

Centers for Disease Control and Prevention

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Formative Research of Community-led Primary Prevention Approaches to Address Elevated Risk of Intimate Partner Violence & Sexual Violence

RFA-CE-25-032

12/02/2024

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Overview

Participating Organization(s)

Centers for Disease Control and Prevention

Components of Participating Organizations

Components of Participating Organizations:
National Center for Injury Prevention and Control

Notice of Funding Opportunity (NOFO) Title

Formative Research of Community-led Primary Prevention Approaches to Address Elevated Risk of Intimate Partner Violence & Sexual Violence

Activity Code

Applications in response to this Notice of Funding Opportunity (NOFO) will be funded using the U01 activity code for a research cooperative agreement.

Notice of Funding Opportunity Type

New

Agency Notice of Funding Opportunity Number

RFA-CE-25-032

Assistance Listings Number(s)

93.136

Category of Funding Activity

HL - Health

NOFO Purpose

The purpose of this NOFO is to build the evidence base for the prevention of intimate partner violence (IPV), including teen dating violence (TDV), and/or sexual violence (SV), in populations experiencing elevated risk of IPV and/or SV. The populations experiencing elevated

risk include, but are not limited to, racial/ethnic minority groups, sexual and gender minority groups, and people with disabilities.

This NOFO seeks proposals to support formative research of primary prevention policies, programs, or practices. Formative research involves the use of qualitative and quantitative methods to strengthen the components of the prevention approach, such as the design and implementation, appropriateness, and acceptability, and components of the evaluation activities, such as instrument development, implementation evaluation, recruitment and retention, and pilot studies.

This funding opportunity will support formative research that builds capacity for a future rigorous evaluation of the selected primary prevention approach. The prevention approach selected for formative research and pilot study must be community-led. Community-led means the approach was developed with leadership or substantial input from communities that face inequitable risk for IPV and/or SV and is being implemented in a community-based setting. IPV and/or SV prevention approaches at the community or societal levels are strongly encouraged, including those that address social and structural determinants of health.

This funding opportunity will also support implementation evaluation. Implementation evaluation activities may include, but are not limited to, using mixed methods to assess the reach, dosage, and fidelity of the prevention approach.

Research activities should include at least one element of both the formative evaluation and implementation evaluation. All projects are required to conduct a pilot study assessing changes in IPV and/or SV outcomes of the selected primary, community-led prevention approach to explore the potential benefits of a future rigorous effectiveness study.

There are two CDC Injury Center Notice of Funding Opportunities (NOFOs) that address intimate partner violence and sexual violence:

- "*Formative Research of Community-led Primary Prevention Approaches to Address Elevated Risk of Intimate Partner Violence & Sexual Violence"* (**CE-25-032**) and
- "*Rigorously Evaluating Primary Prevention Strategies for Intimate Partner Violence and Sexual Violence*" (**CE-25-031**).

The purpose of this NOFO **CE-25-032** is to build the evidence base for the primary prevention of intimate partner violence (IPV) and/or sexual violence (SV) in communities experiencing elevated risk of IPV and/or SV. **NOFO CE-25-032 seeks proposals to support formative research of prevention approaches that address inequities in IPV and/or SV**. Formative research is the process that occurs *prior* to a large-scale rigorous evaluation. Therefore, this funding opportunity intends to build capacity for the field in communities experiencing elevated risk of IPV and/or SV that will be ready for future rigorous evaluations.

The purpose of NOFO **CE-25-031** is to rigorously evaluate primary prevention approaches for IPV and/SV that can **demonstrate existing capacity and readiness for a full-scale rigorous outcome evaluation**. Specifically, NOFO **CE-25-031** funds rigorous outcome evaluations of promising primary prevention approaches that are currently being implemented by state, tribal, and/or local organizations that address IPV and/or SV. Unlike NOFO **CE-25-032**, the proposed full-scale rigorous evaluation of the selected approach is not required to focus on populations at elevated risk of IPV and/or SV, though it is strongly encouraged. Research on prevention

approaches being implemented at the community or societal level are also strongly encouraged, including approaches that address social determinants of health.

Key Dates

Publication Date:
To receive notification of any changes to RFA-CE-25-032, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.

Letter of Intent Due Date:
11/01/2024

Application Due Date:
12/02/2024
On-time submission requires that electronic applications be error-free and made available to CDC for processing from the NIH eRA system on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov no later than 11:59 PM U.S. Eastern Time.

Applicants will use a system or platform to submit their applications through Grants.gov and eRA Commons to CDC. ASSIST, an institutional system to system (S2S) solution, or Grants.gov Workspace are options. ASSIST is a commonly used platform because it provides a validation of all requirements prior to submission and prevents errors.

For more information on accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist. Additional support is available from the NIH eRA Service desk via http://grants.nih.gov/support/index.html.

- E-mail: commons@od.nih.gov
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552
- Hours: Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding Federal holidays

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Scientific Merit Review:
03/04/2025
This date is an estimate.

Secondary Review:
05/06/2025
This date is an estimate.

Estimated Start Date:
09/30/2025

Expiration Date:
02/03/2025

Required Application Instructions

It is critical that applicants follow the instructions in the How to Apply - Application Guide except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan is limited to 12 pages.

Page Limitations: Pages that exceed the page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

Applications that do not comply with these instructions may be delayed or may not be accepted for review.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Executive Summary

The purpose of this NOFO is to build the evidence base for the prevention of intimate partner violence (IPV), including teen dating violence, and/or sexual violence (SV) in populations experiencing elevated risk of IPV/SV (i.e., people with shared social and structural conditions that create elevated risk). These populations include but are not limited to racial/ethnic minority groups, sexual and gender minority groups, and people with disabilities. This NOFO seeks proposals to support formative research of innovative primary prevention approaches (i.e., policies, programs, or practices) that address inequities in IPV and/or SV. Formative research is the process that occurs prior to a large-scale rigorous evaluation, and involves the use of qualitative, quantitative, and mixed-methods research. The purpose of formative research is to strengthen the components of the prevention approach (e.g., design and implementation, appropriateness, and acceptability), formalize components of the outcome evaluation (e.g., instrument development, process evaluation, recruitment, and retention of study participants), and conduct a pilot study of the prevention approach to assess changes in IPV and/or SV outcomes to explore the potential promise and benefits of a future rigorous effectiveness study. The prevention approach selected for this formative research proposal must be community-led, which means that the selected approach was developed with significant input from the impacted community and is already implemented in the community. Research on prevention approaches being implemented at the community- or societal-level are strongly encouraged, including approaches that address social determinants of health.

Mechanism of Support

The funding mechanism for this Notice of Funding Opportunity (NOFO) will be a Research Cooperative Agreement (U-01).

Funds Available and Anticipated Number of Awards

CDC/NCIPC intends to commit up to $750,000 in FY 2025 to fund up to two (2) applications. Awards issued under this NOFO are contingent upon availability of funds and a sufficient number of meritorious applications.

Budget and Period of Performance
The estimated total funding (direct and indirect) for the first budget period, 9/30/2025 – 9/29/2026, is $375,000. The estimated total funding (direct and indirect) for the entire Period of Performance, 9/30/2025 – 9/29/2028, is $1,125,000.

Application Research Strategy Length
Page limits for the Research Strategy are clearly specified in *Section IV. Application and Submission Information* of this announcement.

Eligible Institutions/Organizations
Institutions/organizations listed in *Section III. Eligibility Information 1. Eligible Applicants* are eligible to apply.

Eligible Project Directors/Principal Investigators (PDs/PIs)
The CDC does not award individuals directly. Individuals possessing the necessary skills, knowledge, and resources to conduct proposed research should collaborate with their institutions to submit a support application. Underrepresented racial and ethnic groups, as well as individuals with disabilities, are especially encouraged to apply.

For applications where the contact PD/PI qualifies as an NIH Early Stage Investigator (ESI), as confirmed through the NIH Investigator Status determination process, and has a commendable peer review score, prioritization may occur during the second level of review (refer to Section V. Application Review Information 4. Review and Selection Process). Regarding the determination of Investigator Status for the contact PD/PI:

Before submitting an application, PD/PIs should confirm or update the date of their terminal research degree or the conclusion of their post-graduate clinical training in their eRA Commons Profile for accurate identification. NIH systems will automatically determine each investigator's status and reflect it in their eRA Commons personal profile. The ESI status for PD/PIs on any R01 or equivalent application will be indicated at submission. Investigators must ensure their status is accurately represented in their profile. If the status is incorrect, they should reach out to the NIH eRA Service Desk.

Number of PDs/PIs
An application may name more than one PD/PI; their names must appear on the face page of the application. However:

- One (1) principal investigator must be designated as the contact PD/PI for all correspondence related to the application.
- All PD/PIs must include their eRA Commons Identification in the Credential Field of the Senior/Key Person Profile Component of the SF-424 (R&R) Application Package.
- Institutions/organizations proposing multiple PDs/PIs must visit the Multiple Program Director/Principal Investigator Policy and submission details in the Senior/Key Person Profile (Expanded) Component of the SF-424 (R&R) Application Guide.

Number of Applications
Organizations eligible to apply may submit multiple applications to this NOFO, as long as each is scientifically distinct. However, institutions may only submit one application per contact PD/PI. Only one application for each contact PD/PI will receive funding under this announcement. If multiple applications from the same contact PD/PI are submitted, only the most recent one, based on the time and date stamp at www.grants.gov, will be considered for review. It is the applicant's responsibility to withdraw any duplicate applications before the review date.

Institutions that submit applications proposing essentially the same research to two or more CDC/ATSDR NOFOs will not receive funding for more than one.

Application Type
NEW

Special Date(s)
A pre-application teleconference call will be conducted on 10/25/2024 to address questions from prospective applicants regarding NOFO RFA-CE-25-025. The call will begin at 1:00pm Eastern Standard Time (EST) and end at 1:50 pm Eastern Standard Time (EST), or sooner if all questions are addressed. Questions and answers from the discussion will be included in a supplemental document on grants.gov approximately 2–3 weeks after the call.

Participant Access Information:

- Call Date: October 25, 2024
- Call Start Time: 1:00pm Eastern Standard Time (EST)
- Call End Time: 1:50pm Eastern Standard Time (EST)
- Call Leader: Tamara Crawford, Scientific Program Official
- Webinar Link: https://cdc.zoomgov.com/j/1608252703?pwd=c3NuM2dWdmRmOTBPOW0xcnNqVFZ1dz09
- Webinar ID: 160 825 2703
- Passcode: hzG!cH6%
- Call-In Numbers:
    - +1 646 828 7666 US (New York)
    - +1 646 964 1167 US (US Spanish Line)
    - +1 669 254 5252 US (San Jose)
    - +1 551 285 1373 US (New Jersey)
    - +1 415 449 4000 US (US Spanish Line)
    - +1 669 216 1590 US (San Jose)
- Dial-In Passcode: 04805256

Application Materials
See Section IV.1 for application materials.

Hearing Impaired
Telecommunications for the hearing impaired are available at: TTY: 1-888-232-6348.Section I. Funding Opportunity Description

Section I. Funding Opportunity Description

Statutory Authority
Section 301 (a) [42 U.S.C. 241(a)] of the Public Health Service Act, Section 391 (a) [42 U.S.C. 280 b (a)] and Section 393(a)(3), 42 U.S.C. 280b-1a(a)(3) of the Public Health Service Act, as amended.

1. Background and Purpose

Intimate partner violence (IPV) and sexual violence (SV) are preventable public health problems in the United States. IPV (including teen dating violence) is committed by a current or former intimate partner. These partners can include a spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner. IPV includes physical violence, sexual violence, stalking and psychological aggression that may involve coercive tactics (Breiding et al., 2015). SV can be perpetrated by anyone, including but not limited to friends/acquaintances, current or former intimate partners, family members, strangers, or persons in positions of power, authority, or trust. SV is a sexual act that is committed or attempted by another person without freely given consent of the victim. SV is also a sexual act against someone who is unable to consent or refuse, including forced or alcohol/drug sexual acts. Sexual violence includes rape, making a victim rape a perpetrator or someone else, sexual coercion, unwanted sexual touching, unwanted non-contact acts of a sexual nature like verbal sexual harassment and technology-facilitated sexual violence, and sex trafficking (Basile et al., 2014).

Millions experience IPV and/or SV each year. For instance, almost 1 in 2 women (47.3% or 59 million) and 2 in 5 men (44.2% or 52.1 million) in the United States reported any contact SV (defined as rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact), physical violence, and/or stalking victimization by an intimate partner at some point in their lifetime (Leemis et al., 2022). At some point in their lifetime, just over one-quarter of U.S. women (26.8%) and slightly less than 5% of U.S. men (3.8%) are raped; 54.3% of women (about 67.8 million) and 30.7% of men (about 36.2 million) have experienced some form of contact SV (Basile et al., 2022).

The risk for IPV and SV is not shared equally across all groups. Populations experiencing elevated risk of IPV/SV (i.e., IPV or SV rates that are higher than the national average) include, but are not limited, to racial/ethnic minority groups, sexual and gender minority groups, and people with disabilities. As an individual’s disadvantaged societal statuses multiply, their experience of systematic discrimination (like racism, sexism, homophobia, transphobia), and the probability that they will experience violence also increase (West, 2021). For instance, multi-racial, American Indian/Alaskan Native (AI/AN), and Black women consistently have the highest burden of these forms of violence as compared to women in other racial/ethnic subgroups (Leemis et al., 2022). Specifically, lifetime prevalence rates of contact SV, physical violence, or stalking by an intimate partner are 63.8%, 57%, and 53.6% and lifetime prevalence

of rape are 48%, 43.7%, 29%, for multi-racial, American Indian/Alaskan Native, and Black women, respectively (Basile et al., 2022).

Over half of all homicides of women are IPV-related (Petrosky et al., 2017). As with other IPV outcomes, racial/ethnic inequities are quite apparent. For example, Black women are 14% of the population but comprised nearly one-third of intimate partner homicides between 2003 and 2014 (United States Census Bureau, 2023). Given Black and AI/AN women have the highest rate of dying by homicide (4.4 and 4.3 per 100,000, respectively), prevention of IPV in these populations is critical to addressing violence inequities (United States Census Bureau, 2023).

Being female, a sexual minority person, and a racial minority person also elevates risk of IPV and/or SV. Compared to individuals with other sexual orientations, bisexual women experience the highest lifetime rates of contact SV, physical violence, and/or stalking from an intimate partner (Chen et al., 2020). Additionally, while contact sexual violence by any perpetrator is relatively high for all racial/ethnic groups of bisexual women, it is exceedingly high for Hispanic bisexual women (93.6%) (Chen et al., 2023). Gender identity similarly places individuals at increased risk for violence, as slightly more than 50% of transgender individuals report some form of lifetime IPV (James, 2016). A meta-analysis also indicates transgender individuals are 1.7 times, 2.2 times, and 2.5 times more likely to experience any IPV, physical IPV, and sexual IPV, respectively, than cisgender individuals (Peitzmeier et al., 2020). Further, compared to transgender individuals with lowest risk (Asian-Americans), AI/AN transgender persons have significantly higher odds of multiple forms of IPV (King et al., 2021).

Individuals exposed to compounded discriminatory experiences, may experience IPV and SV in unique ways that are not captured in studies designed to examine violence in general populations (Yerke & DeFeo, 2016). As such research that informs implementation and evaluation of prevention strategies needs to consider definitions, measures, and approaches that are most salient for populations that face elevated risk. Despite a growing evidence base, few prevention approaches have been developed for populations at elevated risk for IPV and/or SV. Evaluation of prevention approaches have typically occurred in controlled settings, with some tested approaches having challenges to being appropriate and acceptable for broad real-world implementation (Embry et al., 2022). Implementation challenges and the lengthy gap between science and dissemination have contributed to a disproportionate number of interventions designed for population-level impact that do not address, but may exacerbate, disparities (Brussoni et al., 2006; Mathevet et al., 2021). Formative research is used to strengthen the components of the prevention approach and evaluation activities often in advance of full implementation and rigorous evaluation. Community-led approaches designed to address factors driving inequities may be more appropriate and acceptable in marginalized populations but may face challenges to formal evaluation. Formative research may help strengthen these approaches and lay the foundation for future rigorous evaluations by informing the transformation of community-led approaches into evaluable prevention approaches (Embry et al., 2022).

Another gap is many IPV and SV prevention approaches that have been evaluated only focus on individual or relationship-level factors. Research attention to community- and societal-level factors, including the social and structural determinants of health (SDOH), may result in approaches that have a broad impact. SDOH refer to the social and structural conditions in which people are born, grow, live, work, and age can be shaped by the distribution of resources, which

is influenced in part by policies. Social and structural determinants of health (e.g., concentrated poverty, structural racism, high rates of unemployment, limited access to high-quality education, and affordable, high-quality child care contribute to health inequities, including differences in health status seen across population groups (Solar & Irwin, 2010; Yearby, 2020)

References

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Yearby, R. (2020). Structural racism and health disparities: reconfiguring the social determinants of health framework to include the root cause. *The Journal of Law, Medicine & Ethics*, *48*(3), 518-526.

Yerke, A. F., & DeFeo, J. (2016). Redefining Intimate Partner Violence Beyond the Binary to Include Transgender People. *Journal of Family Violence*, *31*(8), 975-979.

Healthy People 2030 and other National Strategic Priorities

This research addresses the health promotion and disease prevention objectives of “Healthy People 2030”, including the focus area of injury and violence prevention. For more information, see https://health.gov/healthypeople.

The objectives of this funding announcement also align with goals of the first-ever “U.S. National Plan to End Gender-Based Violence: Strategies for Action” released by the White House. For additional information on the "U.S. National Plan to End Gender-Based Violence: Strategies for Action" see https://www.whitehouse.gov/wp-content/uploads/2023/05/National-Plan-to-End-GBV.pdf.

Public Health Impact

IPV and SV are significant public health problems that are associated with serious and chronic physical and mental health conditions. By preventing IPV and SV, the overall health of individuals can be improved. The proposed research focus on community-led approaches have the potential to strengthen the prioritization and implementation of evidence-based approaches that can be feasibly conducted in many diverse communities. Such strategies have the potential to significantly reduce morbidity and mortality associated with IPV and SV, especially in populations that experience elevated risk for IPV and/or SV.

Relevant Work

This work aligns with the following CDC National Center for Injury Prevention and Control (NCIPC), or Injury Center, research priorities, which are available at: https://www.cdc.gov/injury-violence-prevention/programs/research-priorities.html

- Evaluate the effectiveness and economic efficiency of approaches to prevent SV that target high-risk populations and shared risk factors with other health outcomes.
- Evaluate the effectiveness of SV prevention approaches that have substantial uptake in practice and are evidence-informed but lack evaluation research evidence.
- Evaluate innovative or promising prevention strategies to examine their short- and long-term effects on TDV and adult IPV.

For additional information about the CDC Injury Research Agenda, see:

- https://www.cdc.gov/injury/index.html

Previously funded research awards are available on CDC's Injury Center website:

- https://www.cdc.gov/violenceprevention/fundinghub/fundedprograms/research-awards.html

CDC provides funding for implementation of primary prevention efforts that address sexual violence at the state and local level through the Rape Prevention and Education (RPE) Program. A list of current RPE recipients and state sexual assault coalitions are available at:

- https://www.cdc.gov/sexual-violence/programs/index.html

CDC also provides funding for IPV prevention at state domestic violence coalitions through the Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA): Achieving Health Equity through Addressing Disparities (AHEAD) program. The purpose of DELTA AHEAD is to decrease risk factors and increase protective factors related to intimate partner violence. Additional information on the DELTA AHEAD program and a list of current recipients are available at:

- https://www.cdc.gov/intimate-partner-violence/programs/index.html

2. Approach

Formative research and evaluations funded under this announcement are expected to build the evidence base for the primary prevention of IPV and SV in populations experiencing elevated risk. The populations experiencing elevated risk include, but are not limited to, racial/ethnic minority groups, sexual and gender minority groups, and people with disabilities. The elevated risk is associated with shared social and structural determinants of health (SDOH). Examples of SDOH that are associated with health inequities and risk for violence include concentrated poverty, structural racism, high rates of unemployment, limited access to high-quality education, and affordable, high-quality child care. Applicants should identify the population with elevated risk that is the focus of the research. Applicants may demonstrate the burden through a combination of available research and data on the selected population. Examples of research and data may include, but not limited to:

- meta-analysis
- research studies
- administrative data

- syndromic surveillance data
- Vital statistics
- self-report survey
- other reliable and valid data sources

The primary prevention policy, program, or practice examined by the proposed research must address inequities in IPV and/or SV and be community-led. Community-led means the approach is developed with leadership or substantial input from communities that face inequitable risk for IPV and/or SV and is being implemented in a community-based setting.

Applicants consistent with the intent of this NOFO are required to:

1. Actively engage community partners in research and evaluation activities
2. Conduct formative research; and
3. Conduct a pilot study to assess the preliminary efficacy or effectiveness of the primary prevention approach by examining changes in IPV and/or SV outcomes with at least pre-test/post-test data collection. More complex and/or mixed-methods designs are encouraged.

Strategy Scope

The intent of this NOFO is to focus on formative research and evaluation activities designed to build capacity for a future rigorous evaluation of the IPV and/or SV primary prevention approach for populations experiencing the inequitable risk for IPV and/or SV. There are different levels to prevention:

- *Primary* prevention approaches are those that aim to prevent violence before it occurs.
- *Secondary* prevention approaches focus on the more immediate responses to recent violence, such as victim treatment or arrest strategies.
- *Tertiary* prevention approaches focus on long-term care after violence has occurred, such as rehabilitation/reintegration, attempts to lessen trauma or reduce the long-term disability associated with violence.

The Specific Aims section of the application must clearly describe a proposed *primary* prevention policy, program, or practice. Recognizing that previous violence experiences are common within populations that experience elevated risk for violence, applications that integrate trauma-informed principle into the primary prevention approaches are welcomed.

Approaches that address social, economic, and environmental characteristics of neighborhood, workplace, and other organizational settings and have implications for multiple generations are also welcomed. For example, applicants may propose a housing-focused program aimed at increasing homeownership and decreasing concentrated segregation.

Prevention Approaches that are NOT eligible for evaluation.

For the purposes of this NOFO, the following prevention approaches, and adaptations, have been identified as having existing evidence of effectiveness for preventing IPV and SV in a rigorous evaluation and are NOT eligible for evaluation under this NOFO :

- *Safe Dates*
- *Dating Matters®: Strategies to Promote Healthy Teen Relationships*
- *Families for Safe Dates*
- *Shifting Boundaries – Building Level Intervention*

- *GreenDot*
- *RealConsent*
- *Coaching Boys into Men*
- *Bringing in the Bystander*
- *Second Step*
- *Expect Respect Support Groups*
- *The Fourth R: Strategies for Healthy Teen Relationships*
- *Prevention and Relationship Enhancement Program*
- *ePREP*

Additionally, several programs, policies, or practices aimed at preventing intimate partner violence and/or sexual violence are currently being evaluated under existing CDC-funded initiatives and are NOT eligible for this NOFO. A list of CDC-funded research awards focused on intimate partner violence, including teen dating violence, and/or sexual violence prevention can be generated at https://www.cdc.gov/violenceprevention/fundinghub/fundedprograms/research-awards.html

The Specific Aims section of the application must demonstrate that the proposed prevention approach has not previously been evaluated with demonstrated effectiveness in a rigorous outcome evaluation for IPV and/or SV or is not currently being rigorously evaluated with CDC funding.

Most existing evidence-based programs are designed for group-based delivery in K-12 school-, college-, or university-based settings. The intent of this NOFO is to broaden the evidence beyond school-based prevention approaches. The Specific Aims section of the application must demonstrate that the proposed program, policy, or practice selected for formative research activities is not a school-based prevention approach and will not be implemented in a K-12 school, college, or university-based setting.

For the purposes of this NOFO, formative research activities may not include engagement in advocacy efforts to enact laws, regulations, administrative actions, or incentives in compliance with anti-lobbying restrictions for CDC recipients. Proposed research may focus on formative, implementation, and pilot evaluations of existing or modified policies or other characteristics of the community.

Research Plan

The first page of the Research Plan should address the following questions in a table or bullet format. The questions to address are in the sample table below.

Research Plan Questions	**Example Answers**
Is the approach primary prevention of IPV, SV, or both?	SV
What population at elevated risk was the approach designed for?	AI/AN youth
Does the approach address the unique needs of the population at elevated risk?	Yes
What setting is the approach currently being implemented in?	Health center

Is a letter of support from the implementing organization in the application?	Yes
Name one element of the proposed formative evaluation	Evaluability assessment
Name one element of the proposed implementation evaluation	Fidelity
What is the design of the pilot study?	Pre/post
What are the outcomes of the IPV or SV study?	Rape Perpetration

The research plan should describe the overall concept for the proposed formative research and pilot study. Mixed methods for data collection (i.e., quantitative and qualitative methods) are encouraged. For the purposes of this NOFO, the required formative research and pilot study activities include:

- Completing at least one element of a formative evaluation.
    - Examples may include, but are not limited to, conducting an evaluability assessment, collecting data using mixed methods on feasibility, appropriateness, and/or acceptability of prevention approach.
- Completing at least one element of an implementation evaluation, also referred to as a process evaluation.
    - Examples may include, but are not limited to, collecting data using mixed methods on reach, dosage, and/or fidelity of the prevention approach.
- Conducting a pilot study with at least pre-test/post-test data collection, which includes collecting or securing baseline and follow up data on the primary outcomes (IPV and/or SV).
    - Quantitative methods are required for the pilot-study.

For the purposes of this NOFO, additional formative research and pilot study activities may include:

- Refining evaluation tools
- Cognitive testing of outcome measures
- Identifying strategies for recruitment and retention
- Identifying sites where the prevention approach can be implemented
- Developing and refining implementation materials based on formative research results
- Collecting or securing baseline and follow up data on secondary outcomes, such as other violence outcomes and risk and protective factors.

Applicants must clearly describe the proposed policy, program, or practice, how it addresses inequities in IPV and/or SV, and how it is designed for or accepted by the community. Successful applications are expected to demonstrate how completing activities will provide actionable information and recommendations to advance the field and reduce inequities in experiencing IPV and/or SV. The application should include a sufficiently detailed timeline that describes the project plan for completing proposed activities within a 3-year period of performance.

Primary Prevention Approach: Significance and Innovation.

The Research Plan section should address the following topics in narrative format:

- Description of the proposed policy, program, or practice and how it focuses on the primary prevention of IPV and/or SV
- Description of available research and data on the selected population which indicates that the selected population experiences elevated risk for IPV and/or SV
- Description of the community in which the prevention approach is being implemented
- Description of how the prevention approach is designed to meet the unique needs of the community and how it addresses the inequities in IPV and/or SV in the selected community
- Description of plans for equitable collaboration with community partners and populations that experience elevated risk for IPV and/or SV; for example, how activities are informed by Community Based Participatory Research (CBPR) principles and involvement of community partners in all aspect of the research (e.g., data collection, interpretation and dissemination of findings).
- Description of the proposed formative research activities, including the proposed research designs, methods, recruitment and retention strategies, and data analysis plans
- Description of the proposed formative evaluation, implementation, and pilot study activities, including any data collected showing preliminary evidence of the approach
- Description of how the formative research and pilot study activities will expand, and not replicate or adapt, the evidence base for IPV and/or SV prevention among populations that are at an elevated risk

Theory of Change

The Research Plan should include a narrative Theory of Change (TOC). The TOC describes the causal processes through which the policy, program, or practice is expected to change IPV and/or SV outcomes. In their description of the TOC, applicants should describe how it meets the following criteria:

- The prevention approach (is based on sufficient theoretical and/or empirical support to suggest that it may effectively reduce IPV and/or SV outcomes
- The proposed formative research activities will enhance the policy, program, or practice implementation and pilot study of the prevention approach
- The relationship between the mediators or moderators and the primary behavioral outcomes (i.e., IPV perpetration and/or victimization and/or SV perpetration and/or victimization) for the pilot study of the prevention approach are outlined
- Potential unintended or adverse consequences of the policy, program, or practice are identified

Research Design

Formative research involves using qualitative and quantitative methods to strengthen the components of the prevention approach, such as the design and implementation, appropriateness, and acceptability. Formative research also involve the use of qualitative and quantitative methods to strengthen components of the evaluation activities, such as instrument development, implementation evaluation, recruitment, and retention. Research activities should include elements of both formative evaluation and implementation evaluation. The pilot evaluation study

design must include at least pre-test/post-test data collection. More complex designs are encouraged.

Data Collection, Acquisition, and Analysis
Applicants must demonstrate an ability to collect the relevant data and secure community partners' engagement over an adequate time to conduct formative research and a pilot evaluation. Applicants must also demonstrate the ability to conduct formative, implementation, and pilot evaluations that are appropriate for the practice, policy, or program. The application is expected to delineate the components that are essential for a formative evaluation and implementation evaluation. These components may include, but are not limited to, feasibility, appropriateness, acceptability, and contextual factors that promote or hinder the adoption. Applicants are expected to clearly describe the elements of their proposed formative research, including, but not limited to:

- How the components of the IPV and/or SV community-led prevention approach will be strengthened
- How the components of the pilot evaluation activities will be strengthened

The pilot evaluation design must include at least pre-test/post-test data collection. More complex and/or mixed-methods designs are encouraged. Applicants must include valid and reliable measures for the primary and secondary outcomes. Primary outcomes are either IPV and/or SV victimization and perpetration. Secondary outcomes could include other forms of violence and risk and protective factors. The application should clearly describe and justify the proposed sampling and data collection methods. Applicants must demonstrate the ability to obtain and/or access the proposed data for a pilot study of the prevention approach to assess the preliminary efficacy or effectiveness. A data analytic plan must appropriately consider the intervention level, data, and study design.
Applicants should include plans to provide staffing, training, and support to conduct all research and evaluation facets and monitor implementation rigor to ensure fidelity to the policy, program, or practice and research design.

Objectives/Outcomes
All proposals are expected to demonstrate how there will be active engagement from community partners across research and evaluation activities. Applicants are encouraged to measure factors, such as:

- community readiness
- community capacity
- partnership engagement

Formative Outcomes. The formative research outcomes will be defined by the activities suited for a formative evaluation, implementation evaluation, and pilot study of the prevention approach.

The outcomes for the formative evaluation may include, but are not limited to:

- evaluability assessment
- needs assessment

- measures of feasibility, appropriateness, acceptability of the program, policy, or practice

Implementation Outcomes. The outcomes for the implementation evaluation, or process evaluation, may include, but are not limited to:

- reach
- dosage
- fidelity
- contextual factors that promote or hinder adoption of the approach

Applicants must describe the primary IPV and/or SV outcome for the pilot study and assess changes at the appropriate level to measure preliminary effects of the selected approach. The indicator(s) of IPV and/or SV used for outcome measurement purposes may vary depending on the population of interest (e.g., age, context) and data sources available (e.g., survey, administrative, surveillance). Outcome data may include rates of perpetration, victimization, or both. However, collecting data on perpetration outcomes is strongly encouraged when possible. The use of multiple sources of data for IPV and/or SV outcomes is encouraged to improve validity and reliability of each of the measured violence outcomes.

Additional considerations for measurement of IPV and SV outcomes are noted below:

- *Intimate Partner Violence*: Applications are encouraged to include measures that assess all forms of intimate partner violence, including teen dating violence, that are feasible based on the proposed data sources and relevant to the proposed evaluation design. These forms include psychological, physical, sexual violence, and stalking behaviors.
- *Sexual Violence:* An assessment of sexual violence perpetration and/or victimization is to include actual behavior, including subtypes of sexual violence whenever possible. Examples include rape, being made to penetrate, sexual coercion, unwanted sexual contact, non-contact unwanted sexual experiences, and sex trafficking. Measurement of sexual violence is expected to include any perpetration and/or victimization during the assessed period. This should include sexual violence perpetrated by/against strangers, intimate/dating partners, peers, acquaintances, family members, or others. Measurement of sexual violence is strongly encouraged to include multiple types of types of victim-perpetrator relationships (e.g., sexual violence against an intimate partner) as relevant to the project.
- *Technology-Facilitated Intimate Partner Violence and Sexual Violence*: Applicants are strongly encouraged to include measurement of technology-facilitated IPV and/or SV. Examples of measures include, but are not limited to, use of online or digital technologies to coerce or control an intimate partner, sexual harassment via social media, gaming, or text-communications, use of sexual images to cause harm.

Population of Focus

IPV and SV affects millions of people annually, yet some populations experience inequitable risk. To make significant progress in eliminating disparities in rates of IPV and SV perpetration and victimization, it is important to implement and evaluate prevention approaches that address conditions that contribute to the creation of inequities. Populations experiencing inequitable risk include, but are not limited, to racial/ethnic minority persons, sexual and gender minority

persons, people with disabilities, undocumented immigrants, asylum seeking and refugee populations, tribal populations, rural populations and other geographically underserved areas, people experiencing poverty and/or housing instability, and people who exchange sex, where disparities in elevated risk for IPV and/or SV are evident (i.e., prevalence rates greater than the general population).

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

Collaboration/Partnerships

This funding announcement seeks proposals that leverage the combined knowledge, expertise, and experiences of researchers, practitioners, and communities to generate evidence for the field of intimate partner violence and sexual violence prevention.[46,47] Applicants are expected to demonstrate significant and meaningful community partnerships, as appropriate, to ensure successful implementation and evaluation of the program or policy in the jurisdiction where the proposed IPV and/or SV prevention approach is implemented. Applications should demonstrate that the project team, including research staff and relevant community partners, has the necessary skills and experience to ensure quality and timeliness of proposed activities.

Applications are encouraged to describe how the collaboration follows the principles of Community-Based Participatory Research (refer to Brush and colleagues' paper "*Success in Long-Standing Community-Based Participatory Research (CBPR) Partnerships: A Scoping Literature Review*": https://journals.sagepub.com/doi/pdf/10.1177/1090198119882989

Examples include describing:

- the characteristics of partners (e.g., committed and actively engaged),
- relationship among/ between partners,
- partnership characteristics (e.g., compatible and mutually beneficial),
- partnership processes,
- partnership resources,
- partnership capacity, and
- partnership outcomes.

Letters of Support

The Letters of Support section of the application must include an appropriate Letter of Support from the Director of the organization where the prevention approach is being implemented. Eligible partner organizations include, but are not limited to, organizations that receive funding under CDC's Rape Prevention and Education Program or CDC's DELTA AHEAD program. This Letter of Support must attest that the organization supports the evaluation in the jurisdiction where the organization is implementing the prevention approach. In cases where the applicant is the organization directly responsible for implementing the proposed approach, a letter of support from the director is required. Letters of Support are not required from individual sites where the implementation will occur.

The application should specify the roles of all research partners and describe whether and how each partner will be involved in the formative research and evaluation activities. Partner roles should be specified, including but not limited to:

- site and participant recruitment
- implementation of the approach
- collecting and analyzing the proposed data
- interpreting results
- developing practice recommendations based on outcomes
- presenting findings at public or professional venues
- identifying audiences
- crafting information products for dissemination
- developing practitioner-focused products in addition to scientific products

Each Letter of Support must clearly document the roles and responsibilities of the applicant and proposed project partner and be included in the Letters of Support section of the application. The level of detail expected in a Letter of Support includes, but is not limited to:

- The anticipated extent of involvement and scope of work to which the partner organization is willing to commit.
- The organization responsible for implementing the proposed approach gives the applicant permission to conduct the formative research and evaluation activities, and the applicant agrees to collaborate with the partner organization in the formative research, evaluation, translation and dissemination activities.
- The organization will serve as an "implementing agency" and be a part of the Research Advisory Board and research team.
- The extent of partnership and engagement with the community partnerships.
- The roles and responsibilities of PI(s), Co-PI(s), and the organization partners, specifically identifying who will recruit sites and participants, collect and analyze the proposed data, interpret results, and develop practice-based recommendations and presentation of findings, including developing products for dissemination.
- The duties, percentage-of-time commitments, and responsibilities of project personnel including clear lines of authority and supervisory capacity over the behavioral, administrative, data management, and statistical aspects of the research.
- The plans for facilities, equipment, assessment programming, data processing, analysis capacity, and procedures for management of data security and participant confidentiality in order to achieve the research objectives.

Community Engagement

NCIPC recognizes the importance of community conditions and community-centered research to complete the proposed work. To ensure proposed research can be successfully carried out and responsive to the needs of the community, this NOFO requires significant and meaningful community engagement. Applicants are required to engage in equitable collaboration with community partners implementing the IPV and/or SV prevention approach, including those

affected by the issue or problem being studied. This includes partnerships with the organization implementing the strategy, entities participating in formative research and/or evaluation activities, entities providing access to data or study participants, and entities supporting and facilitating community engagement activities during formative research and evaluation activities.

Applicants are expected to discuss whether and how the community was engaged with the design or development of the prevention approach and whether or how the research coincides with community input into the prevention approach to ensure the relevance, appropriateness, and feasibility of the proposed research for supporting the prevention of IPV and/or SV. The application should also include plans to inform impacted communities about the proposed study and to share with participants and communities how research outcomes will support or enhance prevention efforts.

Evaluation/Performance Measurement

The application is expected to include a plan to evaluate and document progress towards completion of the proposed specific aims during each stage of the research process, including:

- partnership development
- study development
- recruitment and retention
- process and outcome measurement
- data collection
- data analysis

The application is expected to include a clear description of relevant progress and performance measures documented in the Timeline and Milestones. Comparison of actual progress to the progress and performance measures are expected to document whether research is progressing appropriately and in a timely manner, and whether the research activities are of high scientific quality.

Translation Plan

The application is expected to clearly describe the potential for widespread implementation of the proposed prevention approach as well as its evaluability. The application should include plans to inform impacted communities about the proposed study and describe how research outcomes will inform and support prevention practice efforts of communities and/or practitioners. This communication may occur through varied and multiple approaches to outreach, such as webinars fact sheets, electronic listservs, social media, traditional media, and in-person meetings and events. Applicants are expected to either have formalized program materials or procedures (for example, program curricula and/or facilitator guides or manuals) **or** plans to develop these materials based on the program or practice being implemented to aid future replication. Additionally, the research findings should be disseminated through publications, including articles in peer reviewed journals and “Research Briefs” for diverse audiences as well as presentations at professional conferences and other venues. Translation plan should include products and presentations that are specifically intended to reach practitioner audiences. Practitioner audiences should include, but not be limited to, currently funded recipients of CDC’s Rape Prevention and Education Program and/or CDC’s DELTA AHEAD program.

Grant recipients may be required to attend one reverse site visit per year in Atlanta, GA with CDC/NCIPC staff during the period of performance to review their progress and findings and to discuss opportunities for widespread dissemination of their research achievements and lessons learned. Travel costs for attending this meeting must be included in the application's travel budget submitted in response to this NOFO.

3. Funding Strategy

N/A

Section II. Award Information

Funding Instrument Type:

CA (Cooperative Agreement)

A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

Application Types Allowed:

New - An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round.

Estimated Total Funding:

$2,250,000

NCIPC intends to commit approximately $750,000 in FY 2025 to fund up to two applications; with a maximum of $375,000 per award for the first 12-month budget period. This includes direct and indirect costs. An applicant may request a period of performance of up to three years. The maximum total project funding is approximately $2,250,000 to fund up to two applications over the 3-year period of performance with a maximum of $375,000 per award per year.

Anticipated Number of Awards:

2

NCIPC intends to fund up to two applications for the 3-year period of performance.

Awards issued under this NOFO are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

Award Ceiling:

$375,000

Per Budget Period

Award Floor:

$0

Per Budget Period

Total Period of Performance Length:

3 year(s)

Throughout the Period of Performance, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC’s determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf) will apply to the applications submitted and awards made in response to 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.

Section III. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

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

Additional Eligibility Category:

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

Hispanic-serving Institutions

Historically Black Colleges and Universities (HBCUs)

Tribally Controlled Colleges and Universities (TCCUs)

Alaska Native and Native Hawaiian Serving Institutions

Nonprofits (Other than Institutions of Higher Education):

Nonprofits (Other than Institutions of Higher Education)

Other:

Faith-based or Community-based Organizations

Regional Organizations

Bona Fide Agents: A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms."

Federally Funded Research and Development Centers (FFRDCs): FFRDCs are operated, managed, and/or administered by a university or consortium of universities, other not-for-profit or nonprofit organization, or an industrial firm, as an autonomous organization or as an identifiable separate operating unit of a parent organization. A FFRDC meets some special long-term research or development need which cannot be met as effectively by an agency's existing in-house or contractor resources. FFRDC's enable agencies to use private sector resources to accomplish tasks that are integral to the mission and operation of the sponsoring agency. For more information on FFRDCs, go to https://gov.ecfr.io/cgi-bin/searchECFR.

2. Foreign Organizations

Foreign Organizations **are not** eligible to apply.

Foreign components of U.S. Organizations are not eligible to apply.

For this announcement, applicants may not include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Additional Information on Eligibility

Please see Section III. Eligibility Information

Applicant organizations may not include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply. All of the proposed research work plan must be carried out domestically by the applicant organization throughout the period of performance.

The applicant organization cannot serve as a “pass through" to fund another entity to conduct the majority of the research. An applicant organization proposing a “pass through” scenario will be found ineligible for this NOFO.

4. Justification for Less than Maximum Competition

N/A

5. Responsiveness

Applications which do not meet ***all*** of the following Responsiveness criteria will be considered non-responsive and will not be forwarded for peer review.

1. The SF 424 Biographical Sketch must clearly document that the Principal Investigator (PI) or Co-Principal Investigator (Co-PI) have previous, relevant experience conducting formative research and evaluation activities with a community organization by having conducted at least one formative evaluation, implementation evaluation, or outcome evaluation in collaboration with community partners. Evidence of the previous experience must be documented by at least one relevant first-authored, peer-reviewed journal article. The citation of the relevant publication(s) must be clearly identified (by bold text or highlight) in the appropriate SF 424 Biographical Sketch. **Applications that do not clearly document that the PI or Co-PI have the necessary relevant experience will be considered nonresponsive, will not be peer reviewed, and will not be funded.**
2. The SF 424 Biographical Sketch must clearly document that the Principal Investigator (PI) or Co-Principal Investigator (Co-PI) have prior experience conducting empirical research **on *IPV, including teen dating violence, or SV, or established risk and protective factors for IPV and/or SV, or other violence-related research***. Evidence of the experience must be documented by at least one relevant first-authored, peer-reviewed journal article. The citation of the relevant publication(s) must be clearly identified (by bold text or highlight) in the appropriate SF 424 Biographical Sketch. **Applications that do not clearly document that the PI or Co-PI have the necessary relevant violence research experience will be considered non-responsive, will not be peer reviewed, and will not be funded.**
3. The Letters of Support section of the application must include a Letter of Support from the Director of the community-based organization that is directly responsible for implementing the proposed prevention approach. The letter should also document their role and responsibilities in the proposed activities. **Applications that do not include Letter(s) of Support from the community partner that is responsible for implementing the proposed program, policy, or practice will be considered nonresponsive, will not be peer reviewed, and will not be funded.**
4. The Specific Aims section of the application must demonstrate that a *primary* prevention approach is proposed for formative research and evaluation activities. Primary prevention approaches aim to prevent violence before it occurs. In contrast, secondary prevention approaches focus on more immediate responses to recent violence, such as victim treatment or arrest strategies, while tertiary prevention approaches focus on long-term care after violence has occurred, such as rehabilitation/reintegration, attempts to lessen trauma or reduce the long-term disability associated with violence. **Applicants proposing secondary or tertiary prevention approach will be considered nonresponsive, and will not be peer reviewed and will not be funded.**

5. This research is intended to support formative research and evaluation of approaches focused on preventing intimate partner violence and/or sexual violence. The application must propose a study within the stated objective of the NOFO and propose formative research and evaluation of a primary prevention program, policy, or practice, as evidenced in the Research Strategy section of the Research Plan. **Applications that propose studies outside of the stated objectives of this NOFO will be considered nonresponsive and will not be forwarded for peer review. Examples of studies that are considered nonresponsive include etiologic research to examine the prevalence or correlates of behavior, and research to strengthen surveillance. In addition, applications that do not propose formative research and evaluation activities for a prevention program, policy, or practice, as evidenced in the Research Strategy section of the Research Plan, will be considered nonresponsive and will not be forwarded for peer review.**
6. The application must propose to evaluate approaches that are NOT solely under the influence or control of the criminal justice system. **Applications proposing to evaluate approaches that are solely under the influence or control of the criminal justice system (i.e., policing, arrest, trial, sentencing, incarceration, mandated intervention and treatment approaches, as evidenced in the Research Strategy section of the application's research plan, will be considered nonresponsive, and these applications will not be peer-reviewed and will not be funded.**
7. The Specific Aims section of the application must demonstrate that the proposed program, policy, or practice to be evaluated is not a school-based prevention approach. Examples of school-based prevention approaches that are considered nonresponsive include program, policy, or practice implemented in a K-12 school, college, and university-based setting. **Applications proposing to evaluate a school-based prevention approach will be considered nonresponsive, will not be peer reviewed, and will not be funded.**
8. The proposed budget for each fiscal year must be less than or equal to the budget ceiling of $375,000 as outlined in *Section II: Award Information.* **Applications that exceed the budget in any year will be considered nonresponsive, will not be peer reviewed, and will not be funded.**

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Unique Entity Identifier (UEI) number in order to begin each of the following registrations.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission. The UEI replaced the Data Universal Numbering System (DUNS) and 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.

(Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: NCAGE Tool / Products / NCS Help Center (nato.int).

System for Award Management (SAM) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, SAM.gov.

Grants.gov

eRA Commons

All applicant organizations must register with Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The one-time registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

All Senior/Key Personnel (including Program Directors/Principal Investigators (PD/PIs) must also work with their institutional officials to register with the eRA Commons or ensure their existing Principal Investigator (PD/PI) eRA Commons account is affiliated with the eRA commons account of the applicant organization. All registrations must be successfully completed and active before the application due date. Applicant organizations are strongly encouraged to start the eRA Commons registration process at least four (4) weeks prior to the application due date. ASSIST requires that applicant users have an active eRA Commons account in order to prepare an application. It also requires that the applicant organization's Signing Official have an active eRA Commons Signing Official account in order to initiate the submission process. During the submission process, ASSIST will prompt the Signing Official to enter their Grants.gov Authorized Organizational Representative (AOR) credentials in order to complete the submission, therefore the applicant organization must ensure that their Grants.gov AOR credentials are active.

7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a Unique Entity Identifier (UEI) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The UEI number is a twelve-digit number assigned by SAM.gov. An AOR should be consulted to determine the appropriate number. If the organization does not have a UEI number, an AOR should register through SAM.gov. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a UEI number.

Additionally, organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later.

SAM.gov is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

If an award is granted, the recipient organization **must** notify potential sub-recipients that no

organization may receive a subaward under the grant unless the organization has provided its UEI number to the recipient organization.

8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. CDC does not make awards to individuals directly. Individuals from organizations that are uniquely prepared to examine research relevant to undeserved groups, including sexual orientation and gender identity minorities as well as individuals with disabilities are always encouraged to apply.

9. Cost Sharing

This NOFO does not require cost sharing as defined in the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

10. Number of Applications

As defined in the HHS Grants Policy Statement, (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Eligible applicant organizations may submit more than one application, provided that each application is scientifically distinct. However, applicant institutions can submit only one grant application with the same principal investigator in response to this NOFO. Only one application per principal investigator will be reviewed or funded under this announcement. If two or more applications from the same PI are received, the only application that will be submitted for review will be the last application received based on the document's time and date stamp in Grants.gov (http://www.grants.gov).

Additionally, applicant institutions submitting applications with essentially the same proposed research to two or more CDC NOFOs will not be funded under more than one NOFO.

The applicant must ensure that duplicate applications are withdrawn prior to the application review date. Additionally, applicant institutions submitting applications with essentially the same proposed research to two or more CDC NOFOs will not be funded under more than one NOFO.

Section IV. Application and Submission Information

1. Address to Request Application Package

Applicants will use a system or platform to submit their applications through Grants.gov and eRA Commons to CDC. ASSIST, an institutional system to system (S2S) solution, or Grants.gov

Workspace are options. ASSIST is a commonly used platform because, unlike other platforms, it provides a validation of all requirements prior to submission and prevents errors.

To use ASSIST, applicants must visit https://public.era.nih.gov where you can login using your eRA Commons credentials, and enter the Notice of Funding Opportunity Number to initiate the application, and begin the application preparation process.

If you experience problems accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist. Additional support is available from the NIH eRA Service desk via: http://grants.nih.gov/support/index.html

- Email: commons@od.nih.gov
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552.
  Hours: Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding Federal holidays.

2. Content and Form of Application Submission

Application guides for FORMS-H application packages are posted to the How to Apply - Application Guide page.

It is critical that applicants follow the instructions in the SF-424 (R&R) Application Guide How to Apply - Application Guide except where instructed in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. The package associated with this NOFO includes all applicable mandatory and optional forms. Please note that some forms marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF-424 Application Guide to ensure you complete all appropriate "optional" components.

When using ASSIST, all mandatory forms will appear as separate tabs at the top of the Application Information screen; applicants may add optional forms available for the NOFO by selecting the Add Optional Form button in the left navigation panel.

3. Letter of Intent

Due Date for Letter Of Intent 11/01/2024

Carlisha Gentles, PharmD
Scientific Review Official
National Center for Injury Prevention and Control (NCIPC)
Telephone: 404-639-6473
Email: ncipc-peer-review@cdc.gov

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this NOFO in Grants.gov includes all applicable components for this NOFO, required and optional. In ASSIST, all required and optional forms will appear as separate tabs at the top of the Application Information screen.

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of components. Not all components of the Research Plan apply to all Notices of Funding Opportunities (NOFOs). Specifically, some of the following components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guide at How to Apply - Application Guide for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).

Follow the page limits stated in the SF 424 unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

1. **Introduction to Application** (for Resubmission and Revision ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the NOFO.
2. **Specific Aims** – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.
3. **Research Strategy** – the research strategy should be organized under 3 headings: Significance, Innovation, and Approach. Describe the proposed research plan, including staffing and timeline.
4. **Progress Report Publication List** (for Continuation ONLY)

Other Research Plan Sections

5. **Vertebrate Animals**
6. **Select Agent Research**
7. **Multiple PD/PI Leadership Plan**
8. **Consortium/Contractual Arrangements**
9. **Letters of Support**
10. **Resource Sharing Plan(s)**
11. **Other Plan(s)**
12. **Authentication of Key Biological and/or Chemical Resources**
13. **Appendix**

All instructions in the SF424 (R&R) Application Guide at How to Apply - Application Guide must be followed along with any additional instructions provided in the NOFO.

Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Other Plan(s) section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.

The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:

- A description of the data to be collected or generated in the proposed project;

- Standards to be used for the collected or generated data;
- Mechanisms for providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights - this section should address access to identifiable and de-identified data);
- A statement (required) of any limitations you may encounter with sharing data collected or generated under this award with CDC (such as legal, regulatory, policy, or technical concerns);
- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified (this section should address archiving and preservation of identifiable and deidentified data).

The AR-25 outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation. https://www.cdc.gov/grants/additional-requirements/ar-25.html

CDC OMB approved templates may be used (e.g. NCCDPHP template https://www.cdc.gov/nccdphp/dch/media/files/Data-Management-Plan-template.docx

Other examples of DMPs may be found here: USGS, http://www.usgs.gov//products/data-and-tools/data-management/data-management-plans

Application guides for FORMS-H application packages are posted to the How to Apply - Application Guide page.

6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publicly available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

The appendices are limited to a total of 10 PDF files to include the 3 publications, not publicly available as described above and up to 5 PDF files of supporting materials for the Research Plan described below (7. Page Limitations). The appendix has a total maximum page limit of 25 pages.

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 12 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 5 PDF files with a maximum of 25 pages for all appendices. Pages that exceed page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.

CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide at .How to Apply - Application Guide.

Application guides for FORMS-H application packages are posted to the How to Apply - Application Guide page.

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are strongly encouraged to allocate additional time and submit in advance of the deadline to ensure they have time to make any corrections that might be necessary for successful submission. This includes the time necessary to complete the application resubmission process that may be necessary, if errors are identified during validation by Grants.gov and the NIH eRA systems. The application package is not complete until it has passed the Grants.gov and NIH eRA Commons submission and validation processes. Applicants will use a platform or system to submit applications.

ASSIST is a commonly used platform because it provides a validation of all requirements prior to submission. If ASSIST detects errors, then the applicant must correct errors before their application can be submitted. Applicants should view their applications in ASSIST after submission to ensure accurate and successful submission through Grants.gov. If the submission is not successful and post-submission errors are found, then those errors must be corrected and the application must be resubmitted in ASSIST.

Applicants are able to access, view, and track the status of their applications in the eRA Commons.

Information on the submission process is provided in the SF-424 (R&R) Application Guidance and ASSIST User Guide at https://era.nih.gov/files/ASSIST_user_guide.pdf.

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk at:
Toll-free: 1-866-504-9552; Phone: 301-402-7469
http://grants.nih.gov/support/index.html
Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on Federal holidays)

Problems with Grants.gov can be resolved by contacting the Grants.gov Contact Center at:
Toll-free: 1-800-518-4726

https://www.grants.gov/support
support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

It is important that applicants complete the application submission process well in advance of the due date time.

After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. A third and final e-mail message is generated once the applicant's application package has passed validation and the grantor agency has confirmed receipt of the application.

Unsuccessful Submissions: If an application submission was unsuccessful, the **applicant** must:

1. Track submission and verify the submission status (tracking should be done initially regardless of rejection or success).

    a. If the status states "rejected," be sure to save time stamped, documented rejection notices, and do #2a or #2b

2. Check emails from both Grants.gov and NIH eRA Commons for rejection notices.

    a. If the deadline has passed, he/she should email the Grants Management contact listed in the Agency Contacts section of this announcement explaining why the submission failed.

    b. If there is time before the deadline, correct the problem(s) and resubmit as soon as possible.

Due Date for Applications 12/02/2024

12/02/2024
Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

10. Funding Restrictions

Expanded Authority:

For more information on expanded authority and pre-award costs, go to https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf and speak to your GMS.

All HHS/CDC awards are subject to the federal regulations, in 45 CFR Part 75, terms and conditions, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

Public Health Data:

CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards.

Data Management Plan:

Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data and must be included in the Other Plan(s) section of the PHS 398 Research Plan Component of the application.

Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, but not limited to, any statutory limitations prohibiting data sharing, privacy and confidentiality considerations, embargo issues).

Applications submitted without the required DMP may be deemed ineligible for award unless submission of DMP is deferred to a later period depending on the type of award, in which case, funding restrictions may be imposed pending submission and evaluation.

Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please see: https://www.cdc.gov/grants/additional-requirements/ar-25.html

Human Subjects:

Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions.

If the proposed research project involves more than one institution and will be conducted in the United States, awardees are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research, and include a single IRB plan in the application, unless review by a sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy or a compelling justification based on ethical or human subjects protection issues or other well-justified reasons is provided. Exceptions will be reviewed and approved by CDC in accordance with Department of Health and Human Services (DHHS) Regulations (45 CFR Part 46), or a restriction may be placed on the award. For more information, please contact the scientific/research contact included on this NOFO.

Note: The sIRB requirement applies to participating sites in the United States. Foreign sites participating in CDC-funded, cooperative research studies are not expected to follow the requirement for sIRB.

Protection of Human Subjects and Personally Identifiable Information
The Research Strategy section should clearly outline the data type, source, accessibility, and safeguards for the data and human subjects involved in the study. It must detail access to non-

public, previously collected data, supported by a signed Data Sharing Agreement or Letter of Support within the Research Strategy. Similarly, access to public, pre-existing data should be explicitly stated in the Research Strategy.

Safeguarding previously collected data encompasses the protection of personal identifiable information against loss and/or misuse.

Each performance site engaged in human subjects research must be identified in the application, including the FWA number for the applicant institution and each performance site. For research involving multiple institutions, a single Institutional Review Board (sIRB) is expected to carry out the ethical review mandated by HHS regulations.

11. Intergovernmental Review

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

12. Other Submission Requirements and Information

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 under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Application Submission

Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**

Applicants must complete all required registrations before the application due date. Section III.6 "Required Registrations" contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide /url_ redirect.htm? id=11144).

Important reminders:
All Senior/Key Personnel (including any Program Directors/Principal Investigators (PD/PIs) must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.

It is also important to note that for multi-project applications, this requirement also applies to the individual components of the application and not to just the Overall component.

The applicant organization must ensure that the UEI number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.

If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications:

- http://grants.nih.gov/grants/ElectronicReceipt/avoiding_errors.htm
- http://grants.nih.gov/grants/ElectronicReceipt/submit_app.htm
- https://era.nih.gov/files/ASSIST_user_guide.pdf
- http://era.nih.gov/erahelp/ASSIST/

Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (https://www.cdc.gov/about/divisions-offices/index.html), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact
Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s)

involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria
Reviewers will consider each of the review criteria below in the determination of scientific merit and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance
Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or public health be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

- Does the application adequately use available research and data to demonstrate that the selected population has elevated risk of IPV and/or SV higher than the national average?
- To what extent was the approach developed with substantial input from community partners?
- To what extent does the approach address the unique needs of populations that experience elevated risk of IPV and/or SV?
- To what extent will the proposed project address one or more of the outer layers of the social ecological model (i.e., community-, or societal-level) or the underlying social and structural determinants of IPV and/or SV?
- To what extent will completion of the proposed activities significantly advance knowledge to prevent inequities in IPV and/or SV?
- To what extent is the engagement of the community and population of focus factored into the various sections of the application (e.g., need, partnerships and collaboration, dissemination plans, etc.)?

Investigator(s)
Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

- To what extent does the application demonstrate the research team has the experience to conduct formative research and evaluation activities?
- To what extent does the biosketch and relevant first-authored, peer-reviewed paper of the PI or Co-PI describe the strength of the investigator(s) experience in conducting formative research and evaluation activities?
- To what extent does the biosketch and first-authored, peer-reviewed paper of the PI or Co-PI describe the strength of the investigator(s) experience and knowledge in conducting IPV, SV, or other violence-related research?
- Does the application adequately demonstrate the applicant and/or their partner organization is experienced implementing IPV or SV prevention approaches relevant to the proposed population with elevated risk?

- To what extent is there evidence of past collaboration with the proposed research team and collaborators to support the success of the proposed research?
- To what extent does the applicant demonstrate the capacity to maintain and strengthen equitable relationships with the community and organization partners?

Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

- To what extent is the proposal innovative in its approach, methods, and contributions to violence prevention and health equity?
- To what extent are the activities innovative yet balanced with a well described research strategy that is likely to be completed within the 3-year period of performance?
- If the proposed policy, program, or practice has been evaluated for other violence outcomes previously, to what extent does the proposed research extend evidence to IPV or SV outcomes such that it will not be duplicative of previous or current research?

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the research project is in the early stages of development, will the strategy establish feasibility, and will particularly risky aspects be managed?

If the project involves human subjects and/or clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

If applicable, how will populations with health disparities be considered and addressed in the design and implementation of the proposed research activities?

- To what extent does the application clearly describe the primary prevention approach?
- To what extent does the research support the approach's goal of addressing the unique needs of the populations that experiences elevated risk for IPV and/or SV?
- To what extent does the Theory of Change demonstrate the prevention approach is promising for reducing elevated risk for IPV and/or SV?
- To what extent does the applicant describe activities consistent with conducting a formative evaluation (e.g., feasibility), implementation evaluation (e.g., reach), and pilot study?
- To what extent does the application demonstrate that the project team has the ability to recruit and retain participants for formative research and a pilot study?
- To what extent does the application demonstrate a plan to work collaboratively and in equitable partnership across all aspects of the project with community partners?

- To what extent does the application propose to work collaboratively and in equitable partnership with communities disproportionately impacted by IPV and/or SV in selecting approaches for evaluation and for disseminating findings?
- Applications must conduct a pilot study that includes collecting or securing baseline and follow up data on IPV and/or SV as the primary outcomes. To what extent does the formative research and the evaluation plan include valid and reliable measures of IPV and/or SV victimization and/or perpetration behavioral outcomes?
- To what extent is the proposed study feasible and the timeline sufficiently detailed, complete and realistic for completing within a 3-year period of performance?

Environment
Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

To what extent will findings be disseminated to communities and populations of focus in an appropriate and accessible manner?

- To what extent are all of the partnerships formalized by letters of support that include detailed information about the strength of the relationships and their unique contribution to the scope of work?
- To what extent do the description of the duties, percentage-of-time commitments, and responsibilities of all project personnel include clear lines of authority and supervisory capacity over the behavioral, administrative, data management, and statistical aspects of the research?
- To what extent do the plans for facilities, equipment, assessment programming, data processing, analysis capacity, and procedures for management of data security and participant confidentiality support the research objectives?

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

Protections for Human Subjects
If the research involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3)

sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (https://www.cdc.gov/grants/additional-requirements/ar-1.html).

Inclusion of Women, Minorities, and Children
When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (https://www.cdc.gov/women/research/index.htm) and the policy on the Inclusion of Persons Under 21 in Research (https://www.cdc.gov/grants/additional-requirements/ar-28.html).

Vertebrate Animals
The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following four points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 4) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (https://grants.nih.gov/grants/olaw/VAChecklist.pdf).

Biohazards
Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

Dual Use Research of Concern
Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.

For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: http://www.phe.gov/s3/dualuse. Tools and guidance for assessing DURC potential may be found at: http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx.

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but will not give scores for these items, and should not consider them in providing an overall impact/priority score.

Applications from Foreign Organizations
N/A

Resource Sharing Plan(s)
Reviewers will comment on whether the Resource Sharing Plan(s) (e.g. Sharing Model Organisms) or the rationale for not sharing the resources, is reasonable.

Budget and Period of Support
Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain budget preparation guidance for completing a detailed justified budget on the CDC website, at the following Internet address: https://www.cdc.gov/grants/applying/application-resources.html. Following this guidance will also facilitate the review and approval of the budget request of applications selected for award.

The budget can include both direct costs and indirect costs as allowed.

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 modified total direct costs 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.

Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of $25,000.

If requesting indirect costs in the budget based on a federally negotiated rate, 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.

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.
As part of the scientific peer review, all applications:

- Will undergo a selection process in which only those applications deemed to have the highest scientific and technical merit (generally the top half of applications under review), will be discussed and assigned an overall impact/priority score.
- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office. Applications will compete for available funds with all other recommended applications submitted in response to this NOFO. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding recommendations:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

Applications that meet scientific and technical merit as determined by scientific peer review may also undergo consideration at the second level of review for:

- Consideration for meritorious applications that contribute to a geographic balance of proposed projects, as evidenced by the congressional district of the applicant organization, to broaden the distribution of awards.
- Consideration for applications in which the contact Eligible PD/PI meets NIH Early Stage Investigator (ESI) status, as verified by the NIH Determination of Investigator Status process.
- Consideration for applicant organizations from or conducting research in collaboration or partnership with institutions that have a demonstrated record of or historical commitment to serving underrepresented students, including racial and ethnic minorities, individuals from disadvantaged backgrounds and individuals with disabilities. Applicants may indicate this in the Research Strategy section of their application.
- The extent to which the application demonstrates that the selected population experiences elevated risk for IPV and/or SV higher than the national average using available research and data on the selected community.
- Potential for the formative research to build the evidence base for the prevention of intimate partner violence and/or sexual violence prevention among populations that elevated risk for IPV and/or SV.
- Potential for the pilot study to demonstrate empirical support for impact on intimate partner violence and/or sexual violence outcomes, including through appropriate measurement of outcomes focused specifically on intimate partner violence and/or sexual violence.
- Potential to build the evidence base for approaches that address social and structural determinants at the outer layers of the social ecological model in the prevention of IPV and/or SV.
- Innovation of the prevention approach as demonstrated by selection of a policy, program, or practice that has not been previously evaluated in a rigorous outcome evaluation for IPV and/or SV or is not currently being rigorously evaluated.

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 with 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 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 review of risk may impact award eligibility.

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 45 CFR Part 75, subpart F, 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. Additionally, we may ask for additional information prior to the award based on the results of this risk review.

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.

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this NOFO will be subject to the UEI, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission. 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 formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the recipient's business official.

Recipient must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants

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.

Specific requirements that apply to this NOFO are the following:

AR-1: Human Subjects Requirements
AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
AR-3: Animal Subjects Requirements
AR-9: Paperwork Reduction Act Requirements
AR-10: Smoke-Free Workplace Requirements
AR-11: Healthy People 2030
AR-12: Lobbying Restrictions
AR-14: Accounting System Requirements
AR-16: Security Clearance Requirement
AR-21: Small, Minority, And Women-owned Business
AR-22: Research Integrity
AR-24: Health Insurance Portability and Accountability Act Requirements
AR-25: Data Management and Access
AR-26: National Historic Preservation Act of 1966
AR-28: Inclusion of Persons Under the Age of 21 in Research
AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973
AR-31: Research Definition
AR-32: Appropriations Act, General Provisions
AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern
AR-34: Accessibility Provisions and Non-Discrimination Requirements
AR-36: Certificates of Confidentiality
AR-37: Prohibition on certain telecommunications and surveillance services or equipment for all awards issued on or after August 13, 2020.

Organization Specific ARs:
AR-8: Public Health System Reporting Requirements
AR-15: Proof of Non-profit Status
AR 23: Compliance with 45 C.F.R. Part 87

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

To view brief descriptions of relevant CDC requirements visit: https://www.cdc.gov/grants/additionalrequirements/index.html

Additional CDC Award Requirements

The following Additional Requirements, some of which emphasize and expand upon those above, will be required for all recipients funded under this NOFO.

All award recipients under this NOFO will be required to complete pre-registration of the research project(s) using publicly available platforms or ClinicalTrials.gov as applicable, consistent with the National Science Foundation's open science principles. The platform for intended pre-registration should be described in the Research Plan at the time of application.

All award recipients under this NOFO will be required to make data publicly available within 30 months of completing data collection, this includes making source code available to the public, and ensuring open access to research publications consistent with the National Science Foundation's open science principle.

The CDC will follow established implementation schedules and procedures for making grant awards under this NOFO in accordance with HHS and CDC Policy for Grant Program Administration and CDC Policy for Peer Review of Research and Scientific Programs to ensure that these awards support ideologically and politically unbiased research projects.

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications: This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy applies to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html.

Federal Funding Accountability and Transparency Act of 2006: 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 grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website: https://www.fsrs.gov/.

Plain Writing Act: The Plain Writing Act of 2010, Public Law 111-274, was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: https://www.plainlanguage.gov/.

Employee Whistleblower Rights and Protections: 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 Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Applicants may include reasonable publication costs and costs associated with submission, curation, management of data, and special handling instructions as allowable expenses in all research budgets. 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 without any embargo or delay after publication. Also at the time of submission, Recipient and/or Recipient's submitting author must also post the manuscript through PMC without any embargo or delay after publication. 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.

Language Access for Persons with Limited English Proficiency: Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take reasonable

steps to provide meaningful access to their programs by persons with limited English proficiency.

Dual Use Research of Concern: On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Recipients (foreign and domestic) receiving CDC funding on or after September 24, 2015, are subject to this policy. Research funded by CDC, involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution.

Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.

If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at http://www.phe.gov/s3/dualuse.

Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG-funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG-funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG-funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

Data Management Plan(s): CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, “public health data” means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation.

This requirement ensures that CDC is in compliance with the following; Office of Management and Budget (OMB) memorandum titled “Open Data Policy–Managing Information as an Asset” (OMB M-13-13); Executive Order 13642 titled “Making Open and Machine Readable the New Default for Government Information”; and the Office of Science and Technology Policy (OSTP) memorandum titled “Increasing Access to the Results of Federally Funded Scientific Research” (OSTP Memo).

The AR-25 https://www.cdc.gov/grants/additional-requirements/ar-25.html outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

Certificates of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC-

supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to this award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at: https://www.cdc.gov/grants/additional-requirements/ar-36.html.

4. Cooperative Agreement Terms and Conditions

The following special terms of the award are in addition to, and not in lieu of, otherwise applicable

U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (DHHS) grant administration regulations at 45 CFR Part 75, and other HHS, PHS, and CDC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the recipients is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC's purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; CDC Project Officers are not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility reside with the recipients for the project as a whole, although specific tasks and activities may be shared among the recipients and HHS/CDC as defined below.

The PD(s)/PI(s) will have the primary responsibility for:

- Complying with the responsibilities for the Extramural Investigators as described in the Policy on Public Health Research and Non-research Data Management and Access https://www.cdc.gov/grants/additionalrequirements/ar-25.html
- Designing and conducting research to address the described research objectives of this cooperative agreement.
- Undertaking any data collection solely to meet the applicant’s research needs. Retaining custody of and exercising primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies.
- Partnering effectively with any outside entities expected to participate in the proposed research. Such partnerships should be well-defined and documented by letters of support or Memoranda of Understanding detailing the nature and extent of involvement.
- Establishing goals and objectives that are realistic, measurable, and time-oriented for all phases of the project.
- Developing a research protocol involving human subjects for Institutional Review Board (IRB) review and approval by all cooperating institutions participating in the research project, including CDC if applicable.
- Assuring that IRB approvals are current for research involving human subjects for all participating sites.

- Considering suggestions from CDC on the design and implementation of research and the analysis, interpretation, and dissemination of study findings.
- Developing, designing, and piloting research protocols and instruments; recruiting participants; and conducting appropriate data management procedures.
- Analyzing data and disseminating findings in peer-reviewed journals and presentations at scientific conferences and other meetings.
- Requesting consultation and technical assistance from CDC, as needed. Considering suggestions from CDC on the design and implementation of research and the analysis, interpretation, and dissemination of study findings.
- Collaborating with CDC in translating and disseminating research findings.
- Participating in an initial kick-off meeting with CDC by phone or in Atlanta.
- Participating in one reverse site visit with CDC in Atlanta on an annual basis to review the project's progress with CDC scientists and staff.
- Developing and implementing a plan for sharing research resources and data with other collaborating partners, the agency, the public, and scientific community. The PI is responsible for developing and updating a data management plan that identifies the level of data access and plans for data sharing.

CDC staff has substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below. CDC staff will work collaboratively with the PIs/PDs, as described below:

- Assist the PI, as needed, in complying with the investigator responsibilities described in the Policy on Public Health Research and Non-research Data Management and Access https://www.cdc.gov/grants/additionalrequirements/ar-25.html
- Provide suggestions for refining research protocols (e.g., for sampling, recruitment, assessment, and data management).
- Participate in the analysis, interpretation, and dissemination of study findings (may include co-authorship of peer-reviewed manuscripts and scientific presentations). CDC will not initiate or direct data collection, own or manage the data, require the use of a specific methodological approach, or disseminate findings as part of an official CDC report.
- Collaborate with the grant recipient to ensure human subjects assurances are in place as needed.
- As necessary, collaborate in the development or amendment of a research protocol involving human subjects for Institutional Review Board (IRB) review by all collaborating institutions, including CDC if applicable.
- Obtain IRB approvals as required by CDC when CDC is engaged in research involving human subjects. If applicable, the CDC IRB will review the protocol initially and on an annual basis until the project is complete.
- Monitor and evaluate the scientific and operational accomplishments of the project through conference calls, site visits, and review of technical reports.
- Provide ongoing suggestions as needed to ensure project success.

- The agency Scientific Program Official (SPO) and CIO program director will be responsible for the normal scientific and programmatic stewardship of the award. The SPO will be named in the award notice.

Areas of Joint Responsibility include:

- The grant recipient and CDC will agree upon and establish a schedule for regular phone calls to discuss ongoing research project progress.

The recipient agrees that upon award, their application and the summary of reviewers' comments will be shared with the CDC staff, who will provide support as described above. Recipient organization will retain custody of and have primary rights to the information, data, and software developed under this award

5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually (see https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, 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 Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.

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 recipients:
1) Information on executive compensation when not already reported through the SAM Registration; and
2) Similar information on all sub-awards/ subcontracts/ consortiums over $25,000. It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over $25,000. See the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A. Submission of Reports

The Recipient Organization must submit:

Annual Performance Report (APR)/RPPR is due 120 days before the end of the current budget period, or the date identified in the guidance that CDC distributes. The RPPR form (https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on the eRA Commons website. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, 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.

Annual Federal Financial Report (FFR) SF-425 (Reporting | Grants | CDC) is required and must be submitted to the Payment Management System accessed through the FFR navigation link in eRA Commons or directly through PMS **within 90 days after the budget period ends.**

Closeout Reports: a final progress report, invention statement, equipment/inventory report, and the **Final FFR (SF-425)** are required **120 days after the end of the period of performance.**

B. Content of Reports

1. Annual Performance Report (APR)/RPPR: The recipient's continuation application/progress report should include:

- Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the RPPR form in eRA Commons (https://grants.nih.gov/grants/rppr/index.htm). Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.
- Research Aims: list each research aim/project

  a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned

  b) Leadership/Partnership: list project collaborations and describe the role of external partners.

- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. Questions to

consider in preparing this section include:

- How will the scientific findings be translated into public health practice or inform public health policy?
- How will the project improve or effect the translation of research findings into public health practice or inform policy?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
- How will the findings advance or guide future research efforts or related activities?

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. Questions to consider in preparing this section include:
- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
- How will the findings, results, or recommendations contribute to documented or projected reductions in morbidity, mortality, injury, disability, or disease?

- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.

- New Budget Period Proposal:
- Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).

- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.

- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate "Not applicable: No publications or presentations have been made."

- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your

narrative.

- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project's data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.

- Additional Reporting Requirements:

Technical Review and Summary Statement Response Requirements

Recipients will be required to electronically submit a response to the peer reviewers' comments and/or concerns, as documented in the Summary Statement, within 30 days of the notification of their initial award. Recipients will also be required to electronically submit a response to any progress concerns or areas for improvement noted on their annual Technical Review within the time period specified in the annual award continuation notice. Annual Report Requirements Recipients will be required to electronically submit an Annual Report within 90 to 120 days before the end of the current budget period. The Annual Report should include:

- A description of the completion status of each Specific Aim and/or research objective or milestone for the budget period.
- A complete list of the publications planned or completed to date - including status (e.g., published [include reference], in review, under development).
- A description of any changes made in the use of human subjects or IRB approval status.
- A description of any changes made in the Data Management Plan. Award recipients funded under this NOFO will be required to use NCIPC's Data Management Plan Template, OMB NO: 0920-1301 to make revisions to the DMP as required during the award's period of performance.

2. Annual Federal Financial Reporting The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted through the Payment Management System (PMS) within 90 days after the end of the budget period. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The Final FFR (SF-425) 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 in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.

Additional resources on the Payment Management System (PMS) can be found at https://pms.psc.gov.

Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a Final FFR (SF-425), final progress report, and Final Invention Statement and Certification within 120 days after the end of the period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Organizations may verify their current registration status by running the "List of Commons Registered Organizations" query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to https://commons.era.nih.gov/commons/ for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.

The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: https://era.nih.gov/docs/Commons_UserGuide.pdf.

3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The recipient's final report should include:

Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.

Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the Period of Performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.

Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.

Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC-funded activity. Please include any additional dissemination efforts that did or will result from the project.

Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

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.

7. 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

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts

Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)
Contact Center Phone: 800-518-4726
https://www.grants.gov/support
Email: support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939

https://www.era.nih.gov/need-help
Email: commons@od.nih.gov
Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time; closed on Federal holidays

Scientific/Research Contact
Tamara Crawford, DBH, MPH
National Center for Injury Prevention and Control (NCIPC)
Email: NCIPC_ERPO@cdc.gov

Peer Review Contact
Carlisha Gentles, PharmD
National Center for Injury Prevention and Control (NCIPC)
Email: cgentles@cdc.gov

Financial/Grant Management Contact(s)
Angie Willard, Grants Management Specialist
CDC Office of Grants Services
Email: aen4@cdc.gov

Section VIII. Other Information

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

All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations
Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code of Federal Regulations.

All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Successful recipients may be permitted expanded authorities in the administration of this award as provided for in the Code of Federal Regulations, Title 2, Subtitle A, Chapter II, Part 200, Subpart D, §200.308(d)(4). Specific authorities granted will be detailed in the official Notice of Award document.

Application Submission Process
Applications must be successfully submitted and complete all validation actions prior to 11:59 PM U.S. Eastern Time of the application due date for this NOFO. Applicants are encouraged to submit the application in ASSIST three (3) business days before the stated due date to provide sufficient time to correct any errors. If post-submission errors are identified during the validation process, the errors must be corrected and the application must be re-submitted in ASSIST prior to 11:59 PM U.S. Eastern Time of the application due date. HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems.

Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk and the Grants.gov Contact Center. See Section IV. Application and Submission Information, 9 Submission Dates & Times for contact information.

General Information
All applications submitted for this NOFO must be responsive to the specific requirements and objectives of this NOFO and must be submitted as a new application through www.grants.gov.

All applicants are advised to carefully review the responsiveness requirements and instructions on how applicants must document responsiveness in Section III. Eligibility Information 5. Responsiveness of this NOFO.