve the CIO Project Plan's Strategies and Outcomes and the extent to which the applicant:

1. Demonstrates ability to partner with specific organizations or entities that are appropriate for accomplishing the outlined project objectives. (10 points)
2. Presents specific, measurable, achievable, realistic, and time-bound objectives that address the intended population's needs and are consistent with outcomes described in "Project Details" of the CIO Project Plan. (10 points)
3. Describes activities that are achievable, able to build capacity, and likely to lead to the attainment of the proposed objectives. (10 points)
4. Shows that the proposed work plan and budget will effectively and efficiently support achieving the intended outcomes. (10 points)

EVALUATION AND PERFORMANCE MEASUREMENT **Maximum Points:** 30

The extent to which the applicant:

1. Demonstrates ability to collect performance management data. (5 points)
2. Describes clear monitoring and evaluation procedures including outputs/deliverables that thoroughly represent the direct results of activities to be undertaken. (10 points)

3. Describes how performance measurement and evaluation findings will be reported. (5 points)
4. Describes how evaluation and performance measurement will contribute to evidence-based or evidence-informed practices. (5 points)
5. Discusses data management activities/plans. (5 points)

ORGANIZATIONAL CAPACITY TO IMPLEMENT THE APPROACH **Maximum Points:** 30

The extent to which the applicant:

1. Describes the applicant's relationship with the intended population for the CIO Project Plan. (5 points)
2. Demonstrates relevant experience and capacity to achieve CIO Project Plan outcomes. (10 points)
3. Demonstrates experience and capacity to implement the evaluation plan. (10 points)
4. Provides a project management plan that clearly defines key personnel roles, organizational systems, and resources that will be sufficient to achieve project outcomes. (5 points)

For each Work Plan submitted, a Budget and Budget Narrative are required. Although the Budget and Budget Narrative are not scored, the applicant should consider the following in development of their budget: Is the itemized budget for conducting the project and the justification reasonable and consistent with stated objectives and planned program activities?

If indirect costs are requested in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. Depending on the individual CIO Project Plan, the budget should include the following headers:

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

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by CSTLTS - Center for State, Tribal, Local, and Territorial Support and Office of Grants Services (OGS). Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.
An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria".

The CIO funding the Project Plan will determine whether to conduct an objective review or technical review to evaluate complete applications. CDC-RFA-TO-23-0001 recipients can apply for FY 2024 CIO Project Plans based on the entity type, HHS Regions, and/or IHS Areas for which they were awarded under funding strategy 1.

Selection

In addition, the following factors may affect the funding decision:

Final funding determinations will be based on application scores from either the objective review panel process or technical review process. Proposals will be assessed on their feasibility, organizational resources, ability to reach the intended populations, and linkages between the project goals and objectives, project activities, and intended outcomes for impact.

CDC will provide justification for any decision to fund out of rank order.

Anticipated Announcement and Award Dates

August 30, 2024

Section VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Office of Grants Services. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A copy of the NoA will be emailed to the recipient fiscal officer identified in the application.

Unsuccessful recipients will receive notification of the results of the application review via email.

Administrative and National Policy Requirements

Continuing Continuations -

AR-11: Healthy People 2030
AR-12: Lobbying Restrictions
AR-25: Data Management and Access

AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

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

Reporting

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 $30,000.

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.

Each funded recipient must provide CDC with an Annual Performance Report (APR) submitted via www.Grantsolutions.gov:

1. The APR is due no less than 120 days before the end of the budget period. If the project will be funded to continue into the next budget period, the APR will serve as the non-competing continuation applications. Additional guidance will be provided via www.Grantsolutions.gov.
2. Federal Financial Report (FFR)(SF425): (Required) The annual FFR form (SF-425) is required and must be submitted through the Payment Management System (PMS) 90 days after the end of the budget period.
3. Recipients must provide CDC with a final performance report for each CIO Project awarded as part of the cooperative agreement's closeout amendment documentation. The final performance report(s) must provide a status of proposed activities, outputs, and outcomes and be submitted via www.Grantsolutions.gov. The Final Performance Report(s) is/are due 90 days after the end of the period of performance.
4. 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).

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.

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.

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance and general inquiries**, contact:

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

Street 1:

Street 2:

City:

State:

Zip:

Telephone:

Email:
TribalCoAg@cdc.gov
For **financial, grants management, budget assistance and general inquiries**, contact:

Address:

First Name:
Rose

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

Street 1:

Street 2:

City:

State:

Zip:

Telephone:

Email:
RMosley@cdc.gov

Section VIII. Other Information

Other CDC Notice of Funding Opportunities can be found at www.grants.gov.

More information about the CDC-RFA-TO-23-0001: Strengthening Public Health Systems and Services in Indian Country cooperative agreement may be found at https://www.cdc.gov/tribal/cooperative-agreements/indian-country-services/nofo_overview.html.