

CDC-RFA-CE21-2101: Core State Injury Prevention Program (Core SIPP)

Notice of Funding Opportunity

Frequently Asked Questions

Updated March 9, 2021

General Questions/NOFO Components

- 1. Is this opportunity a continuation for states already receiving SIPP funding, or is this for new states to apply? If this is a new opportunity, have there been similar RFAs such as this one we might review?**

This is a new notice of funding opportunity, not a continuation for states. This new funding opportunity builds on work supported through CDC-RFA-CE16-1602, Core State Violence and Injury Prevention Program.

- 2. What are the differences between the NOFO posted on March 1, 2021 and the original NOFO? No notes or changes were noted/marked in the revised document.**

The revised NOFO published on March 1, 2021 clarifies the data table submission requirements. The changes made are noted in the “Version History” tab of the Grants.gov listing.

- 3. The bottom of page 5 of the NOFO has been cut-off. Can you provide the information that is not visible?**

The logic model included on page 5 did not translate properly during document conversion. A separate document including the full logic model is included in the “Related Documents” section of the Grants.gov listing.

- 4. Is it anticipated that Regional Networks will be included in the Enhanced Component?**

No, the RNCO component will continue under a separate funding mechanism to better support state coordination and regional representation. Core SIPP recipients are expected to participate in regional or national networking groups, such as regional network subgroups supported by national IVP non-profit groups.

- 5. The NOFO outlines that the novel surveillance option should support BASE activities (and/or ENHANCED). Specifically, does the novel surveillance option require a focus/approach on all three injury topics (ACEs, Transportation Safety, TBIs, + chosen priority topic), just a subset, or possibly an alternative identified**

priority topic (not in BASE focus)? Is novel surveillance locked to applicant-chosen topics chosen under BASE application?

Eligible injury prevention topic areas include ACEs, Transportation Safety, and/or TBI and should focus on one or more disproportionately-affected populations within the context of statewide injury burden. Applicants applying for Enhanced Implementation and Evaluation Component funding (which includes the Novel Surveillance option), should primarily address one of the three priority topic areas. Additional topic areas may be addressed through approaches that impact multiple forms of injury and violence (such as shared risk and protective factors).

6. Will there be a Surveillance Quality Improvement (SQI) Component?

No, a previous subset of 4 states conducting surveillance quality improvement will not be included in this iteration. The intent of Core SIPP is to strengthen surveillance capacity and surveillance for public health action for all recipients.

7. For the Enhanced Component, is this one project or one per topic/focus area?

Enhanced Component proposals should focus on implementation and evaluation of exploratory and/or pilot projects or adaptations to ongoing projects (e.g., adapting an evidence-based intervention for challenges unique to a disproportionately-affected population). Eligible injury prevention topic areas include ACEs, Transportation Safety, and/or TBI and should focus on one or more disproportionately-affected populations within the context of statewide injury burden. Enhanced component funding is intended to support implementation and evaluation of one project. It does not need to address all priority topic areas.

Workplans

8. Does the exclusion of violence in the NOFO name mean applicants cannot propose activities to support intentional injury topics?

Applicants can propose flexing up to 25% of their proposed budgets to address topics of concern within their jurisdiction, which could include both intentional and unintentional injury topics.

9. Social determinants and health inequity have significant impacts across a range of injury intents/mechanisms. For parts of the SIPP application, as well as the 25%, how much latitude or support could applicants incorporate health equity and trauma informed community work with SIPP?

Recipients will have ability to examine their data and flex up to 25% of their funds to address topics of local concern. Further details are included in the funding announcement.

10. Can states pick certain ACEs to focus efforts or is the intent to address all or multiple ACEs?

Applicants can propose to focus on specific ACEs. The intent is not to address all ACEs, but to address those most relevant to the communities served, and those that can be properly supported and addressed in the workplan and budget.

11. We understand that we could use the up to 25% of funding to address an intentional injury; however, within the required topics (MVT, TBI, ACEs), can intentional causes be included? Or should that work focus on only unintentional causes?

The three required topics were singled out in this funding opportunity because they represent the Division of Injury Prevention's priorities for this NOFO and the budget lines available to support these priorities. Applicants are encouraged to use high impact shared risk and protective factor approaches to promote maximum impact across multiple injury topics if feasible with the limited resources.

12. Do older adult falls fit into the TBI topic or the flex topic of 25%? It is listed in both throughout the NOFO.

Older adult falls are the leading cause of TBIs in older populations (65+). Applicants can address older adult falls as a cause of TBI. Be sure to provide justification and explicitly state/explain your use of TBIs as an outcome in your proposed workplan for your priority population.

13. Regarding violence-related topics, since TBI is one of the main topics of the Core SIPP grant, does this mean that the TBI funding would all have to be unintentional TBI, unless an applicant would like to consider intentional TBI (as an example) as part of the 25% for topics of local concern?

Recipients will have ability to examine their data and flex up to 25% of their funds to address topics of local concern. Applicants are encouraged to use high impact shared risk and protective factor approaches to promote maximum impact across multiple injury topics if feasible with the limited resources. Further details are included in the funding announcement.

14. For the Enhanced Component, are applicants required to do both the implementation/enhanced evaluation portion AND the novel surveillance option?

No. For the Enhanced Component, applicants have the option to propose novel surveillance activities to advance analytic methods, employ data linkage for non-traditional data sources, or other innovative surveillance approaches to strengthen their enhanced work. It is not required to propose novel surveillance activities under the Enhanced Component. However, implementation and enhanced evaluation activities are required as part of the Enhanced Component.

15. Do all Enhanced Component strategies have to build on Base strategies, or can there be added strategies?

Enhanced Component proposals should focus on implementation and evaluation of exploratory and/or pilot projects or adaptations to ongoing projects (e.g., adapting an evidence-based intervention for challenges unique to a disproportionately-affected population). Recipients may determine how to best utilize Base and Enhanced funding, so long as requirements of both components are met.

16. Is it possible for an applicant to propose use of the 25% flexible funds for two areas relevant for injury prevention?

Applicants can propose to use the 25% flex to address multiple, relevant areas for injury prevention. Proposals should include appropriate justification in the narrative, be consistent with intended outcomes of this program, and include appropriate support in the budget and budget narrative.

17. Is the intent of the Novel Surveillance Option to support the applicants Base Component work directly? Or is the primary goal of the Novel Surveillance Option to support the overall CORE SIPP cross-site implementation?

The Implementation and Enhanced Evaluation component (with Novel Surveillance Option) is intended to support recipients' work in either directly implementing and evaluating exploratory and/or pilot projects or adaptations to ongoing projects (e.g., adapting an evidence-based intervention for challenges unique to a disproportionately-affected population) OR support partner implementation and evaluation. The Novel Surveillance Option is intended to support implementation and evaluation efforts funded under this Enhanced Component.

18. What are the additional ways that Enhanced Component activities will increase the work of Base Component activities as mentioned in the NOFO?

The Enhanced Implementation and Evaluation Component (with optional novel surveillance) activities are not intended to supplement Base Component activities. Enhanced Component are intended to support recipients work in either directly implementing and evaluating exploratory and/or pilot projects or adaptations to ongoing projects (e.g., adapting an evidence-based intervention for challenges unique to a disproportionately-affected population) OR supporting partner implementation and

evaluation. The optional novel surveillance is intended to support implementation and evaluation efforts funded under this enhanced component.

19. What do you mean by community? Is this stakeholders, at-large, etc.?

The community can be defined as the target populations for the strategies and activities to be addressed through this cooperative agreement funding.

20. The announcement appears heavily data oriented, is there opportunity to work on interventions that are supported by partnerships with stakeholders?

This funding opportunity works to support surveillance, partnerships, and assessment for public health action. Refer to page 14 of the funding opportunity for additional clarification.

Evaluation and Assessment

21. Is it required to include baseline data for performance measures and targets in the evaluation and performance measures section?

No, baseline data is not required as part of the application.

Refer to page 21 of the funding announcement. At a minimum, the evaluation and performance measure plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available.

Data Table Submission

22. Could you clarify the submission requirements for 2018 and 2019 data tables? Is there a template outlining which 2018 and 2018 mortality and hospitalization data is required to submit with this NOFO? Are we listing injury mechanisms as mutually exclusive?

Applicants should document access to 2018 or 2019 mortality AND hospitalization data. There are no required formats, but data tables should include primary injury data by age, sex, and cause. The injury indicators table submission template would be an appropriate format to use in submitting tables to demonstrate data access. They can be found here: <https://ftp.cdc.gov/pub/tbi/core/indicators/2016-2018-injury-indicator-instructions/> or <https://ftp.cdc.gov/pub/tbi/core/indicators/2019-injury-indicators/>. Using the NCIPC recommended ICD-10-CM methodology (State Injury Indicators: <https://www.cdc.gov/injury/stateprograms/indicators.html>) will not produce mutually exclusive injury mechanisms.

- 23. If we are currently funded and submitting data to CDC for Injury Indicators, what serves as our “demonstration of access”? Should we upload those reports as an attachment? Should we also upload email confirmations of our previous data submissions?**

Applicants can use injury indicator submissions and related documents to demonstrate access to required data. Refer to page 27 of the funding announcement to ensure submission includes required information.

Application Instructions and Submission

- 24. Will applicants submit completed application materials (including project narrative and work plan) directly into Grant Solutions or into the Partner Portal prior and GrantSolutions?**

The Partner’s Portal site is used for current recipient reporting for the Core SVIPP cooperative agreement (CE16-1602). It will not be used to submit applications for the Core SIPP funding opportunity (CE21-2101).

All application materials should be submitted through Grants.gov. Additional instructions for submitting your application are available beginning on page 34 of the announcement. Additional information about navigating the Grant.gov website for application submission is available here: <https://www.grants.gov/web/grants/applicants/applicant-faqs.html>

- 25. Do all figures, charts, and tables need to follow the guidelines on page 37 under *Project Narrative* for single-spacing, 12-point font, and 1-inch margins or are they exempt from this requirement?**

Tables and graphs are exempt from this requirement.

- 26. An FTP site for documents is listed on pages 24 (twice) and 25. Where is the FTP site?**

All documents needed to prepare applications are included and linked throughout the document. The FTP site is not available at this time.

27. A letter of commitment is required from the state health department officer. Is the CDC requiring a letter of commitment from the head of the health department? Is this the Commissioner of Health?

A letter of commitment is required from the State Health Officer. State Health Officers may vary for each jurisdiction. A list of State Health Officers can be found on the Association of State and Territorial Health Officials website at <https://astho.org/Directory/>.

28. Are applicants being asked to provide a letter of support from an agency that represents the disproportionately-affected population, even if we have not chosen them as direct partners for the purposed activities? Or is a letter of support from a direct partner that will work with directly or indirectly with the identified disproportionately-affected population sufficient?

Applicants should provide a letter from direct partners. The letter of support demonstrates your partnership with an organization that represents the disproportionately affected population. It also demonstrates their support and engagement for the work proposed in the application.

29. There is reference in the guidance to an OMB-approved NCIPC DMP template, but it is not linked. Is the template available online? Is it expected that applicants include the linked datasets that will be proposed?

The NCIPC Data Management Plan template has been added to the Grants.gov listing for use.

30. Are separate narratives, workplans and budget narratives required: one for Base Component applications and one for IEE Component applications?

Separate narratives, workplans, and budgets should be submitted for Base and Enhanced applications, as application components will be scored separately but concurrently.

31. I do not recall having to complete a Risk Assessment Questionnaire for Core Injury in the past. What will this entail?

The Risk Assessment Questionnaire is a new Performance Monitoring tool that assists CDC in reviewing risks associated with all awards prior to award. More information on this Risk Management Framework can be found here:

<https://www.cdc.gov/grants/documents/risk-management-framework-fact-sheet.pdf>

Refer to page 31 of the funding announcement for additional detail. CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132

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

32. How should letters of support be handled if the applicant agency is the organization directly serving the community, rather than through a partner?

Work proposed for this funding opportunity is expected to be completed in partnership with other organizations to maximize reach and impact. Letters of support are still expected as noted in the funding announcement.

Budget/Staffing

33. Does the required minimum for FTEs include in-kind staff? Does it include contract staff?

The FTE requirement can include in-kind staff and/or contract staff. All FTEs supporting Base Component Activities should amount to 1.0 FTE for Base Component applications, and 1.5 FTE for IEE Component applications. Recipients are required to provide a detailed and itemized budget justification with their application, detailing how this requirement is met.

34. Does "contract staff" include contracts/contractors with external organizations *and* health department contractual positions (non-benefited)?

Please refer to your organization's definition for contract staff. All staff included on your award must be based on internal procurement procedures. Recipients must only award contractors that possess the ability to perform successfully under the terms and conditions of the proposed NOFO.

35. Is the 1.0 FTE equivalent to 100% salary of an employee, can it go lower than 100% or 1 FTE? Can we go as low as 50% or .5 FTE?

The total minimum FTE required for the Base Component applications is 1.0 FTE. For Enhanced Component applications, the FTE requirement is 1.5 FTE.

36. Can in-kind staff be included in the salary category, not including the FTE? One salary at 10% and another at 10 or 20%?

Yes. In-kind salaries that may be above the FTE requirement can be included in the personnel line item of the proposed budget. In-kind salaries must be included in the personnel line item.

37. Does the FTE have to be within the local health department, or can it be within another agency or entity?

The FTE requirement can include in-kind staff and/or contract staff. All FTEs supporting Base Component Activities should amount to 1.0 FTE for Base Component applications, and 1.5 FTE for IEE Component applications. Recipients are required to provide a detailed and itemized budget justification with their application, detailing how this requirement is met.

38. Do proposed activities have to be split on the budget evenly? For example, does 25% of the budget have to be split for each topic area (ACEs, Transportation Safety, TBI)?

The proposed activities do not have to be split on the budget evenly. However, the budget should be sufficient to support the work proposed in the application. If your organization decides to propose activities for an additional topic area outside of the three topics areas for this funding opportunity (TBI, transportation safety, ACEs), up to 25% of the budget can be flexed to support that work.