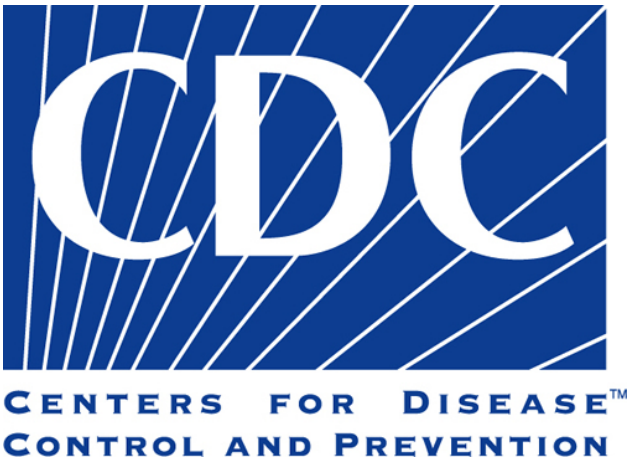

Centers for Disease Control and Prevention

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Core State Injury Prevention Program (Core SIPP)

CDC-RFA-CE21-2101

04/19/2021

Table of Contents

Part I. Overview

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Core State Injury Prevention Program (Core SIPP)

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CE21-2101

E. Assistance Listings (CFDA) Number:

93.136

F. Dates:

1. Due Date for Letter of Intent (LOI):
03/01/2021

2. Due Date for Applications:
04/19/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:

03/1/2021 - 3:00 PM Eastern Time

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/1605259830?pwd=NHNYME85SmxZSlZVNHdsbC9jUzgxQT09

Meeting ID: 160 525 9830
Passcode: 9b$HF%eL
One tap mobile
+16692545252,,1605259830#,,,,,,0#,,77845792# US (San Jose)
+16468287666,,1605259830#,,,,,,0#,,77845792# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
Meeting ID: 160 525 9830
Passcode: 77845792
Find your local number: https://cdc.zoomgov.com/u/aiZAAO7d

Join by SIP
1605259830@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 160 525 9830
Passcode: 77845792

G. Executive Summary:

1. Summary Paragraph

This Notice of Funding Opportunity (NOFO) supports public health infrastructure, data and partnerships to identify and respond to existing and emerging injury threats with data-driven public health actions. These actions are intended to increase protective factors and reduce risk factors using the best available evidence for injuries and death. Such an approach includes engaging in robust state-based data and surveillance, strengthening strategic collaborations and partnerships, and conducting assessment and evaluation. The overall goal of this approach is to inform public health action for injury prevention. An enhanced funding component is available for recipients to implement and evaluate prevention strategies while incorporating novel surveillance activities, with the goal of contributing practice-based evidence to strengthen the overall evidence base for injury prevention. While all recipients will focus their strategic efforts on prevention of adverse childhood experiences (ACEs), transportation safety, and traumatic brain injury, recipients are encouraged to examine their data and use up to 25% of their award to address identified priority injury topics of local concern (e.g. drowning, older adult falls, suicide or other recipient-identified priority topics).

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

29

CDC anticipates approximately 23 awards at the BASE funding level and 6 awards at the Implementation and Enhanced Evaluation with Novel Surveillance Option (ENHANCED) Level.

d. Total Period of Performance Funding:

$ 33,250,000

Base Funding Level – $28,750,000

Implementation and Enhanced Evaluation with Novel Surveillance Funding Level – $4,500,000

e. Average One Year Award Amount:

$ 250,000

This announcement contains two separate components. Applicants must apply for the BASE Component. Applicants may choose to additionally apply for the advanced Implementation and Enhanced Evaluation with Novel Surveillance Option (ENHANCED) Component. However, applicants must be approved and funded for the Base component to be eligible for review and funding for the Enhanced component.

Base component: $250,000 (approximately 23 awards)
Implementation and Enhanced Evaluation with Novel Surveillance Option (ENHANCED) component: $150,000 (approximately 6 awards)

f. Total Period of Performance Length:

5

g. Estimated Award Date:

July 02, 2021

h. Cost Sharing and / or Matching Requirements:

No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged. Consistent with the cited authority for this announcement and applicable grants regulations, sources for cost sharing or matching may include complementary foundation funding, other U.S. government funding sources including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, U.S. Park Service) and other funding sources. Applicants should coordinate with multiple sectors such as public health, transportation, education, offices of rural health, health care delivery, and agriculture.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

CDC's National Center for Injury Prevention and Control (NCIPC) is committed to collaborating with its partners to promote public health action to reduce unintentional injuries, self-directed

injuries, and death, by connecting data, science, and action. Such an approach includes engaging in robust state-based data and surveillance, strengthening strategic collaborations and partnerships, conducting assessment and evaluation, and monitoring the effectiveness of State Injury Prevention Program (SIPP) activities.

Injuries are the leading cause of death for Americans age 1 to 44, and a leading cause of disability for all ages, regardless of sex, race and ethnicity, or socioeconomic status[1]. Each year, more than 28 million people suffer non-fatal injuries requiring emergency department (ED) visits[2]. More than 240,000 individuals in the United States die each year as a result of injuries. Most events that result in injury and/or death could be prevented if evidence-based public health strategies, practices, and policies were used throughout the nation. This Notice of Funding Opportunity (NOFO) supports public health infrastructure, data and partnerships to identify and respond to existing and emerging injury threats with data-driven public health actions. This NOFO includes a BASE and ENHANCED option: implementation and enhanced evaluation with optional novel surveillance.

BASE: Support to states to strengthen their injury prevention programs and policies and demonstrate impact in the reduction of risk factors for adverse childhood experiences (ACEs), transportation safety, and traumatic brain injury (TBI). Strategies that address injury prevention through the lens of shared risk and protective factors are encouraged to promote maximum impact of limited resources. By concentrating efforts in three priority injury prevention areas and demonstrating and sustaining general capacity in the three priority focus areas, states will be better able to demonstrate impact on health outcomes. To allow for some flexibility, this announcement includes an option that 25% of the funding may be used to address identified priority injury topics of local concern.

ENHANCED: Support to states to increase implementation of public health actions to prevent injury in disproportionately-affected communities. As such, the purpose of the enhanced component is to strengthen the evidence base for injury prevention, supportive of sustaining advancement and improvement in injury prevention practices and outcomes. State injury prevention programs should develop enhanced methods and an evaluation plan for program or policy interventions. In support of implementation and enhanced evaluation, states have the novel surveillance option to identify and/or develop advanced analytic data science methods to effectively advance the use of new and existing sources of data. The result of this work should be sustained advancement and improvement in injury prevention practices and outcomes.

[1]Centers for Disease Control and Prevention. (n.d.). *Fatal Injury and Violence Data*. Retrieved from https://www.cdc.gov/injury/wisqars/fatal.html
[2] Centers for Disease Control and Prevention. (n.d.). *Non-Fatal Injury Data*. Retrieved from https://www.cdc.gov/injury/wisqars/fatal.html

b. Statutory Authorities
Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a)

c. Healthy People 2030

This NOFO supports the Healthy People 2030 injury prevention objectives 1) reduce fatal injuries and 2) reduce unintentional injury deaths. https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention

d. Other National Public Health Priorities and Strategies

This funding opportunity supports the U.S. Department of Health & Human Services (HHS) Strategic Plan (*Strategic Objective 3.2: Safeguard the public against preventable injuries and violence or their results*). More information about HHS's Strategic Plan is available here: https://www.hhs.gov/about/strategic-plan/strategic-goal-3/index.html

e. Relevant Work

This funding opportunity builds upon ongoing efforts since 1999 to 1) decrease injury and violence related morbidity and mortality and 2) increase sustainability of injury prevention programs and practices.

This funding opportunity builds upon the following past NOFOs:

- Core State Violence and Injury Prevention Program – CORE SVIPP (CDC-RFA-CE16-1602) – This funding helped states implement, evaluate and disseminate strategies that address the most pressing injury and violence issues including: child abuse and neglect, traumatic brain injury, motor vehicle crash injury and death, and intimate partner/sexual violence. https://www.cdc.gov/injury/stateprograms/index.html
- Core Violence and Injury Prevention Program – CORE VIPP (CDC-RFA-CE11-1101) – This funding helped strengthen state capacity to collect and use data to understand local injury issues and challenges, plan injury prevention and control efforts, and carry out and evaluate life-saving interventions to protect their residents. https://www.cdc.gov/injury/stateprograms/svipp_summary.html

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-CE21-2101 Logic Model: Core State Injury Prevention Program
Bold indicates period of performance outcome
Inputs: CDC funding, training, technical assistance, and consultation on evidence-based strategies and activities, surveillance and epidemiology, and program evaluation

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
BASE Funding Level			
Strategy 1: Engage in Robust Data/Surveillance for Public Health Action Surveil emerging injury topics of interest and disproportionately-affected populations: • Identify data sources • Analyze data and develop surveillance products	**Increased recipient knowledge and utilization of:** • **Emerging data sources for injury surveillance** • **Robust data/surveillance best practices** **Increased understanding of injury among disproportionately-affected**	**Increased recipient ability to identify and respond to emerging injury threats** **Increased recipient capacity to strengthen communities by increasing**	Reduce and sustain injury morbidity and mortality associated with ACEs, Transportation Safety, and TBI Reduce and sustain risk factors for

ENHANCED Funding Level - Implementation and Enhanced Evaluation with Novel Surveillance Option			
Support implementation of public health actions to prevent injury in disproportionately-affected communities • Develop and implement enhanced methods, evaluation, and dissemination plans for program or policy interventions • Develop at least one evaluation publication by the end of the funding period <u>Novel Surveillance Option</u>: Identify and develop advanced analytic data science methods to effectively advance the use of new and existing sources of data	**Increased ability to:** • **Describe role of Core funding in supporting implementation efforts** • **Systematically apply evaluation principles and methods** **Increased utilization of evaluation results** **Increased understanding of the effect on system and/or behavior change** **<u>Novel Surveillance Option</u>: Increased use of novel analytic data science methods to advance understanding of injury to include disproportionately-affected communities**	**Increased recipient ability to show contributions of intervention(s) on intermediate and long-term outcomes** **Strengthen the evidence base for injury prevention** **<u>Novel Surveillance Option</u>: Contribute innovative surveillance methods to advance injury epidemiology** **Improved understanding of the impact of prevention on injury incidence**	Sustained advancement and improvement in injury prevention practices and outcomes

i. Purpose

BASE: Support to states to strengthen their injury prevention programs and policies and demonstrate impact in the reduction of risk factors for adverse childhood experiences (ACEs), transportation safety, and traumatic brain injury (TBI).

ENHANCED: Support to states to increase implementation of public health actions to prevent injury in disproportionately-affected communities.

ii. Outcomes

Measurable outcomes are essential for determining the extent to which strategies and activities achieve the expected outcomes as described in the logic model. Recipients will report on required short-term and mid-term outcomes (see below) as part of annual reporting. Recipients may also opt to track additional self-determined short-term and mid-term outcomes of site-specific importance. Recipients will work with a CDC evaluator to update their evaluation and

performance monitoring approach annually, in order to measure and track progress on short-term and mid-term outcomes; assure continuous quality improvement (CQI); and to identify technical assistance needs.

BASE Short-Term Outcomes:

- Increased knowledge and utilization of emerging data sources for injury surveillance
- Increased adoption of surveillance best practices
- Increased knowledge and utilization of robust data/surveillance best practices
- Increased understanding of injury among disproportionately-affected populations
- Increased stakeholder inclusion in program planning, implementation, and evaluation
- Increased integration among multi-sectoral partners with shared commitment to injury prevention
- Increased understanding of risk and protective factors for identified disproportionately-affected populations
- Increase understanding of appropriate evidence-informed strategies to address identified needs
- Increased adoption of continuous quality improvement practices
- Increased understanding of ongoing efforts and gaps in jurisdiction to address NOFO priority areas

Optional IMPLEMENTATION and ENHANCED EVALUATION Short-Term Outcomes:

- Increased ability to describe role of Core funding in supporting implementation efforts
- Increased ability to systematically apply evaluation principles and methods
- Increased utilization of evaluation results
- Increased understanding of the effect on system and/or behavior change

Optional NOVEL SURVEILLANCE Short-Term Outcomes:

- Increased use of novel analytic data science methods to advance understanding of injury in disproportionately-affected populations within the context of statewide injury burden

BASE Mid-Term Outcomes:

- Increased recipient ability to identify and respond to emerging injury threats
- Increased recipient capacity to strengthen communities by increasing protective factors for injuries using best available evidence
- Increased recipient capacity to strengthen communities by reducing risk factors for injuries using best available evidence
- Sustain recipient injury prevention public health actions supported by best available evidence

Optional IMPLEMENTATION and ENHANCED EVALUATION Mid-Term Outcomes:

- Increased recipient ability to show contributions of intervention(s) on intermediate and long-term outcomes
- Strengthen the evidence base for injury prevention

- Increased recipient ability to appropriately adapt implementation practices to align with local contexts

Optional NOVEL SURVEILLANCE OPTION Mid-term Outcomes:

- Contribute innovative surveillance methods to advance injury epidemiology
- Improved understanding of the impact of prevention on injury incidence

The *Performance and Evaluation* section later in this announcement displays outcomes and potential related indicators and measures. The recipients' proposed short-term and mid-term outcomes will be presented in their application. Measures for these will be finalized post-award in consultation with CDC.

iii. Strategies and Activities

As depicted in the logic model, this NOFO includes three overarching strategies: 1) Engage in robust data/surveillance for public health action; 2) Strengthen strategic collaborations and partnerships for public health action; and 3) Conduct assessment and evaluation for public health action. The three strategies are linked by a continuous quality improvement approach and a social determinants of health lens. Topical areas of focus for the three strategies include prevention of adverse childhood experiences (ACEs), transportation safety, and traumatic brain injury (TBI). Recipients will be allowed to utilize up to 25% of their budget to address an additional topic area of site-specific priority.

Examples of relevant data-driven public health actions include but are not limited to:

- Identify populations either experiencing disproportionate impact of injuries or whom are at disproportionately higher risk for injuries
- Respond to outbreaks, clusters, and emerging injury threats
- Facilitate strategic collaborations and partnerships across a wide range of multi-sectoral partners
- Use data to examine the intersections and relationships between injuries and other public health issues
- Use data to guide selection of interventions to address identified injury prevention issues
- Identify, reduce, and prevent injury risks and hazards
- Educate policy makers about public health approaches to injury prevention
- Inform policy makers, communities, and/or other stakeholders about potential injury health risks and solutions
- Disseminate of the best available evidence around successful strategies for injury prevention

Applicants should consult with implementation partners in selecting activities, with an emphasis on selecting approaches within each of the three overarching strategies that have a science-based approach to prevent injury. Applicants may apply for additional enhanced funding for implementation and enhanced evaluation with optional novel surveillance, as described below. Recipients of this enhanced funding will be required to achieve all the BASE level deliverables.

BASE STRATEGIES

To achieve the purpose of the BASE component, recipients will be responsible for the activities below for each of the three overarching strategies listed in the logic model. Applicants are expected to prioritize activities under all three strategies for populations who are disproportionately-affected by adverse childhood experiences (ACEs), transportation safety, and traumatic brain injury (TBI). This may result in three disproportionately-affected populations of interest: one for ACES activities, one for transportation safety activities and one for TBI activities. Applicants funded for CDC-RFA-CE20-2006 (Preventing Adverse Childhood Experiences: Data to Action) should ensure that proposed ACES activities under Core SIPP align with, but do not duplicate, approved work plans for CDC-RFA-CE20-2006. While not required, applicants are also encouraged to examine their data and utilize up to 25% of their proposed budget within the BASE component to address identified injury topics of local concern and/or identified as an emergent threat (e.g. drowning, older adult falls, or suicide). Applicants not currently funded under CDC-RFA-CE19-1906 (Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes), and/or CDC-RFA-CE20-2001 (Comprehensive Suicide Prevention) may choose to focus on these topics. If applicants are awarded under those NOFOs and choose to propose up to 25% flexibility on these topics, proposed activities a) must still align with the 3 main strategies detailed below under Core SIPP; and b) must not duplicate their proposed work plans under the awarded NOFOs referenced above. Information about each injury topic area, as well as potential activities and required activities for Year 1 and beyond are explained below.

Adverse Childhood Experiences (ACEs). ACEs are preventable, potentially traumatic events that occur during childhood (0-17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide[1],[2]. Also included are aspects of a child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household.[1],[2]. These examples do not comprise an exhaustive list of childhood adversity, as there are other traumatic experiences that could impact health and wellbeing. Additional information is available at https://www.cdc.gov/violenceprevention/aces. ACEs often occur together, can result in toxic stress, and are associated with a wide range of adverse behavioral, health, and social outcomes, including substance use, depression, overweight/obesity, lower education and earnings potential, and chronic diseases such as heart disease and cancer (see CDC Vital Signs on ACEs, November 2019). ACEs are preventable. A CDC-developed resource, *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence,* can help states and communities use the best available evidence to prevent ACEs from happening in the first place, as well as lessen harms when ACEs do occur. This resource features six strategies drawn from the *CDC Technical Packages to Prevent Violence*.

Transportation Safety. Motor vehicle crashes are a leading cause of death in the United States, resulting in approximately 38,000 deaths and over 3 million nonfatal injuries every year. The financial impact of motor vehicle crashes is also substantial. In 2018, motor vehicle crash deaths resulted in approximately $55 billion in medical and work loss costs. [3]Fortunately, many effective strategies for preventing motor vehicle crashes are known. *The Community Guide* and the *National Highway Traffic Safety Administration's Countermeasures that work: A highway safety countermeasures guide for State Highway Safety Offices* both provide comprehensive

information about the science and evidence behind what strategies work, as well as strategies that do not work or need more research. Although much is known about strategies that can prevent motor vehicle crash deaths and injuries, many of these proven strategies are not widely implemented across the United States. For example, publicized sobriety checkpoints are effective for reducing alcohol-impaired driving, but they are only permitted in 38 U.S. states and D.C. CDC's *Motor Vehicle Prioritizing Interventions and Cost Calculator for States (MV PICCS)* can help states to prioritize and select from 14 effective interventions and determine how many lives could be saved, injuries could be prevented, and costs could be averted if certain interventions were to be implemented. Important gaps in data and research also exist. For example, the prevalence of drug- and polysubstance-impaired driving and the contribution of drugs to motor vehicle crashes is not well understood[4]. Standardized toxicology testing for fatal crashes and for impaired driving arrests would provide important data about the role that these substances play in motor vehicle crashes. Also, comprehensive data about information before, during, and after a crash are sometimes lacking, especially for nonfatal motor vehicle crash injuries. Data from police reports are often not connected to hospital data and other data sources. CDC's Linking Information for Nonfatal Crash Surveillance (LINCS) Guide can help states establish or improve existing data linkage programs to get the full picture of motor vehicle crashes and therefore provide important information for prevention.

Traumatic brain injury (TBI). TBI is a major cause of death and disability in the United States. From 2006 to 2014, the number of TBI-related ED visits, hospitalizations, and deaths increased by 53%. In 2014, an average of 155 people in the United States died each day from injuries that include a TBI[5]. Those who survive a TBI can face effects that last a few days, or the rest of their lives. Effects of TBI can include impairments related to thinking or memory, movement, sensation (e.g., vision or hearing), or emotional functioning (e.g., personality changes, depression). These issues not only affect individuals but also can have lasting effects on families and communities. The leading causes of TBI include falls; being struck by or against an object; motor vehicle crashes; and suicide. Data has shown the following:

- In 2014, falls were the leading cause of TBI-related ED visits. Falls accounted for almost half (48%) of all TBI-related ED visits. Falls disproportionately affect children and older adults, with almost half (49%) of TBI-related ED visits among children 0 to 17 years and four in five (81%) for older adults aged 65 years and older.
- Being struck by or against an object was the second leading cause of TBI-related ED visits, accounting for about 17% of all TBI-related ED visits in the United States in 2014.
- Over 1 in 4 (28%) TBI-related ED visits in children less than 17 years of age or less were caused by being struck by or against an object.
- Falls and motor vehicle crashes were the first and second leading causes of all TBI-related hospitalizations (52% and 20%, respectively).
- 39% of all TBI-related deaths were categorized as suicide in 2015-2017[6].

[1] Centers for Disease Control and Prevention (2019). *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
[2] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction

to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine, 14*, 245-258.
[3] Centers for Disease Control and Prevention. (n.d.). *Fatal Injury and Violence Data*. Retrieved from https://www.cdc.gov/injury/wisqars/fatal.html
[4] Azofeifa A, Rexach-Guzmán BD, Hagemeyer AN, Rudd RA, Sauber-Schatz EK. Driving Under the Influence of Marijuana and Illicit Drugs Among Persons Aged ≥16 Years — United States, 2018. MMWR Morb Mortal Wkly Rep 2019;68:1153–1157.
[5] Centers for Disease Control and Prevention (2019). Surveillance Report of Traumatic Brain Injury-related Emergency Department Visits, Hospitalizations, and Deaths—United States, 2014. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
[6] Daugherty J, Waltzman D, Sarmiento K, Xu L. Traumatic Brain Injury–Related Deaths by Race/Ethnicity, Sex, Intent, and Mechanism of Injury — United States, 2000–2017. MMWR Morb Mortal Wkly Rep 2019;68:1050–1056.

Strategy 1: Engage in Robust Data/Surveillance for Public Health Action:
Recipients will work to build or enhance injury surveillance systems to increase understanding of injury burden and related risk and protective factors and identify emerging injury threats. Recipients should focus on surveillance activities for both the state level and for disproportionately-affected populations. In turn, injury surveillance data should inform the approach to public health actions taken under this and subsequent strategies within this NOFO. Recipients will be responsible for submission of annual injury indicators. Applicants may be at varying levels of capacity for data/surveillance activities. Applicant should propose activities for each element (below) as appropriate for their current capacity. In addition, this strategy will be engaged in and informed by the CQI process for the duration of funding. Activities should be iterative and build on one another over the course of the period of performance.

- **Identify data sources** for surveillance of emerging injury topics of interest and disproportionately-affected populations
- **Analyze data and produce surveillance products** for topics of interest and disproportionately-affected populations
- **Translate and disseminate products** to community stakeholders and other partners to drive public health action
- **Participate in a national learning community** for robust injury data and surveillance methods (e.g. Council of State and Territorial Epidemiologists (CSTE) general injury epidemiology workgroup or similar).

Example injury topic area-focused activities for consideration under this strategy may include:

- ACEs: Identify and use community-level data sources to create reports to inform:

  1) partner-led community-level interventions;
  2) Use of established syndromic surveillance for monitoring of specific ACES (e.g. CDC Suspected and Confirmed Child Abuse and Neglect, Intimate Partner Violence)
  3) Use of ACES questions in Youth Risk Behavior Surveillance System (YRBSS) or other surveillance systems to inform future data products.

- TBI: Use surveillance activities to identify differential rates of TBI-related morbidity, mortality, or risk factors in racial and ethnic minority groups, rural communities, and/or people who are medically underserved to better target prevention efforts.
- Transportation Safety: Identify and use data sources to create occupant injury reports for use by stakeholders.

Examples of general data and surveillance activities that could be considered under this strategy include:

- Linking data (e.g. use health IT data and other linked data sets for surveillance/prevention efforts for injury prevention).
- Utilizing child death review processes to collect additional data around death circumstances.
- Partnering to develop surveillance indicators, special emphasis reports, syndromic surveillance case definitions, and other surveillance methodology activities that could be standardized and used across jurisdictions.

Year 1 activities include:

- Collecting baseline health impact measures (e.g. morbidity and mortality data) for injury topic areas of focus and identify disproportionately-affected populations.
- Developing plan for data-driven public health action. The plan should address the applicant's approach to implementing the required activities for this strategy.

Annual activities include:

- Completion and submission of injury indicator data and special emphasis reports to CDC
    - Applicants must have access and ability to receive state-level mortality and hospitalization data on an annual basis to complete this activity.

- Disseminating surveillance and evaluation information collected, to include Data Quality and Impact:
    - Data Use and Impact – Recipients are required to demonstrate the use and impact of both general state-level surveillance data and data focused on disproportionally-affected populations. This may be accomplished by submitting state data reports, topic specific data reports, data use summary statements, and various other reports that show the use and impact of surveillance data at multiple levels.
    - Surveillance Data for Strategic Partnership and Assessment and Evaluation Purposes – Recipients are expected to use surveillance data to identify disproportionately affected populations and to inform strategic collaboration and partnership (Strategy 2) and assessment and evaluation (Strategy 3) activities.
    - Participate regularly in a national learning community for robust injury data and surveillance methods. Recipients will be expected to participate in national learning communities for robust injury data and surveillance methods (e.g. Council of State and Territorial Epidemiologists (CSTE) workgroups or other national learning communities).

Strategy 2: Strengthen Strategic Collaborations and Partnerships for Public Health Action
Recipients are expected to pursue strategic collaborations and partnerships to drive subsequent public health actions and achieve impact. Applicants should have an existing multi-disciplinary public/private collaborative group, representing all CDC funded Injury and Violence Prevention (IVP) programs in their jurisdiction, which is focused on identification and implementation of injury prevention strategies (e.g. an Injury Community Implementation Group [ICIG]). For this strategy, applicants should utilize existing partnerships and collaborative structures as a base for subsequent activity. Creative collaborations with both traditional and non-traditional public health partners that are multi-sectoral and cross-cutting in nature are highly encouraged. Identified collaborations should be strategically pursued for achieving public health action. In addition, this strategy is to be engaged in and informed by the CQI process for the duration of funding.

Whenever possible, applicants should convene and solidify cross-cutting and multi-sectoral partnerships to collaboratively identify high-impact, upstream shared risk and protective factors for injury topics of interest. Focusing partnership and collaboration conversations around identifying possible leverage points can be very helpful in driving upstream prevention.

Shared learning and peer-to-peer support from similar recipient injury prevention programs is a critical element to sharing of programmatic successes and best practices. Recipients are expected to participate in regional or national networking groups, such as regional network sub-groups supported by national IVP non-profit groups.

Example injury topic area-focused activities for consideration under this strategy include:

- Identify and build relationships with key partners (traditional and non-traditional) that are multi-sectoral and cross-cutting that can be sustained across priority topic areas, to include ACEs, Transportation Safety, and TBI.
- Identify, engage, and collaborate with partners who have expertise and reach into populations disproportionately-affected by ACEs, Transportation Safety, and/or TBI-related injuries to reduce injury-related health disparities.
- Leverage partnerships to collaboratively determine appropriate data-driven public health actions to prevent ACEs, Transportations Safety, and/or TBI-related injuries.
- Utilize partnerships to move actionable data from surveillance, assessment, and evaluation activities to inform public health action (e.g. collaboration with local YRBS administrators to include ACES questions).
- Participate in regional or national networking groups.

Year 1 activities include:

- Identify and build relationships with key partners (traditional and non-traditional) that are multi-sectoral and cross-cutting that can be sustained across priorities.
- Utilize partnerships to move actionable data from surveillance, assessment, and evaluation activities to inform public health action.

Annual activities include:

- Regularly participate in regional or national networking group. Recipients will be expected to participate in regional and national peer networking groups such as the Regional Network convening groups.

Strategy 3: Conduct Assessment and Evaluation for Public Health Action
Assessment and evaluation are Core SIPP functional capacities that integrate and inform BASE strategies 1 and 2 to advance data-driven public health action to prevent injury. Recipients are expected to assess factors influencing the disproportionate impact of injury across the state population. They are also expected to conduct CQI-focused evaluation activities across strategies. Applicants may choose to propose activities within one of the following three categories for year 1, with the understanding that as one element is completed, they will advance to the next. These three elements are:

- Conduct assessments to **identify unique risk and protective factors** that impact disproportionately-affected populations
- Conduct assessments to **identify needs** in disproportionately-affected populations
- Utilize assessment findings to **identify appropriate evidence-informed strategies** to prevent injury in disproportionately-affected populations

Recipients are expected to develop and implement an integrated CQI approach for the duration of program funding that enables them to:

- Evaluate activities undertaken to inform data-driven decision-making and ongoing programmatic improvement

Recipients will report on assessment and evaluation activities as part of annual progress reporting. A detailed evaluation plan is not required in support of this application; however, applicants are expected to describe their capacity and general approach to accomplish Strategy 3 activities.

Example activities for consideration under this strategy:

Year 1:

- Utilize Strategy 1 findings related to statewide injury burden and disproportionately-affected populations to develop population-specific assessment(s) to identify risk factors, protective factors, and needs related to injury prevention topics (ACEs, TBI, Transportation Safety, and [optional] additional topic of site-specific importance).
- Assess partnerships to determine if additional partners are needed to help advance work related to risk or protective factors or needs related to injury prevention topics of interest (ACEs, TBI, Transportation Safety, and [optional] additional topic of site-specific importance).
- Utilize surveillance and assessment findings to identify appropriate evidence-informed strategies to prevent injury in disproportionately-affected populations for injury prevention topics (ACEs, TBI, Transportation Safety, and [optional] additional topic of site-specific importance).

See the table below for examples of strategy-specific CQI activities that ensure progress under one strategy is leveraged to advance other strategies.

BASE Strategies	EXAMPLE CQI Activities
1. Engage in Robust Data/ Surveillance	• Assess injury surveillance system performance attributes (simplicity, flexibility, data quality, acceptability, sensitivity, predictive value positive, representativeness, timeliness, stability). https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm • Develop a feedback loop to evaluate surveillance processes and products for utility in driving public health action in recipient and partner organizations. • Track the use of surveillance products in data-driven public health action in recipient and partner organizations.
2. Strengthen Strategic Collaborations & Partnerships	• Assess partnerships according to state injury burden to determine if the necessary partnerships are in place to advance injury prevention in disproportionately-affected populations. • Evaluate communications with partners. Determine if communication is overly focused on one-way dissemination or takes an integrated approach where collaborative learning shapes injury prevention activities. • Develop a feedback loop to evaluate how data are used to inform public health actions under this strategy in recipient and partner organizations.
3. Conduct Assessment & Evaluation	• Assess risk and protective factors unique to disproportionately-affected populations. Use these factors to identify gaps in injury prevention activities and to inform future approaches and partnerships. • Evaluate the use of data for decision making within injury prevention leadership and partnership groups. • Evaluate the use of data to inform public health actions. • Identify key activities for inclusion in CQI processes. • Identify and track barriers, challenges, and solutions over time as they influence recipient and partner abilities to implement public health actions.

Annually:

- Implement CQI-focused evaluation activities to inform data-driven decision-making and programmatic improvement.
- Report annually on assessment and evaluation activities to CDC and partners and use the information for programmatic decisions and continuous program improvement.

- Engage regularly with CDC evaluation staff for technical assistance related to assessment and CQI activities.

BASE recipients will be included in a CDC-led assessment of economic costs and resources employed to carry out CORE SIPP activities. This analysis will measure non-paid resources employed and the magnitude of additional resources leveraged, in addition to funding provided under this NOFO, for recipients, and examine the factors that facilitate success in leveraging. Reporting for this analysis will take place through submission of Annual Progress Report Data and will be supported by provision of tracking tools.

Recipients may have site-specific evaluation questions they wish to pursue in addition to those required under Strategy 3. CDC encourages this and will provide evaluation-related technical assistance to BASE recipients who choose to conduct additional evaluation activities of site-specific importance.

All recipients must:
Annually:

- Participate with CDC-appointed technical and evaluation advisors to conduct program and policy evaluation activities, including but not limited to the submission of annual progress reports using the Partners Portal.
- Participate in monthly calls with CDC-appointed project officer, evaluation officer, and appropriate technical advisors.
- Participate in peer-to-peer learning opportunities where participants share project status, successes, challenges, and engage in peer support.
- Attend annual recipient meetings.

OPTIONAL ENHANCED COMPONENT

In addition to the BASE Component, applicants may apply for the Core SIPP Enhanced Component. Applicants must be approved and funded for the BASE Component to be considered for the Enhanced Component funding. 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). Enhanced funding is to be used to strengthen the evidence base for injury prevention through rigorous evaluation, innovative surveillance methods, or improved understanding of the impact of injury prevention programming on incidence. 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.

Functional capacities, activities, and partnerships funded under BASE may also support the ENHANCED component; however, work proposed under the ENHANCED component will significantly increase the BASE scope of work and justify additional funds. ENHANCED component recipients are expected to produce a minimum of one peer-reviewed journal article as part of their overall dissemination plan. In addition to the Implementation and Enhanced

Evaluation Component, recipients have the option of conducting work under the Novel Surveillance Option to advance analytic methods, employ data linkage for non-traditional data sources, or other innovative surveillance approaches to strengthen their enhanced work. When funded, recipients are expected to work in partnership with their assigned CDC Project Officer and Evaluation Officer to finalize their project and evaluation plans, and throughout implementation for the duration of the funding cycle. Specialized technical assistance will be available from CDC subject matter experts under the ENHANCED component.

Required activities descriptions for the ENHANCED component are below:

IMPLEMENTATION and ENHANCED EVALUATION

- Support and/or pilot implementation of public health interventions to prevent injury in disproportionately-affected populations within the context of statewide injury burden (this may include a shared risk and shared protective factor approach).
- Develop and implement an enhanced evaluation plan for program and/or policy interventions.
- Develop and implement an evaluation dissemination plan.

NOVEL SURVEILLANCE OPTION

- Identify and develop advanced analytic data science methods to effectively advance the use of new and existing sources of data in support of BASE-funded activities and/or the Implementation and Enhanced Evaluation project.

The following are examples of appropriate evaluation projects that can be considered across the topic areas for this component. While applicants are free to propose their own projects, proposed projects should be directly related back to one of the three topic areas and result in at least one peer-reviewed journal article.

Example Implementation and Enhanced Evaluation activities related to ACEs, Transportation Safety, and/or TBI for consideration are listed here. Applicants may also propose alternative projects of site-specific importance under this component. All enhanced projects are to result in at least one peer-reviewed publication to advance the evidence base for injury prevention.

- ACES –
    - Identify ACEs prevention strategies and approaches from CDC's *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence* technical package that are appropriate for adaptation, implementation, and evaluation within one or more disproportionately-affected populations; partnering with Essentials for Childhood, PACE or other local efforts to implement and evaluate one or more of the selected strategies/approaches; and share lessons learned from this work with key stakeholders.
    - Identify key indicators of risk and protective factors to measure the impact of ACEs prevention efforts within the applicant's jurisdiction. Implement and

evaluate public health actions taken to mitigate risk and advance protective factors to inform ongoing programmatic improvements.
    - Partner with existing screening and assessment efforts (e.g. Safe Environments for Every Kid - SEEK) to evaluate referral connections ensuring disproportionally-affected populations who are screened are then efficiently and effectively connected to services.

- Transportation Safety –
    - Implement or improve implementation of CDC's Transportation Safety approach to Linking Information for Nonfatal Crash Surveillance (LINCS) to identify the role of risk and protective factors (e.g. alcohol use, restraint use) in non-fatal crashes within the jurisdiction. Using linked data and partnerships, identify, implement, and evaluate high-leverage strategies to prevent transportation-related injury.
    - Conduct a policy evaluation using legal epidemiology methods to determine the impact of transportation safety laws on transportation-related injuries and deaths. https://www.cdc.gov/phlp/publications/topic/resources/legalepimodel/index.html
    - Partner with law enforcement, labs, and other entities to implement and evaluate a protocol for standardized toxicology testing for impaired/fatal crash incidents.

- Traumatic Brain Injury –
    - Evaluate the implementation and use of the CDC Mild Pediatric Traumatic Brain Injury Guideline to identify clinical decision support needs and resources to strengthen uptake of the guideline.
    - Evaluate the implementation of state Return-To-Learn policies to identify best practices and/or areas and methods for implementation support. Develop, implement, and evaluate support resources.
    - Evaluate current practices for TBI management in rural areas to identify best practices, identify and address gaps, and strengthen TBI management in rural areas.
    - Develop an enhanced surveillance approach to estimate TBI-related disability. In conjunction with partners, identify populations disproportionately affected by TBI-related disability and associated risk and protective factors. Implement and evaluate public health actions to mitigate risk and advance protective factors.

Example Novel Surveillance Option Activities

- Identify and/or develop advanced analytic data science methods to effectively advance the use of new and/or existing sources of data.

All workplans under this component will be approved by CDC prior to implementation. Recipients can expect significant technical assistance and support from CDC for projects proposed under this component.

Implementation and Enhanced Evaluation With Novel Surveillance Option Year 1 Activities:

- Support implementation of public health actions to prevent injury associated with ACEs, TBI, or Transportation Safety in disproportionately-affected communities within the context of statewide injury burden.
- Develop and finalize enhanced evaluation and dissemination plans for program or policy interventions.
- Implement the evaluation and dissemination plans before or during the final quarter of Y1.

Implementation and Enhanced Evaluation With Novel Surveillance Option Annual Activities:

- Increased ability to describe role of Core funding in supporting implementation efforts
- Increased ability to systematically apply evaluation principles and methods
- Increased utilization of evaluation results
- Increased understanding of the effect on system and/or behavior change

Implementation and Enhanced Evaluation With Novel Surveillance Option Final deliverable:

- Develop at least one peer-reviewed evaluation publication by the end of the Core SIPP funding period.

Implementation and Enhanced Evaluation with Novel Surveillance Option (ENHANCED) recipients may be invited to participate in a collaboration with CDC on an economic or policy evaluation, such as:

- An assessment of the costs, costs and effectiveness or costs and benefits of a program
- An evaluation of a local or state-level policy change
- A program evaluation using survey or linked-data
- An evaluation that takes into the economic context or economic factors

These analyses may include a comprehensive examination of the Core SIPP enhanced implementation and evaluation activities or may be an extension of enhanced implementation and evaluation activities. Invitation for participation will take place post-award and will be based in part upon approved implementation and enhanced evaluation project proposals.

All recipients must:
Annually:

- Participate with CDC-appointed technical and evaluation advisors to conduct program and policy evaluation activities, including but not limited to the submission of annual progress reports using the Partners Portal.
- Participate in monthly calls with CDC-appointed project officer, evaluation officer, and appropriate technical advisors.
- Participate in peer-to-peer learning opportunities where participants share project status, successes, challenges, and engage in peer support.
- Attend annual recipient meetings.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:
Recipients should collaborate with other NCIPC-funded programs, as applicable to proposed activities, as well as other federal injury prevention funding streams. Thoughtful and sustained collaboration with academic partners (e.g. CDC-funded Injury Control Research Centers (ICRCs), schools of public health, or other appropriate academic partners) for evaluation or practice-to-research is encouraged. Applicants are also encouraged to align, but not duplicate, proposed activities with other NOFOs and funding from CDC's Injury Center as appropriate, particularly around using surveillance data findings or moving forward on shared risk and protective factors efforts (e.g. ACES, Comprehensive Suicide Prevention, Syndromic Surveillance, National Violent Death Reporting System, Overdose Data to Action, Youth Violence Prevention Centers, or others.)

b. With organizations not funded by CDC:
Recipients are expected to pursue strategic collaborations and partnerships with groups that are cross-cutting and multi-sectoral in nature (e.g. state Office of Rural Health). Applicants are encouraged to identify non-traditional partners, with a focus populations that are disproportionately affected by ACES, transportation safety, or TBI related injuries. As noted in the project description, applicants are asked to identify at least one disproportionately-affected population based on surveillance data. Applicants will be required to submit a letter of support from an organization representing the chosen disproportionately-affected population to indicate engagement and partnership with identifying solutions to creatively address reducing burden. Label the letter of support "LOS" and upload it as a PDF file at www.grants.gov.

2. Target Populations
Recipients are expected to identify population(s) of focus within their state who experience a disproportionate impact of injuries and deaths associated with the three required topical areas of focus (ACEs, Transportation Safety, and TBI). Recipients will have the ability to utilize up to 25% of their budgets to address state priority and/or emergent injury topics. Recipients are to use data-driven (using existing and/or primary data) approaches to identify disproportionately-affected populations and emergent topic areas of focus. Populations of focus should have representatives who are directly involved in strategies and activities designed to alleviate disproportionate impacts.

Recipients will be expected to focus their planned strategies/activities at the community, organizational and/or state level and should include maximal input from impacted populations to the extent possible.

a. Health Disparities
Health disparities in injury prevention are prevented when all people have the opportunity to live a healthy, injury-free life, regardless of their race or ethnicity, level of education, gender identity, job status, neighborhood, or disability status. Recipients will be expected to focus their planned strategies/activities to reduce injury-related health disparities that disproportionally affect communities within their jurisdiction.

iv. Funding Strategy
This announcement contains two separate components. Applicants must apply for the BASE Component. Applicants may choose to additionally apply for the Advanced Implementation and

Enhanced Evaluation with Novel Surveillance Option (ENHANCED) Component; however, applicants must be approved and funded for the BASE component to be eligible for review and funding for the ENHANCED component.

BASE component: $250,000 (approximately 23 awards)
Implementation and Enhanced Evaluation with Novel Surveillance Option (ENHANCED) component: $150,000 (approximately 6 awards)

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy
This section presents how CDC and recipients will monitor the degree to which strategies are effectively implemented and the degree to which the period of performance outcomes in the logic model AND the proposed short-term and mid-term outcomes have been achieved. Baseline data will be collected early in the first funding year and tracked annually thereafter through the APR process.

Short-term Outcomes:	**Potential Short-term Outcome Measures and Indicators:**
BASE	**BASE**
Increased knowledge and utilization of emerging data sources for injury surveillance	Surveillance-based recommendations shared with stakeholders and decisions makers for decision-making
Increased adoption of surveillance best practices	Efforts to strengthen and maintain surveillance systems and practices
Increased knowledge and utilization of robust data/surveillance best practices	Opportunities offered for collaborative learning Use of surveillance data for decision making Increased understanding of injury in disproportionately-affected populations
Increased understanding of injury among populations at risk	Engagement of members/survivors from disproportionately-affected populations in selection of activities Disproportionately-affected community members engaged in stakeholder activities to include planning
Increased stakeholder inclusion in program planning, implementation, and evaluation	New and/or enhanced interagency agreements Leadership briefings Increased partnerships and engagement

Increased integration among multi-sectoral partners with shared commitment to injury prevention	Multi-sector partnership plan Injury prevention activities supported by local partners
Increased understanding of risk and protective factors for identified disproportionately-affected populations	Risk/protective factor indicators identified in year 1 Ability to recognize, identify and report risk factors and protective factors that are associated with injury prevention
Increased understanding of appropriate evidence-informed strategies to address identified needs	Appropriate injury prevention strategies based on the best available evidence
Increased adoption of continuous quality improvement practices	Completed work plan with associated indicators and metrics Establish a feedback loop of various data sources to inform programmatic improvements
Increased understanding of ongoing efforts and gaps in jurisdiction to address NOFO priority areas	Inventory of current activities Gap analysis
ENHANCED (optional): IMPLEMENTATION and ENHANCED EVALUATION	**ENHANCED (optional): IMPLEMENTATION and ENHANCED EVALUATION**
Increased ability to describe role of Core funding in supporting implementation efforts	Community, partner and leadership briefings/presentations on evaluation findings and actionable translation products
Increased ability to systematically apply evaluation principles and methods	Updated evaluation plan annually Indicators and methods align with evaluation purpose and objectives
Increased utilization of evaluation results	Partners use evaluation findings to inform injury prevention efforts
Increased understanding of the effect on system and/or behavior change	Development of evaluation and dissemination plans (1st 6 months) Implementation of evaluation and dissemination plans (Y2)
NOVEL SURVEILLANCE OPTION	**NOVEL SURVEILLANCE OPTION**
Increased use of novel analytic data science methods to advance	Identification of novel data science or surveillance methods to enhance assessment or

understanding of injury to include disproportionately-affected communities	evaluation efforts Demonstrate applicability of novel data science or surveillance methods to evaluation efforts
Mid-term Outcomes:	**Potential Mid-term Outcome Measures:**
BASE	**BASE**
Increased recipient ability to identify and respond to emerging injury threats within health department jurisdiction	Demonstration of improvements in epidemiology/surveillance system and processes Increased surveillance data quality Increased surveillance data use Identification of disproportionately-affected populations Increased public health actions specifically addressing needs of identified disproportionately-affected populations Increased connection between science and practice
Increased recipient capacity to strengthen communities by increasing protective factors for injuries using best available evidence Increased recipient capacity to strengthen communities by reducing risk factors for injuries using best available evidence	Increased understanding of protective factors associated with disproportionately-affected populations Increased understanding of risk factors associated with disproportionately-affected populations Increased reach of evidence-based injury-prevention strategies
Increased recipient capacity to strengthen communities by addressing shared risk and protective factors for injury using best available evidence [optional]	Increased understanding of shared risk and protective factors for one or more forms of injury [optional]
Sustain recipient injury prevention public health actions supported by best	Increased recognition of the role of public health in injury prevention

available evidence	Increase in leveraged funds/resources resulting from partnership efforts supported through Core SIPP funding
ENHANCED (optional): IMPLEMENTATION and ENHANCED EVALUATION	**ENHANCED (optional): IMPLEMENTATION and ENHANCED EVALUATION**
Increased recipient ability to show contributions of intervention(s) on intermediate and long-term outcomes	Increased use of evaluation findings for programmatic improvement Executed dissemination plan for evaluation findings
Strengthen the evidence base for injury prevention	Develop peer-reviewed publication describing implementation efforts and impact (may include impact on risk factors/protective factors, morbidity and mortality, and economic impact)
NOVEL SURVEILLANCE OPTION	**NOVEL SURVEILLANCE OPTION**
Contribute innovative surveillance methods to advance injury epidemiology	Demonstrate improvements in epidemiology/surveillance systems and processes
Improved understanding of the impact of prevention on injury incidence	Document and disseminate methods, use, and outcomes through reports and publications

Evaluation and performance measurement will show action towards the completion of work plan activities and potential outcomes of activities by recipients to build and implement statewide injury prevention plans utilizing the best available evidence as presented in CDC technical packages included on the FTP site. Potential outputs may be implementation plans, partnership agreements, evaluation plans, annual progress and evaluation reports, injury prevention tools and resources, dissemination of injury prevention technical packages and CDC science. Final evaluation and performance monitoring approach including CQI, outcomes, and performance measures will be developed in collaboration with CDC in the first 6 months of award. Baseline measures will also be collected soon after funding. Reference the FTP site documents for example outcomes, indicators, and data sources aligned with the required strategies and approaches.

Applicants are encouraged to use the following evaluation resources:

- Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide
- CDC EvaluAction, http://vetoviolence.cdc.gov/apps/evaluaction
- CDC Framework for Program Evaluation in Public Health. https://www.cdc.gov/eval/framework/index.htm
- CDC Program Performance and Evaluation Office List of Program Evaluation Resources, http://www.cdc.gov/eval/resources/

- Practical Strategies for Culturally Competent Evaluation: Evaluation Guide
- Making Health Communication Programs Work, https://www.cancer.gov/publications/health-communication/pink-book.pdf

BASE and IMPLEMENTATION and ENHANCED EVALUATION applicants must submit a DMP.

- For BASE applicants, the DMP must address access to and management of state-based mortality and hospitalization data. An OMB-approved NCIPC DMP template will be made available to applicants.
- For IMPLEMENTATION and ENHANCED EVALUATION applicants, the DMP must address access to and management of any additional surveillance data; and management of any primary data collections related to planned activities.

IMPLEMENTATION and ENHANCED EVALUATION applicants must develop a draft evaluation and performance measurement plan as part of this application. However, they will refine their evaluation and performance measurement plan within 6 months of award. This more detailed plan should be developed by the recipient with support from CDC as part of first year project activities and should build on the elements stated in the initial evaluation plan described in this proposal. The plan submitted in the application must be **no longer than 15 pages** and must:

- Identify implementation measures for each strategy they proposed. Some strategies may be cross-cutting strategies (those selected for more than one priority focus area). Additionally, reference documents in the form of Technical Packages can be found on the FTP site. These documents may include additional strategies that may be considered in the application
- Define short, mid-term, and long-term outcome measures for the outcomes presented in their logic model/approach presented earlier. As noted, short-term and mid-term outcomes will typically include changes in the risk and protective factors associated with the selected focus areas. Final process and outcome measures will be developed in consultation with CDC during the first six months of award
- Describe where (data source), how (rate, percent, count), by whom (which organization), and how often the measures for the short, mid-term and long-term outcomes will be collected and indicate if the state health department has access to this information or intended plans to gain access
- Describe dissemination channels and audiences (including stakeholder and public dissemination) for performance measurement and evaluation findings

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How 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), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants are expected to demonstrate the capacity to complete all activities proposed. Organizational capacity demonstrates the applicant's ability to successfully execute the funding opportunity strategies and meeting project outcomes. Applicants should have adequate infrastructure (physical space and equipment), workforce capacity and competence, relevant skill sets, information and data systems, and electronic information and communication systems to implement the award. Applicants should include an organizational chart with application materials. Applicants must name the file "Organizational Chart" and upload it to www.grants.gov. For BASE level funding, CORE SIPP staff should equal at least 1 full time equivalent within the budget.

For BASE component activities, applicants are expected to demonstrate the following:

- Access to most current years of state level primary data, to include the following:
    - Data tables for 2018 and 2019 mortality and hospitalization data. Applicants should include requested data tables, name the file, "Data Tables" and upload to www.grants.gov.
    - Letter of support from entities within the state that own mortality and hospitalization data. The letter should state the nature of the applicant's ongoing access to these data (via MOA, contract, housed within recipient organization, etc.). Applicants should include the letter, name the file "LOS Mortality and Hospitalization Data" and upload to www.grants.gov.

- Adequate workforce capacity and competence to ensure program success, including the following skill sets: program planning, epidemiology, evaluation, strategic partnerships, performance monitoring, financial reporting, budget management and administration, and personnel management. Key staff with experience and training in epidemiology, evaluation, strategic partnerships, and communications should already be in place at start of Year 1 or should be hired/contracted within first 3 months. Applicants should include CVs/resumes for the epidemiology, program management, and evaluation functions, name the file "Resumes" and upload to www.grants.gov. If key staff are not yet in place, a staffing plan noting how capacity will be hired/contracted within first 3 months of award should be included in the application package.
- Description of existing partnerships with relevant organizations, including other NCIPC-funded programs within the state that support described workplan activities, documented partnerships with academic and university partners, multi-sectoral partners, multidisciplinary partners and other diverse partnerships. This should include letters of support from described partners, including the two required letters: one from a multi-sectoral partner and one from an organization serving the selected disproportionately-affected community. Letters should be named "Partnership Letters of Support" and uploaded to www.grants.gov.
- Required letter of commitment from state health department leadership on official letterhead in support of proposed activities. Letter should be named "SHO Letter of Commitment" and uploaded to www.grants.gov.
- Applicants history (minimum of 5 years) in working in injury prevention, knowledge of current injury prevention, and ability to describe how proposed activities fits within the overall state plan using a public health approach.
- Knowledge of current injury prevention programs, practices, and policies within the state.
- Capacity to conduct data/surveillance and evaluation activities as required by the NOFO.
- Capacity to translate data and surveillance into public health actions.
- Experience developing multi-disciplinary, diverse partnerships, and building multi-sectoral partnerships.
- Ability to use varying levels of program and surveillance data for assessment and quality improvement.
- Adequate travel and financial management systems and full capacity to manage contracting and procurement efforts.
- Ability to attend CDC-sponsored trainings, meetings, and events and other training opportunities recommended by CDC.
- Include evidence of leadership for injury prevention in their state/territory through participation in a state or territory wide injury prevention collaboration group

Note that applicants applying for both the BASE and the ENHANCED component will need to adequately describe their capacity to complete proposed strategies and activities under both components. Core SIPP ENHANCED staff should equal at least 1.5 full time equivalent within the budget for ENHANCED component activities. For ENHANCED component activities, applicants should describe:

- Ability to conduct focused evaluations, develop evaluation findings into publications, and other means of dissemination.

- Capacity and staffing are consistent with proposed activities.
- Ability to conduct advanced implementation and evaluation activities.
- Plans to leverage subject matter experts and/or evaluation resources from partner organizations.

Applicants who are state health departments may also describe their current status in applying for public health department accreditation or evidence of accreditation. Information on accreditation may be found at https://phaboard.org/.

d. Work Plan

For both the Base and Optional Implementation and Enhanced Evaluation components: Applicants should provide a detailed work plan for the first year of the award and a high-level work plan for subsequent years. Outcomes, strategies and activities should be written in SMART (Specific, Measurable, Achievable, Realistic, Timebound) format.

The work plan should include, at minimum:

- Refer to the NOFO logic model describing the approach being proposed to work towards overall stated logic model outcomes, including proposed focuses on disproportionately-affected populations and topics that proposed activities address (TBI, ACES, Transportation Safety or 25% flex topic).
- Evidence-based strategies and activities to support achievement of NOFO outcomes (strategies and activities must be in alignment with the NOFO logic model and should have appropriate performance measures).
- Propose high-impact strategies (e.g. shared risk/protective factors or methods).
- Describe the multi-sector collaboration that will be formed to assist in carrying out the proposed activities.
- A timeline that identifies key activities and assigns approximate dates for inception and completion.
- Staff roles and responsibilities to support implementation of strategies and activities, including epidemiology and evaluation functions.
- Project monitoring and evaluation processes to ensure successful completion.
- Explain administration and assessment processes to ensure successful implementation and quality assurance.

CDC will provide feedback and technical assistance to recipients to finalize the work plan post award.

Please note that this work plan is essentially a restatement of the information already presented by the applicant in the approach section and the evaluation and performance measurement strategy section. Any objectives or measures in the workplan should be consistent with and aligned with the work described in other sections. Applicants must name this file "Work Plan" and upload it as a PDF file on www.grants.gov.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting).

Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

Recipients are required to collaborate with CDC in implementation of their programs and conducting evaluation activities. Recipients will also be expected to work with CDC staff to identify and develop impact statements and/or success stories arising from their programs.

Attending required trainings and conferences and participation in national peer-to-peer learning groups is critical for building and maintaining the skills of the staff with responsibility for carrying out the requirements of this NOFO. This NOFO requires attendance at the biannual reverse site visit as a term and condition of this award. This NOFO also requires participation in 1) regional/national peer-to-peer networking groups 2) national learning community for robust injury and surveillance data methods and 3) annual injury indicators and special emphasis report submission process.

f. CDC Program Support to Recipients

CDC Activities - BASE:

- Assist with the exchange of information and collaboration among recipients
- Provide recipients with relevant research findings and public health recommendations related to comprehensive injury prevention and control
- Provide ongoing guidance, consultation, and technical assistance in conducting recipient activities, particularly related to ACES, TBI, and Transportation Safety
- Assist with the identification of effective interventions and campaigns/materials that can be integrated into comprehensive injury prevention and control programs
- Provide recipients with instructions and spreadsheets for calculating annual state-based injury indicator data submission

- Provide recipients with instructions for submission of special emphasis reports
- Coordinate recipient meetings and other peer-to-peer networking opportunities
- Receive, assess, aggregate and disseminate Injury Indicator Data for Multi-state products

CDC Activities – IMPLEMENTATION and ENHANCED EVALUATION with Novel Surveillance Option

- Approve evaluation topics and methodology prior to project initiation
- Provide ongoing guidance, consultation, and technical assistance in conducting recipient activities
- Collaborate with recipients to identify evaluation questions and provide technical assistance regarding methodology

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U17

3. Fiscal Year:
2021

4. Approximate Total Fiscal Year Funding:
$ 6,650,000

5. Total Period of Performance Funding:
$ 33,250,000
This amount is subject to the availability of funds.

Base Funding Level – $28,750,000
Implementation and Enhanced Evaluation with Novel Surveillance Funding Level – $4,500,000

Estimated Total Funding:
$ 33,250,000

6. Total Period of Performance Length:
5

year(s)

7. Expected Number of Awards:
29
CDC anticipates approximately 23 awards at the BASE funding level and 6 awards at the Implementation and Enhanced Evaluation with Novel Surveillance Option (ENHANCED) Level.

8. Approximate Average Award:

$ 250,000
Per Budget Period

This announcement contains two separate components. Applicants must apply for the BASE Component. Applicants may choose to additionally apply for the advanced Implementation and Enhanced Evaluation with Novel Surveillance Option (ENHANCED) Component. However, applicants must be approved and funded for the Base component to be eligible for review and funding for the Enhanced component.

Base component: $250,000 (approximately 23 awards)
Implementation and Enhanced Evaluation with Novel Surveillance Option (ENHANCED) component: $150,000 (approximately 6 awards)

9. Award Ceiling:
$ 400,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$ 200,000
Per Project Period

11. Estimated Award Date:
July 02, 2021

12. Budget Period Length:
12 month(s)

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

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

C. Eligibility Information

1. Eligible Applicants

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

2. Additional Information on Eligibility

Bona fide agents are eligible to apply. For more information about bona fide agents, please see the CDC webpage on Expediting the Federal Grant Process with an Administrative Partner located at https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html#Q2.

The award floor for this NOFO for the first budget period is $200,000 and the award ceiling is $400,000 for BASE and ENHANCED applications. CDC will consider any application requesting lower than $200,000 for BASE alone or higher than $400,000 for BASE and ENHANCED combined non-responsive and it will receive no further review.

A letter of commitment from the state health department officer on official letterhead supporting proposed activities is required. Letters of support from a) a multi-sectoral partner and b) the disproportionally-affected population are required. An organizational chart is required.

Documentation of access to the most recent primary data, to include 2018 and 2019 mortality and hospitalization data is required. Access should be documented in labeled tables and provide a state/territory wide summary of 2018 or 2019 hospitalization data analyzed by age, sex, and cause.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged. Consistent with the cited authority for this announcement and applicable grants regulations, sources for cost sharing or matching may include complementary foundation funding, other U.S. government funding sources including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, U.S. Park Service) and other funding sources. Applicants should coordinate with multiple sectors such as public health, transportation, education, offices of rural health, health care delivery, and agriculture.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:
All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A

DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.
The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

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

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM)	1. Retrieve organizations DUNS number	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/

	formerly Central Contractor Registration (CCR)	2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)		home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter Of Intent 03/01/2021

03/01/2021

b. Application Deadline

Due Date for Applications 04/19/2021

04/19/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension,

then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
03/1/2021 - 3:00 PM Eastern Time

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/1605259830?pwd=NHNYME85SmxZSlZVNHdsbC9jUzgxQT09

Meeting ID: 160 525 9830
Passcode: 9b$HF%eL
One tap mobile
+16692545252,,1605259830#,,,,,,0#,,77845792# US (San Jose)
+16468287666,,1605259830#,,,,,,0#,,77845792# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
Meeting ID: 160 525 9830
Passcode: 77845792
Find your local number: https://cdc.zoomgov.com/u/aiZAAO7d

Join by SIP
1605259830@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 160 525 9830
Passcode: 77845792

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

Risk Assessment Questionnaire Requirement

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

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

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

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Letter of Intent (LOI) is requested but not required. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

LOI must be sent via U.S. express mail, delivery service, fax, or email to:
Rachel Kossover-Smith
CDC, NCIPC
4770 Buford Highway NE MS S106-9
Atlanta, GA 30341
Telephone number: 404-639-4352
Email address: coresipp2021@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project

Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance

Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity

through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

16. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's

Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions

for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

i. Approach **Maximum Points:** 40

For BASE component applications (40 points):

- *To what extent does the applicant describe an overall strategy and activities consistent with the CDC Project Description and logic model? (5 points)*
    - Strategy 1: Engage in Robust Data/Surveillance for Public Health Action
    - Strategy 2: Strengthen Strategic Collaborations and Partnerships for Public Health Action
    - Strategy 3: Conduct Assessment and Evaluation for Public Health Action
- *To what extent does the applicant describe strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable)? (10 points)*
    - Identify data sources for surveillance of emerging injury topics of interest and disproportionally-affected populations.
    - Analyze data and produce surveillance products for topics of interest and disproportionally-affected populations.
    - Translate and disseminate products to community stakeholders and other partners to drive public health action.
    - Participate in national learning community for robust injury data and surveillance methods.

- Identify and build sustained relationships with key partners (traditional and non-traditional) that are multi-sectoral and cross-cutting (across topics and shared risk and protective factors).
- Utilize partnerships to move actionable data from surveillance, assessment, and evaluation activities to inform public health action.
- Participate in regional or national networking groups.
- Assessment to identify needs in disproportionally-affected communities
- Assessment to understand unique risk and protective factors (including shared risk and protective factors, or other high impact factors) that impact those disproportionally-affected communities.
- Assessment to identify appropriate evidence-informed strategies to impact those disproportionally-affected communities.
- Evaluation to inform data-driven decision-making and programmatic improvement.

- *Does the applicant fully describe the following (10 points):*
  - how they will participate in the annual injury indicators and special emphasis report submission process?
  - how they will use injury indicators and other state-based surveillance data for identifying potential public health actions to pursue?

- *To what extent does the applicant show that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes? (5 points)*
  - Proposed activities are consistent with available funds.
  - Proposed activities are aligned with stated outcomes.
  - Proposed activities include appropriate partners and shared responsibility.

- *To what extent does the applicant present a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC? (5 points)*
  - Refers back to the logic model describing the approach being proposed to work towards overall stated logic model outcomes, including proposed focuses on disproportionally-affected populations and topics that proposed activities address (ACES, Transportation Safety, TBI, and if applicable, 25% priority injury topic of local concern).
  - Includes evidence-based strategies and activities to support achievement of NOFO outcomes (strategies and activities must be in alignment with the NOFO logic model and should have appropriate performance measures).
  - Proposes shared risk/protective factors or other high-impact strategies that strategies and activities will impact.
  - Describes the multi-sector collaboration that will be formed to assist in carrying out the proposed activities.
  - Includes a timeline that identifies key activities and assigns approximate dates for inception and completion.

- Describes staff roles and responsibilities to support implementation of strategies and activities, including epidemiology, program management, and evaluation functions.
- Explain and describe project monitoring and evaluation processes to ensure successful completion.
- Explain administration and assessment processes to ensure successful implementation and quality assurance.

- *To what extent has applicant included a responsive and comprehensive workplan for year 1 activities and high-level workplan for year 2-3 activities? (5 points)*
  - Proposed activities include proposed completion dates, frequency, and responsible party.
  - Proposed activities have corresponding performance measures.
  - Proposed activities are linked to outcomes.

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For ENHANCED component applications (40 points):

- *To what extent does the applicant describe an overall strategy and activities consistent with the CDC Project Description and logic model? (5 points)*
  - Support and/or pilot implementation of public health interventions to prevent injury in disproportionately-affected populations within the context of statewide injury burden (this may include a shared risk and shared protective factor approach).
  - Develop and implement an enhanced evaluation plan for program and/or policy interventions.
  - Develop and implement an evaluation dissemination plan.
  - Novel Surveillance Option: Identify and develop advanced analytic data science methods to effectively advance the use of new and existing sources of data in support of BASE-funded activities and/or the Implementation and Enhanced Evaluation project.

- *To what extent does the applicant describe strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable)? (10 points)*
  - Evaluation to inform data-driven decision-making and programmatic improvement.
  - Support implementation of public health actions to prevent injury in disproportionally-affected communities.
  - Develop enhanced methods and evaluation plan for program or policy interventions.
  - Develop at least one peer-reviewed evaluation publication by the end of the funding period.
  - Develop and implement a dissemination plan for evaluation findings.

- *To what extent does the applicant show that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes? (5 points)*
    - Proposed activities are consistent with available funds.
    - Proposed activities are aligned with stated outcomes.
    - Proposed activities include appropriate partners and shared responsibility.

- *To what extent does the applicant present a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC? (10 points)*
    - Refers back to the logic model describing the approach being proposed to work towards overall stated logic model outcomes, including proposed focuses on disproportionally-affected populations and topics that proposed activities address (ACES, Transportation Safety, TBI, and if applicable, 25% priority injury topic of local concern).
    - Includes evidence-based strategies and activities to support achievement of NOFO outcomes (strategies and activities must be in alignment with the NOFO logic model and should have appropriate performance measures).
    - Includes evaluation questions and potential contribution of novel surveillance methods on planned scope of work
    - Proposes high-impact strategies (e.g. shared risk/protective factors)
    - Describes the multi-sector collaboration that will be formed to assist in carrying out the proposed activities.
    - Includes a timeline that identifies key activities and assigns approximate dates for inception and completion.
    - Describes staff roles and responsibilities to support implementation of strategies and activities, including epidemiology, program management, and evaluation functions.
    - Explain and describe project monitoring and evaluation processes to ensure successful completion.
    - Explain administration and assessment processes to ensure successful implementation and quality assurance.

- *To what extent has applicant included a responsive and comprehensive workplan for year 1 activities and high-level workplan for year 2-3 activities? (5 points)*
    - Proposed activities include proposed completion dates, frequency, and responsible party.
    - Proposed activities have corresponding performance measures.
    - Proposed activities are linked to outcomes.

ii. Evaluation and Performance Measurement **Maximum Points:** 25

For BASE component applications (25 points):

- *To what extent does the applicant present outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model. (9 points)*
    - Demonstrate knowledge and practice change.
    - Demonstrate organizational change.

- *To what extent does the applicant show/affirm the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach to include: (9 points)*
    - Description of how applicant would compare disproportionately affected populations to a state-wide general population.
    - Performance measures and targets.
    - The frequency that performance data are to be collected.
    - How performance data will be reported.
    - How quality of performance data will be assured.
    - How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
    - Available dissemination channels and expected audiences for findings.

- *To what extent does applicant describe clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities?(7 points)*
    - Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement.
    - The frequency that evaluations will be conducted.
    - How evaluation reports will be published on a publicly available website.
    - How evaluation findings will be used to ensure continuous quality and program improvement.
    - How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
    - Describes reach of dissemination channels and expected audiences.

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For ENHANCED component applications (25 points):

- *To what extent does the applicant present outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model. (5 points)*
    - Demonstrate knowledge and practice change.
    - Demonstrate organizational change.

- *To what extent does the applicant show/affirm the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach to include: (5 points)*

- Performance measures and targets.
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.

- *To what extent does applicant describe clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities?(5 points)*
  - Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement.
  - The frequency that evaluations will be conducted.
  - How evaluation reports will be published on a publicly available website.
  - How evaluation findings will be used to ensure continuous quality and program improvement.
  - How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
  - Describes reach of dissemination channels and expected audiences.

- *To what extent does the applicant describe how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base? (5 points)*
- *To what extent does the applicant describe any evaluation studies they are to undertake. Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods. (5 points)*
  - To what extent does the applicant include a preliminary Data Management Plan (DMP).

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 35

For BASE component applications (35 points):

- *Does the applicant provide documentation of access to the most current years of primary data? (10 points)*
  - Inclusion of tables for 2018 and 2019 mortality and hospitalization data, analyzed by age, sex and mechanism of injury
  - Inclusion of a letter of support from the owners of mortality and hospitalization data within applicants' state documenting applicant's permission to use the data

- *To what extent does the applicant describe existing partnerships with relevant organizations? (9 points)*

- Letter of commitment from state health department leadership supporting proposed activities.
- Letters of support for existing multi-sectoral partners.
- Letter(s) of support from an organization representing the chosen disproportionately-affected population.
- Description of NCIPC funded programs included in implementing and supporting workplan activities (when present).
- Collaborative relationships with NCIPC funded ICRCs (when present).

- *To what extent does the applicant demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes. (9 points)*
  - History (minimum of 5 years) of working in injury prevention (e.g. program planning, research, evaluation, service delivery).
  - Knowledge of current injury prevention state plan and how proposed program fits into it.
  - Knowledge of current injury prevention programs, practices, and policies in the jurisdiction.
  - Familiarity with CDC Technical Packages.
  - Knowledge of public health approach and its benefits to injury prevention.
  - Include an appendix that provides a state/territory wide summary of 2018 or 2019 hospitalization data analyzed by age, sex, and cause.
  - Include evidence of leadership for injury prevention in their state/territory through participation in a state or territory wide injury prevention collaboration group.
  - Provide a copy of or link to a current/existing state/territory injury and violence prevention strategic plan either created by the applicant's organization or created with input from the applicant's organization?

- *To what extent does the applicant provide a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles (7 points).*
  - Provides an organizational chart.
  - Staffing plan provided with roles of each unit, organization, or agency, as well as evidence of coordination, supervision, and degree of commitment (e.g. time, in-kind, financial), involved with suicide prevention activities
  - Clearly defined roles and abilities of project staff and an appropriate percentage of time each is committing to the project
  - Clearly describe required staff for the project, including provisions of resumes or CVs for existing staff and position descriptions for proposed positions
  - Demonstrate staff experience with communication and evaluation

For ENHANCED component applications (35 points):

- *To what extent does the applicant describe existing partnerships with relevant organizations? (10 points)*

- Letter of commitment from state health department leadership supporting proposed activities.
- Letters of support for existing multi-sectoral partners.
- Letters of support from to appropriate subject matter experts and/or evaluation resources from partner organizations
- Description of NCIPC funded programs included in implementing and supporting workplan activities (when present).
- Collaborative relationships with NCIPC funded ICRCs (when present).

- *To what extent does the applicant demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes. (15 points)*
  - History (minimum of 5 years) of working in injury prevention (e.g. program planning, research, evaluation, service delivery).
  - Knowledge of current injury prevention state plan and how proposed program fits into it.
  - Knowledge of current injury prevention programs, practices, and policies in the jurisdiction.
  - Familiarity with CDC Technical Packages.
  - Knowledge of public health approach and its benefits to injury prevention.
  - Include an appendix that provides a state/territory wide summary of 2018 or 2019 hospitalization data analyzed by age, sex, and cause.
  - Include evidence of leadership for injury prevention in their state/territory through participation in a state or territory wide injury prevention collaboration group.
  - Provide a copy of or link to a current/existing state/territory injury and violence prevention strategic plan either created by the applicant's organization or created with input from the applicant's organization

- *To what extent does the applicant provide a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles (10 points).*
  - Provides an organizational chart.
  - Staffing plan provided with roles of each unit, organization, or agency, as well as evidence of coordination, supervision, and degree of commitment (e.g. time, in-kind, financial), involved with supporting proposed implementation and enhanced evaluation activities
  - Clearly defined roles and abilities of project staff and an appropriate percentage of time each is committing to the project
  - Clearly describe required staff for the project, including provisions of resumes or CVs for existing staff and position descriptions for proposed positions, including staff experience necessary to conduct focused evaluations and develop evaluation findings into publications and other means of dissemination.

Budget **Maximum Points:** 0

For BASE component applications:

- *Does the applicant provide a detailed budget and narrative justification consistent with stated outcomes, strategies, and planned injury prevention program activities for the BASE component?*
- *Does the applicant include funding staffing equivalent to at least 1 FTE to support component activities?*
- *Does the applicant include funding for at least one person to attend one annual meeting with CDC? (Joint Annual Meeting of the CDC Core SIPP or other meetings agreed upon by CDC)?*

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For ENHANCED component applications:

- *Does the applicant provide a detailed budget and narrative justification consistent with stated outcomes, strategies and planned injury prevention program activities for the ENHANCED component?*
- *Does the applicant include funding staffing equivalent to at least 1.5 FTE to support component activities?*
- *Does the applicant include funding for at least one person to attend one annual meeting with CDC? (Joint Annual Meeting of the CDC Core SIPP or other meetings agreed upon by CDC)?*

c. Phase III Review

CDC reserves the right to select out of rank order. The following factors may affect the order of the funding decisions:

- No more than one applicant within a state will be funded
- Achieving a geographically balanced spread of Core SIPP programs across the United States.
- Ensuring access to required state level morbidity and hospitalization data sets

All components are scored on a maximum score of 100 points each. CDC will review the BASE and IEE components concurrently – however, only those applicants that are funded for the BASE component will be considered for funding for the Enhanced component.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing

programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Successful applicants will anticipate a notice of funding by July 2, 2021, with a start date of August 1, 2021.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

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

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	***When***	***Required?***
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	*6 months into award*	*Yes*
Annual Performance Report (APR)	*No later than 120 days before end of budget period. Serves as yearly continuation application.*	*Yes*
Federal Financial Reporting Forms	*90 days after the end of the budget period.*	*Yes*

Final Performance and Financial Report	*90 days after end of project period.*	*Yes*
Payment Management System (PMS) Reporting	*Quarterly reports due January 30; April 30; July 30; and October 30.*	*Yes*

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

For year 2 and beyond of the award, recipients may request that as much as 75% of their estimated
unobligated funds be carried over into the next budget period. The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;

- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 120 days after the end of the period of performance. The Final FFR is due 120 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

CDC will provide the format for this report prior to submission.

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
“Commodity” means any material, article, supplies, goods, or equipment;
“Foreign government” includes any foreign government entity;
“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Rachel
Last Name:
Kossover-Smith
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
4770 Buford Highway, NE, MS S106-9
Atlanta, GA 30341

Telephone:
(404) 639-4352
Email:
coresipp2021@cdc.gov

Grants Staff Contact

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

First Name:
Pamela
Last Name:
Render
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:

Telephone:
(770) 488-2712
Email:
PRender@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Letters of Support

Bona Fide Agent status documentation, if applicable

Memorandum of Understanding (MOU)

Memorandum of Agreement (MOA)

Indirect Cost Rate, if applicable

Non-profit organization IRS status forms, if applicable

Resumes / CVs

Position descriptions

Organization Charts

Applications should include required documents as outlined in the NOFO to include a letter of commitment from the state health officer on official letterhead, narrative, workplan, budget, draft evaluation and performance measure plan, data management plan, organizational chart, letter of support from a multi-sectoral partner and letter of support from the disproportionally-affected population. All documents should include required elements as outlined in this NOFO. For ENHANCED applications, in addition to documents required for the BASE application, required documents also include a draft evaluation plan, a separate data management plan for ENHANCED component activities, and a dissemination plan. All required documents should be labeled with their content name and uploaded as a separate upload into www.grants.gov. For example, the SHO Letter of commitment should be saved as "SHO Letter of Commitment"; Budget should be saved as "Core SIPP Proposed Budget", etc.

I. Glossary

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

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

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

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

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

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

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

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

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be

used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

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

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

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

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

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

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

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

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

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

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

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

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

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

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

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

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

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher

educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOFO-specific Glossary and Acronyms