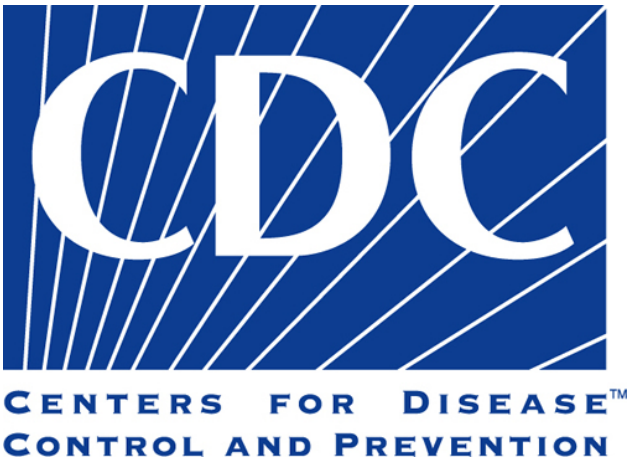


Centers for Disease Control and Prevention

NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

Partnerships to Enhance Immunization Information Systems (IIS)

CDC-RFA-IP-24-0079

05/15/2024

Table of Contents

A. Funding Opportunity Description 3
B. Award Information 28
C. Eligibility Information 30
D. Application and Submission Information 31
E. Review and Selection Process 41
F. Award Administration Information 45
G. Agency Contacts 52
H. Other Information 53
I. Glossary 54

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-IP-24-0079. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Partnerships to Enhance Immunization Information Systems (IIS)

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 purposes of this NOFO, research is defined as set forth in 45 CFR 75.2 and, for further clarity, as set forth in 42 CFR 52.2 (see eCFR :: 45 CFR 75.2 -- Definitions and *https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf*. In addition, for purposes of research involving human subjects and available exceptions for public health activities, please see 45 CFR 46.102(l) (*https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46/subpart-A/section-46.102#p-46.102(l)*).

This space intentionally left blank.

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-IP-24-0079

E. Assistance Listings Number:

93.185

F. Dates:

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

03/14/2024

Not Applicable

Letter of intent is not required for this funding opportunity.

2. Due Date for Applications:

05/15/2024

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

3. Due Date for Informational Conference Call

N/A

G. Executive Summary:

Summary Paragraph

The mission of CDC's National Center for Immunization and Respiratory Diseases (NCIRD) is the prevention of disease, disability, and death through immunization and by control of respiratory and related diseases. The Informatics and Data Analytics Branch (IDAB) within the Immunization Service Division of NCIRD, provides vision and support for CDC and jurisdiction immunization information systems (IISs) to capture and exchange high-quality data to inform public health action. The purpose of this funding opportunity is to build capacity in Immunization and IIS programs housed in jurisdictional public health departments and to modernize and improve the data quality and interoperability of IISs. NCIRD has prioritized the advancement of IIS and the use of these systems to assess vaccination rates, inform public health interventions, prevent vaccine-preventable diseases (VPDs) and to respond more efficiently to VPD outbreaks or other public health threats. Since 2012, NCIRD/IDAB has partnered with organizations that work directly with immunization and IIS programs to achieve CDC's priorities for Immunization and IIS programs. This funding opportunity continues a partnership relationship with these entities, which is critical for achieving CDC's vision for Immunization programs and IIS.

a. NOFO Type:

CA (Cooperative Agreement)

b. Approximate Number of Awards

2

The expected number of awards for this funding opportunity is 2.

c. Total Period of Performance Funding:

$20,000,000

d. Average One Year Award Amount:

$2,000,000

Over a five-year period of performance, CDC will award a range of $750,000 to $3,250,000 each budget year depending on the size and scope of activity.

The estimated funding for the following components and strategies is $3,000,000-$3,100,000.

Components 1 (Advance Technology and Standards) strategies 1.1-1.5,

Component 2(Community Engagement and Support) strategies 2.1-2.4

Component 3(Improve Data Collection and Use) strategies 3.1-3.2

Component 5 (Education) strategies 5.1-5.5

The estimated funding for the following components and strategies is $700,000-$750,000

Component 2 (Community Engagement and Support) strategies 2.3

Component 4 (Workforce development) strategies 4.1-4.3

Component 5 (Education) strategy 5.1,5.2, 5.4, 5.5

e. Total Period of Performance Length:
5 year(s)

f. Estimated Award Date:
August 01, 2024

g. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

This space intentionally left blank.

A. Funding Opportunity Description

1. Background

a. Overview

There is considerable evidence that the use of Immunization Information Systems (IISs) is beneficial to assess vaccination rates, inform public health interventions, and prevent vaccine-preventable diseases (VPDs). CDC has prioritized advancing IISs and improving the data housed in these systems to inform public health decisions. Additionally, CDC has increased the use of IISs to facilitate reporting of vaccination data associated with public health emergency response efforts and during normal operations for national public health monitoring purposes. CDC's vision for IIS is that they can enable the standardized capture, exchange, and use of high-quality, individual-level immunization data for all doses of ACIP-recommended vaccines and ensure these data are linked across jurisdictions, providers, and partners, and to other individual-level data sources to inform public health action. The Informatics and Data Analytics Branch (IDAB) within the Immunization Services Division, leads efforts to establish and promote the requirements and standards used by jurisdictional IIS to improve immunization data quality and to ensure vaccine administration data in IIS is used to inform public health decisions. IDAB supports IIS by advancing technology and standards, improving IIS data collection and data use, engaging the IIS community, and providing technical assistance. IDAB will leverage this

funding opportunity to build capacity within immunization and IIS programs by having award recipients work with state, tribal, local, and territorial immunization programs funded by CDC for IIS-related activities and CDC to achieve the vision for IIS. The five components below will be used to inform the strategies, activities and outcomes of this opportunity and achieve the CDC's vision for IIS.

Component 1: Advance Technology and Standards – These strategies support maintaining and improving IIS standards and requirements, influencing the health IT landscape to improve data quality at the point of care, improving interoperability across the IIS ecosystem, leveraging the Immunization Gateway to facilitate data exchange, and evaluating and improving the application of IIS standards.

Component 2: Community Engagement and Support- These strategies support creating a community of collaboration amongst all IIS stakeholders by facilitating productive dialogue, establishing transparent feedback loops, improving the understanding of application of policies, requirements and standards, and serving as an extension of CDC in providing technical assistance.

Component 3: Improve Data Collection and Use-These strategies support improving the data collection, management and use of IIS data including collaboration with healthcare providers and electronic health record vendors to improve data quality at the point of care, and using IIS data to assess coverage, identify populations at risk for vaccine preventable diseases, and monitor responses

Component 4: Workforce Development- These strategies support improving the knowledge, skills and ability of IIS workforce through the development of competencies and competency-based approaches, resources to aid standardization across the workforce, and best practices in workforce development.

Component 5: Education-These strategies support leveraging education principles and practices to improve the knowledge of the IIS workforce including managing communities of practice and/or user groups to share best practices and lessons learned and development and delivery of online and in-person educational events and training.

b. Statutory Authorities

This program is authorized under section 317(k)(1) of the Public Health Service Act [42 US. C. 247b(k)(1)]. Under this statutory authority, for-profit entities are not eligible.

c. Healthy People 2030

Activities of the program will be in alignment with Healthy People 2030 Goals and Objectives related to increasing vaccination rates Vaccination - Healthy People 2030 | health.gov and Infectious diseases Infectious Disease - Healthy People 2030 | health.gov.

d. Other National Public Health Priorities and Strategies

This space intentionally left blank.

e. Relevant Work

The activities below are an extension or continuation of activities in previous NOFOs including, CDC-RFA-IP12-1202:Immunization Information Systems (IIS) Capacity Building Immunization Information Systems (IIS) Capacity Building - Federal Grant (federalgrants.com) ; CDC-RFA-IP15-1501: Immunization Information Systems (IIS) Capacity and Operations Support Immunization Information Systems (IIS) Capacity and Operations Support - Federal Grant (federalgrants.com); CDC-RFA-IP14-1409PPHF14; CDC-OT18-1802: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health - Federal Grant (federalgrants.com)

Previous NOFO Activities

- Develop a strategy for adoption of Fast Healthcare Interoperability Resources (FHIR) for the immunization community.
- Plan and implement technical small workgroups/committees to support CDC and community recommended priorities and develop the appropriate supporting documents, test cases or demonstrations.
- Establish an HL7 focused workgroup/committee to facilitate application of the HL7 requirements across the IIS community.
- Establish a standards and interoperability workgroup/committee focused on developing standards and guidance to inform operational and technical issues critical to successful IIS interoperability and functionality.
- Assess current tools and associated documentation developed to measure IIS performance against HHS/CDC best practices to determine gaps and alignment with requirements for Federally funded information technology. Identify and address gaps and determine level of effort for incorporating additional requirements for CDC AART usage.
- Develop and maintain in accordance with Federal IT requirements an instance of AART that can be used in partnership with CDC to evaluate jurisdictions' alignment to CDC Implementation Guide.
- Support IIS vendors' ability to leverage existing IIS performance measurement tools to assess their products' alignment to M&I, national standards and CDC priorities.
- Support identifying and documenting HL7 IG gaps.
- Recruit EHR vendors, test the systems for advanced immunization capabilities and recognize vendors with these capabilities.
- Conduct post testing and recognition vendor evaluation to inform process and outcome improvement.
- Establish a process for periodically reviewing and improving the retesting strategy and process for renewing and extending recognition.
- Improve the testing and recognition process and improve conversion of the testing process to a modular approach.
- Develop and maintain a governing body that is used to bring together stakeholders from the IIS and EHR communities to identify, prioritize and advance solutions to common IIS-EHR interoperability and testing issues.
- Provide subject matter expertise (SME) to support IZG documentation development, review, and maintenance.

- Develop and implement strategies for IZG HL7 conformance testing for Provider-IIS and IIS-IIS onboarding and collaborate with CDC and the IZG O&M vendor to define a roadmap to increase standardization.
- Provide technical assistance to onboard to the IZG to jurisdictions and providers identified by the CDC.
- Manage and support the coordination and organization of the Measuring for Assessment and Certification Advisory Workgroup (MACAW).
- Assess and address gaps in organizational IIS performance by conducting formal evaluations of IIS adherence to standards in current IIS functionality content areas (maintenance of content areas that are in validation and content areas that CDC has approved to proceed with the M&I process).
- Develop and execute a plan that finalizes movement of patient matching using HL7 from assessment to validation and execute the plan.
- Develop and execute a plan that expands patient matching assessment using DAR-like method to develop tooling that can be piloted.
- Develop and execute a plan that moves Query Measure 5 into Validation.
- Develop and execute a plan that moves VFC Provider Participation from Assessment to validation.
- Develop and execute a plan that determines if Quality Incoming/Ongoing content area can be updated.
- Manage and maintain the MOUs used for the immunization gateway (IZG) effort and work with CDC and the IZG O&M vendor to track jurisdictions that have signed and completed the MOU.
- Collaborate with CDC to develop and leverage a central location for all resources jurisdictions can use to manage their IIS programs and comply with the 317 cooperative agreement requirements.
- Develop and implement a comprehensive communication plan for all funded cooperative agreement activities focused on identifying stakeholders, understanding their information needs, developing the appropriate messaging and communication artifacts for the stakeholders, and leveraging the appropriate communication channels.
- Develop and submit to CDC on a re-occurring basis messages award recipients would like CDC to amplify using CDC communications vehicles.
- Leverage CDC Resource Development guide to plan the development of resources for IIS stakeholders.
- Establish and maintain a resource development workgroup/committee that will work with the CDC to discuss and determine prioritization of best practice resources, guidance and other resources for development.
- In collaboration with CDC, establish and maintain a smarty streets user group that brings together Smarty Streets implementers and users to assist IIS in their initial set-up (responsive TA), help them troubleshoot any issues (responsive TA), share uses and successes, and encourage peer-to-peer relationships amongst the jurisdictions and platforms.
- In collaboration with CDC, establish and maintain a power business intelligence (BI) user group that convenes all levels of Power BI users to share challenges and successes, ask questions of their peers, and troubleshoot issues. In collaboration with CDC, establish

and maintain a tableau user group (TUG) that convenes all levels of Tableau users to share challenges and successes, ask questions of their peers, and troubleshoot issues.

- Collaborate with CDC to ensure IIS functionality and technical infrastructure aligns with national standards and CDC priorities through the provision of planned and/or ad-hoc onsite and remote technical assistance.
- Plan, implement and maintain onboarding shared services for IIS jurisdictions with an emphasis on maintaining, onboarding technical assistance documentation and resources, providing ad-hoc and/or planned technical assistance to prioritized jurisdictions, and evaluating the effectiveness of the shared service documentation and technical assistance.
- Support health IT partners (e.g., EHRs, HIEs) to accelerate the adoption of solutions that improve immunization data quality and interoperability and prepare EHR vendors for testing to improve immunization data exchange. Coordinate with other CDC technical assistance efforts to facilitate the adoption of the solutions.
- Support a community group for jurisdictions that are transitioning from one IIS platform for another.
- Support CDC and jurisdictional workgroup in updating and maintaining IIS functional standards so that the standards accurately reflect the requirements of the IIS to support the jurisdictional and federal Immunization goals.
- Support CDC in maintaining a current set of technical and operational requirements that all IIS should meet.
- Regularly attend and participate in key federal advisory meetings such as ACIP, National Vaccine Advisory Committee (NVAC), Health Information Technology Advisory Committee (HITAC) and other key Health IT and immunization related meetings, as needed. Use these forums to reinforce CDC IIS vision and priorities in collaboration with CDC. Strategically collaborate with existing and new organizations to inform local and federal policies so that they are aligned with the mission of IIS. Develop a strategy in collaboration with CDC for addressing policy-related topics impacting the IIS community.
- Establish and maintain a Community of Practice focused on epidemiologic data analytics, visualization and reporting of immunization data, and a crowdsourced compilation of code for immunization epidemiologists and data analysts.
- Support CDC with the development and dissemination of routine vaccination code utilized to generate summary immunization surveillance statistics.
- Support CDC with effort to provide additional analytic tool and support for improving IIS data quality, as needed.
- Support CDC in providing accompanying TA (upon request) for jurisdictions that need assistance with data quality improvement
- Define and develop IIS specific role descriptions.
- Develop Immunization/IIS role curricula for all developed IIS specific role descriptions.
- Enhance and maintain IIS competency model.
- Complete IIS Staffing Analysis based on IIS Budget Template Staffing Data.
- Enhance and maintain different tool kits that support development of knowledge, skills and abilities of IIS staff in activities that are not regularly performed.
- Develop and implement training plan for On-boarding Shared Services.

- Develop and implement an interoperability training module.
- Increase knowledge among IIS managers/and or IIS staff through peer-to-peer sharing.
- Create and implement informational webinars based on prioritized IIS topics.
- Plan and implement on-line, in-person or peer-to-peer forums for the IIS community to learn and network and move forward national IIS priorities.
- Improve awareness and use of these formats.
- Develop and deliver IIS leadership workshop.
- Develop, /create, and implement IIS specific content learning modules.
- Maintain and update current set of IIS Specific learning modules.
- Develop and hold procurement webinars.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-IP-24-0079

Logic Model: Partnerships to Enhance IIS

Bold indicates period of performance outcome

Select one or more component

Select one or more strategies in each component

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Component 1: Advance Technology and Standards 1.1. Implement Immunization Information System (IIS) Standards 1.2. Enhance Electronic Health Records (EHR) Standards 1.3. Enhance Immunization Gateway/ Interoperability 1.4. Participate in the Measurement & Improvement Initiative (M&I) 1.5. Maintain inter-jurisdictional memorandum	**Maintain, and enhance IIS standards.** **Enhance, maintain and provide technical assistance for select shared services.** **Increase the recognition of EHR products with advanced IIS functionality and with improved capabilities for**	**Promote IIS standards** **Increase end user participation in select shared services.** **Increase the number of EHR vendors that can attest their recognized products work as expected in production or the real world.** **Increase the number of jurisdictions**	**Apply IIS standards more uniformly across IIS and between IIS platforms and EHR vendors.** **Establish a national immunization surveillance/monitoring system at CDC to develop a comprehensive picture of vaccination.** **Improve technology, in conjunction with standardization, provide high quality data across the public health system.**

of understanding (MOU) for data exchange	**exchanging data with IIS.** **Increase the number of jurisdictions ready to exchange data with each other and with multi-jurisdictional providers.** **Increase adoption of IIS standards.**	**overcoming implementation guide barriers involved with exchanging data with each other and among multi-jurisdictional providers.** **Improve IIS functionality and capability by establishing and maintaining an IIS certification program.** **Increase use of standards to improve data quality at the provider and jurisdiction level.**	
Component 2: Community Engagement and Support 2.1. Enhance Communications and Marketing Plans 2.2. Establish and support User Groups and Committees to develop resources for IIS 2.3. Provide Technical Assistance 2.4. Maintain Immunization Information System Policy & Standards Engagement	**Increase the representation of IIS's needs in the development of national policies, standards and certification programs impacting the IIS space.** **Enhance and sustain the IIS workforce.** **Increase awareness and understanding of resources, standards and TA available to jurisdictions.**	**Increase awareness of IIS value to public health by ensuring a comprehensive national and jurisdictional picture of vaccination** **Improve IIS workforce capacity to address expected and emerging standards of IIS programs** **Increase use of IIS standards, resources, and TA available to jurisdictions**	**Reduce non-fiscal resource gaps preventing Immunization and IIS programs from completing prioritized immunization management activities.** **Establish clear, consistent messaging and strategy around existing and emerging policies, priority issues and challenges.** **Improve dialogue between key stakeholders working in public health immunization programs.** **Improve communication between jurisdictions and CDC of priorities, needs, and best practices.**

Component 3: Improve Data Collection and Use 3.1. Establish and maintain Data Use Community of Practice 3.2. Promote community collaboration to improve IIS data quality	**Define the goals and objectives of and launch a data use community of practice.** **Identify the barriers to improving data quality for IISs.**	**Enhance data sharing and management between IIS, CDC, and other vaccination partners.** **Enhance best practices for improving IIS data quality.** **Increase data use to assess vaccination coverage.**	**Establish a national immunization surveillance system at CDC to develop a comprehensive picture of vaccination.** **Increase confidence and demonstrate the value of IIS data for timely public health decision making.** **Improve data quality and use of vaccine administration data for decision-making in reports, dashboards, and visualizations.**
Component 4: Workforce Development 4.1 Develop tools and resources to enhance IIS workforce recruitment and retention 4.2 Develop/maintain IIS-related competencies; 4.3 Identify and disseminate best practices in workforce development.	**Identify IIS roles to meet immunization program needs.**	**Enhance workforce resources to meet recruitment and retention needs.** **Develop workforce staffing resources to support all IIS functional roles and responsibilities.** **Increase use of tool kits by immunization jurisdictions to support best practices in IIS workforce development.**	**Engage partners to assess IIS workforce competencies and needs.** **Engage partners to ensure that workforce resources meet recruitment and retention needs.**
Component 5: Education 5.1. Improve IIS Training Offerings	**Enhance educational materials and increase training opportunities for IIS staff.**	**Increase jurisdictions' IIS Staff use of educational materials and training offerings.**	**Increase IIS staffs' understanding of methods to overcome barriers that prevent achieving national IIS standards and requirements.**

5.2. Improve IIS knowledge through peer-to-peer forums 5.3. Develop informational webinars 5.4 . Enhance formal training leveraging online, in-person or peer-to-peer forums formats, and improve dissemination/awareness and use of the training 5.5. Educate IIS Workforce		**CDC's increases engagement at meetings with jurisdictions to provide guidance on national standards and the Federal Section 317 immunization grant (317 cooperative agreement).**	**Increase IIS staffs' knowledge of current and emerging IIS topics impacting their ability to achieve their 317 cooperative agreement requirements.** **Improve IIS staff knowledge and skill sets to achieve the goals of their respective roles.**

i. Purpose

The purpose is to build state and local public health capacity to operate, maintain and improve IISs and the application of national requirements; influence the health IT landscape to improve data quality; improve interoperability; evaluate and improve the application of IIS standards; create opportunities for collaboration across the IIS community to improve understanding of policies, requirements and standards; provide technical assistance; improve the data collection, management and use of IIS data; improve knowledge, skills and ability of IIS workforce; and educate the IIS workforce.

ii. Outcomes

Component 1: Advance Technology and Standards

Short term:

- Maintain, and enhance IIS standards.
- Enhance, maintain and provide technical assistance for select shared services.
- Increase the recognition of EHR products with advanced IIS functionality and with improved capabilities for exchanging data with IIS.
- Increase the number of jurisdictions ready to exchange data with each other and with multi-jurisdictional providers.
- Increase adoption of IIS standards.

Intermediate:

- Promote IIS standards.
- Increase end user participation in select shared services.
- Increase the number of EHR products that can attest their recognized products work as expected in production or the real world.
- Increase the number of jurisdictions overcoming implementation guide barriers involved with exchanging data with each other, with multi-jurisdictional providers and reporting data to CDC.

- Improve IIS functionality and capability by informing the establishment and maintenance of an IIS certification program.
- Increase use of standards to improve data quality at the provider and jurisdiction level.

Long term:

- Apply IIS standards more uniformly across IIS and between IIS platforms and EHR vendors.
- Establish a national immunization surveillance system at CDC to develop a comprehensive picture of vaccination.
- Improve technology, in conjunction with standardization, provides high quality data across the public health system.

Component 2: Community Engagement and Support

Short term:

- Increase the representation of IIS's needs in the development of national policies, standards and certification programs impacting the IIS space.
- Enhance and sustain the IIS workforce.
- Increase awareness and understanding of resources, standards and TA available to jurisdictions.

Intermediate:

- Increase awareness of IIS value to public health by ensuring a comprehensive national and jurisdictional picture of vaccination.
- Improve IIS workforce capacity to address expected and emerging standards of IIS programs.
- Increase use of IIS standards, resources, and TA available to jurisdictions.

Long term:

- Reduce non-fiscal resource gaps preventing Immunization and IIS programs from completing prioritized immunization management activities.
- Establish clear, consistent messaging and strategy around existing and emerging policies, priority issues and challenges.
- Improve dialogue between key stakeholders working in public health immunization programs.
- Improve communication between jurisdictions and CDC of priorities, needs, and best practices.

Component 3: Improve Data Collection and Use

Short Term:

- Define the goals and objectives of and launch a data use community of practice.
- Identify the barriers to improving data quality for IISs.

Intermediate:

- Enhance data sharing and management between IISs, CDC, and other vaccination partners.
- Enhance best practices for improving IIS data quality.
- Increase data use to assess vaccination coverage.

Long term:

- Establish a national immunization surveillance system at CDC to develop a comprehensive picture of vaccination.
- Increase confidence and demonstrate the value of IIS data for timely public health decision-making.
- Improve data quality and use of vaccine administration data for decision-making in reports, dashboards, and visualizations.

Component 4: Workforce Development

Short term:

- Identify IIS roles to meet immunization program needs.

Intermediate:

- Enhance workforce resources to meets recruitment and retention needs.
- Develop workforce staffing resources to support all IIS functional roles and responsibilities.
- Increase use of tool kits by immunization jurisdictions to support best practices in IIS workforce development.

Long term:

- Engage partners to assess IIS workforce competencies and needs.
- Engage partners to ensure that workforce resources meet recruitment and retention needs.

Component 5: Education

Short term:

- Enhance educational materials and increase training opportunities for IIS staff.

Intermediate:

- Increase jurisdictions' IIS Staff use of educational materials and training offerings.
- CDC increases engagement at meetings with jurisdictions to provide guidance on national standards and the 317 cooperative agreement.

Long term:

- Increase IIS staffs' understanding of methods to overcome barriers that prevent achieving national IIS standards and requirements.
- Increase IIS staffs' knowledge of current and emerging IIS topics impacting their ability to achieve their 317 cooperative agreement requirements.
- Improve IIS staff knowledge and skill sets to achieve the goals of their respective roles.

iii. Strategies and Activities

<u>Component 1</u> (Advance Technology and Standards) activities fall into 5 broad strategies

1.1 Implement Immunization Information System (IIS) Standards.

1.2 Enhance Electronic Health Records Standards.

1.3 Enhance Immunization Gateway (IZG) implementation/interoperability.

1.4 Participate in the Measurement & Improvement Initiative (M&I).

1.5 Maintain inter-jurisdictional memorandum of understanding (MOU) for data exchange.

<u>Component 2</u> (Community Engagement and Support) activities fall into 4 broad strategies

2.1 Enhance Communications and Marketing Plans.

2.2 Establish and support User Groups and Committees to develop resources for IIS.

2.3 Provide Technical Assistance.

2.4 Maintain Immunization Information System Policy & Standards Engagement.

<u>Component 3</u> (Improve Data Collection and Use) fall into 2 broad strategies

3.5 Establish and maintain Data Use Community of Practice.

3.6 Promote community collaboration to improve IIS data quality.

<u>Component 4</u> (Workforce Development) fall into 3 broad strategies

4.1 Develop tools and resources to enhance IIS workforce recruitment and retention.

4.2 Develop/maintain IIS-related competencies.

4.3 Identify and disseminate best practices in workforce development.

<u>Component 5</u> (Education) fall into 5 broad strategies

5.1 Improve IIS Training Offerings.

5.2 Improve IIS knowledge through peer-to-peer forums.

5.3 Develop informational webinars.

5.4 Enhance formal training leveraging online, in-person or peer-to-peer forums formats, and improve dissemination/awareness and use of the training.

5.5 Educate IIS Workforce.

Please refer to the Funding Strategy section below for more details. Each applicant must select at least one component. For each component selected, select at least one strategy and at least one activity within a strategy. Applicants are required to also describe the technical approach and elaborate on the milestones they plan to use to complete the selected activity(s). Additionally, applicants can propose additional activities for consideration under each strategy. Activities proposed by applicants must be noted as such in the application narrative and the appropriate technical approach and milestones that will be used to complete the proposed activity must be described. All activities including items proposed by applicants will be considered, but, due to funding limitations, applicant proposed activities may start in subsequent budget periods.

Component 1 (Advance Technology and Standards) align to 5 broad strategies and associated activities below.

Strategy 1.1 Implement Immunization Information System (IIS) Standards

- Develop a strategy for adoption of Fast Healthcare Interoperability Resources (FHIR) for the immunization community.
- Plan and implement technical small workgroups/committees to support CDC and community recommended priorities and develop the appropriate supporting documents, test cases or demonstrations. The target for this activity is 2 groups per year.
- Establish an HL7 focused workgroup/committee to facilitate application of the HL7 requirements across the IIS community.
- Establish a standards and interoperability workgroup/committee focused on developing standards and guidance to inform operational and technical issues critical to successful IIS interoperability and functionality.
- Assess current tools and associated documentation developed to measure IIS performance against HHS/CDC best practices to determine gaps and alignment with requirements for Federally funded information technology. Identify and address gaps and determine level of effort for incorporating additional requirements for CDC aggregate analysis reporting tool (AART) usage.
- Develop and maintain in accordance with Federal IT requirements an instance of AART that can be used in partnership with CDC to evaluate jurisdictions' alignment to CDC Implementation Guide

- Support IIS vendors' ability to leverage existing IIS performance measurement tools to assess their product's alignment to M&I, national standards and CDC priorities.
- Support identifying and documenting HL7 IG gaps

Strategy 1.2 Enhance Electronic Health Records Standards

- Recruit EHR vendors, test the systems for advanced immunization capabilities and recognize vendors with these capabilities.
- Conduct post testing and recognition vendor evaluation to inform process and outcome improvement.
- Establish a process for periodically reviewing and improving the retesting strategy and process for renewing and extending recognition
- Improve the testing and recognition process and improve conversion of the testing process to a modular approach
- Develop and maintain a governing body that is used to bring together stakeholders from the IIS and EHR communities to identify, prioritize and advance solutions to common IIS-EHR interoperability and testing issues.

Strategy 1.3 Enhance Immunization Gateway/ Interoperability

- Provide subject matter expertise (SME) to support IZG documentation development, review, and maintenance.
- Develop and implement strategies for IZG HL7 conformance testing for Provider-IIS and IIS-IIS on-boarding and collaborate with CDC and the IZG O&M vendor to define a roadmap to increase standardization.
- Provide technical assistance to onboard to the IZG to jurisdictions and providers prioritized by the CDC

Strategy 1.4 Participate in the Measurement and Improvement Initiative (M&I)

- Manage and support the coordination and organization of the Measuring for Assessment and Certification Advisory Workgroup (MACAW) including working with CDC to ensure MACAW aligns with IDAB priorities.
- Throughout the period of performance, assess and address gaps in organizational IIS performance by conducting formal evaluations of IIS adherence to standards in current IIS functionality content areas (maintenance of content areas that are in validation and content areas that CDC has approved to proceed with the M&I process)
- Develop a plan that considers the first budget period and future cooperative agreement budget periods that finalize movement of patient matching using HL7 from assessment to validation and execute the plan.
- Develop and execute a plan that considers the first budget period and future cooperative agreement budget periods that expand patient matching assessment using data at rest (DAR)-like method to develop tooling that can be piloted.

- Develop and execute a plan that considers the first budget period and future cooperative agreement budget periods for moving Query Measure 5 into Validation
- Develop and execute a plan that considers the first budget period and future cooperative agreement budget periods that move Vaccine for Children (VFC) Provider Participation from Assessment to validation.
- Develop and execute a plan that considers the first budget period and future cooperative agreement budget period to determine if Quality Incoming/Ongoing content area can be updated

Strategy 1.5 Maintain the inter-jurisdictional memorandum of understanding (MOU) for data exchange

- Manage and maintain the MOUs used for the immunization gateway (IZG) effort and work with CDC and the IZG O&M vendor to track jurisdictions that have signed and completed the MOU.

Component 2 (Community Engagement and Support) align to 4 broad strategies and associated activities below.

Strategy 2.1 Enhance Communications and Marketing Plans

- Collaborate with CDC to develop and leverage a central location for all resources jurisdictions can use to manage their IIS programs and comply with the 317 cooperative agreement requirements.
- Develop and implement a comprehensive communication plan for all funded cooperative agreement activities focused on identifying stakeholders, understanding their information needs, developing the appropriate messaging and communication artifacts for the stakeholders, and leveraging the appropriate communication channels.
- Develop and submit to CDC on a re-occurring basis messages award recipients would like CDC to amplify using CDC communications vehicles.
- Leverage CDC Resource Development guide to plan the development of resources for IIS stakeholders.

Strategy 2.2 Establish and support User Groups and Committees to develop resources for IIS

- Establish and maintain a resource development workgroup/committee that will work with the CDC to discuss and determine prioritization of best practice resources, guidance and other resources for development. This body will be used to inform the prioritization of all resources developed leveraging this cooperative agreement.
- In collaboration with CDC, establish and maintain a smarty streets user group that brings together Smarty Streets implementers and users to assist IIS in their initial set-up (responsive TA), help them troubleshoot any issues (responsive TA), share uses and

successes, and encourage peer-to-peer relationships amongst the jurisdictions and platforms.

- In collaboration with CDC, establish and maintain a power business intelligence (BI) user group that convenes all levels of Power BI users to share challenges and successes, ask questions of their peers, and troubleshoot issues. In collaboration with CDC, establish and maintain a tableau user group (TUG) that convenes all levels of Tableau users to share challenges and successes, ask questions of their peers, and troubleshoot issues.

Strategy 2.3 Provide Technical Assistance

- Collaborate with CDC to ensure IIS functionality and technical infrastructure aligns with national standards and CDC priorities through the provision of planned and/or ad-hoc onsite and remote technical assistance.
- Plan, implement and maintain onboarding shared services for IIS jurisdictions with an emphasis on maintaining, onboarding technical assistance documentation and resources, providing ad-hoc and/or planned technical assistance to prioritized jurisdictions, and evaluating the effectiveness of the shared service documentation and technical assistance.
- Support health IT partners (e.g., EHRs, HIEs) to accelerate the adoption of solutions that improve immunization data quality and interoperability and prepare EHR vendors for testing to improve immunization data exchange. Coordinate with other CDC technical assistance efforts to facilitate the adoption of the solutions.
- Support a community group for jurisdictions that are transitioning from one IIS platform for another. The support would provide resources and information jurisdictions need to effectively plan and implement a system transition.
- Support CDC and jurisdictional workgroup in updating and maintaining IIS functional standards so that the standards accurately reflect the requirements of the IIS to support the jurisdictional and federal Immunization goals.
- Support CDC in maintaining a current set of technical and operational requirements that all IIS should meet. Jurisdictions can use this set of requirements to develop request for information (RFI), request for proposal (RFP) as well as ensure that the system they are using has the capabilities to meet the requirements CDC has set forth for a jurisdiction in its 317/VFC Cooperative Agreement.

Strategy 2.4 Maintain Immunization Information System Policy & Standards Engagement

- Regularly attend and participate in key federal advisory meetings such as the Advisory Committee on Immunization Practices (ACIP), National Vaccine Advisory Committee (NVAC), Health Information Technology Advisory Committee (HITAC) and other key Health IT and immunization related meetings, as needed. Use these forums to reinforce CDC IIS vision and priorities in collaboration with CDC. Strategically collaborate with existing and new organizations to inform local and federal policies so that they are aligned with the mission of IIS. Develop a strategy in collaboration with CDC for addressing policy-related topics impacting the IIS community.

Component 3 Improve Data Collection and Use align to 2 broad strategies and associated activities below.

Strategy 3.1 Establish Data Use Community of Practice

- Establish and maintain a Community of Practice focused on epidemiologic data analytics, visualization and reporting of immunization data, and a crowdsourced compilation of code for immunization epidemiologists and data analysts.

Strategy 3.2 Promote community collaboration to improve IIS data quality

- Support CDC with the development and dissemination of routine vaccination code utilized to generate summary immunization surveillance statistics.
- Support CDC with effort to provide additional analytic tool and support for improving IIS data quality, as needed.
- Support CDC in providing accompanying TA (upon request) for jurisdictions that need assistance with data quality improvement

Component 4 Workforce Development align to 3 broad strategies and associated activities below.

Strategy 4.1 Develop tools and resources to enhance IIS workforce recruitment and retention.

- Define and develop IIS specific role descriptions.
- Develop Immunization/IIS role curricula for all developed IIS specific role descriptions.

Strategy 4.2 Develop/maintain IIS-related competencies;

- Enhance and maintain IIS competency model.
- Complete IIS Staffing Analysis based on IIS Budget Template Staffing Data.

Strategy 4.3 Identify and disseminate best practices in workforce development.

- Enhance and maintain different tool kits that support development of knowledge, skills and abilities of IIS staff in activities that are not regularly performed.

Component 5 Education align to 5 broad strategies and associated activities below.

Strategy 5.1 Improve IIS Training Offerings

- Develop and implement training plan for On-boarding Shared Services.
- Develop and implement an interoperability training module.

Strategy 5.2 Improve IIS knowledge leveraging peer to peer forums

- Increase knowledge among IIS managers/and or IIS staff through peer-to-peer sharing.

Strategy 5.3 Develop informational webinars

- Create and implement informational webinars based on prioritized IIS topics.

Strategy 5.4 Enhance formal training leveraging online, in-person or peer-to-peer forums formats, and improve dissemination/awareness and use of the training

- Plan and implement on-line, in-person or peer-to-peer forums for the IIS community to learn and network and move forward national IIS priorities.
- Improve awareness and use of these formats.

Strategy 5.5 Educate IIS Workforce

- Develop and deliver IIS leadership workshop.
- Develop, /create, and implement IIS specific content learning modules.
- Maintain and update current set of IIS Specific learning modules.
- Develop and hold procurement webinars.

1. Collaborations

Applicants should pursue strategic collaborations and partnerships with other groups that have a vested interest in improving the immunization technology and data ecosystem. Applicants are required to describe how they will collaborate with programs and organizations internal and external to CDC that align to the descriptions provided above.

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

N/A

b. With organizations not funded by CDC:

Possible organizations include contracting organizations, National Vaccine Advisory Committee (NVAC), standards organizations (e.g., HL7), and other government agencies, such as the Office of the National Coordinator for Health Information Technology (ONC).

2. Population(s) of Focus

The target populations will vary depending on the jurisdictions' that benefit from the applicant's support. This cooperative agreement should facilitate the modernization of IIS and improve the data quality and interoperability of IIS by building capacity in Immunization and IIS programs housed in jurisdictional public health departments. Applicants must describe the specific target

population(s) they plan to support and explain how such a target will achieve the goals of the award and/or improve data quality and interoperability in IIS.

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

a. Health Disparities

The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Broadly defined, social determinants of health are non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. See content below and in other sections (e.g., Approach, Collaborations, Populations of Focus) for information on how this specific NOFO affects social determinants of health.

A health disparity is a preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged. Health disparities are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these diseases and conditions.

N/A

iv. Funding Strategy

This NOFO contains 5 components and 19 strategies. The estimated funding range for each award is between $750,000- $3,100,000. Each applicant must select at least one component. Applicants can also propose additional activities for consideration under each strategy. All activities including items proposed by applicants will be considered, but, due to funding limitations select activities may start in subsequent budget periods.

This NOFO contains 5 components and 19 strategies:

The estimated funding for the following components and strategies is $3,000,000-$3,100,000.

Components 1 (Advance Technology and Standards) strategies 1.1-1.5

Component 2 (Community Engagement and Support) strategies 2.1-2.4

Component 3 (Improve Data Collection and Use) strategies 3.1-3.2

Component 5 (Education) strategies 5.1-5.5

The estimated funding for the following components and strategies is $700,000-$750,000

Component 2 (Community Engagement and Support) strategies 2.3

Component 4 (Workforce development) strategies 4.1-4.3

Component 5 (Education) strategy 5.1,5.2, 5.4, 5.5

Each applicant must select at least one component. For each component selected, select at least one strategy and at least one activity within a strategy depending on the component selected. Applicants must describe the technical approach and elaborate on the planned milestones for selected activity(s). Applicants have the option to suggest additional activities for each strategy they would like to be considered. Activities proposed by applicants must be identified in the project narrative along with the corresponding technical approach and milestones. All activities including items proposed by applicants will be considered for the cooperative agreement, but as additional funding becomes available, selected activities may start in subsequent budget periods of the cooperative agreement.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

IDAB will assess the degree to which strategies in the logic model have been implemented and outcomes have been achieved through submitted quantitative and qualitative activity status reporting. This section provides example measures that IDAB will use to track the implementation of strategies and progress on achieving outcomes. The assessment will occur on an ongoing basis through the evaluation of submitted products, training, and technical assistance delivered. Recipients are expected to develop an evaluation plan, submit an annual progress report, and an additional final project report at the conclusion of the period of performance. Optional templates may be provided to guide the Evaluation and Performance Measurement Plan development and the final project reporting. Targets for performance measures may vary by program and can be established in the 6-month period following the award. However, all recipients are expected to meet the target of completing the activities specified in their work plan each year. Modifications to the work plan should be discussed with the Project Officer, and all changes should be finalized at least one month prior to the start date of activities in the revised work plan and must be reflected in the Annual Performance Reports.

This section presents example measures that IDAB will use to track the implementation of strategies and activities, and progress on achieving period-of-performance outcomes. The measures below are not comprehensive or final, and IDAB will finalize evaluation and performance measures in collaboration with recipients within six months of the project start date.

Component 1: Advance Technology and Standards These strategies support maintaining and improving IIS standards and requirements, enhancing and providing technical assistance for select shared services, influencing the health IT landscape to improve data quality at the point of care, improving interoperability across the IIS ecosystem, maintaining inter-jurisdictional MOU for data exchange, and evaluating and improving the application of IIS standards.

Outcomes/performance measures:

- Increased jurisdictional participation in efforts to ensure alignment to IIS standards / Number of jurisdictions participating in efforts to ensure alignment to IIS standards
- Increased jurisdiction's technical readiness to exchange data with each other and with multi-jurisdictional providers/ Number of jurisdictions ready to exchange data with each other and with multi-jurisdictional provider.
- Increased jurisdictions achieving prioritized IIS standards /Number of IIS adhere to IIS standards
- Increased vendors participating in the testing and recognition strategy of the Immunization Integration Program / Number of EHR vendors recognized with advanced immunization capabilities

Component 2: Community Engagement and Support These strategies support creating a community of collaboration across the IIS community to ensure dialogue between stakeholders, establish transparent feedback loops, improve the understanding of application of policies, requirements and standards, and serving as an extension of CDC in providing technical assistance.

Outcomes/performance measures:

- Increased strategic and tactical communication plans representing all funded cooperative agreement workplan activities/ Number of strategic and tactical communication plans.
- Increased joint CDC/award recipient strategic and tactical plans addressing Health IT policy and standards impacting the IIS community/ Number of strategic and tactical plans addressing Health IT policy and standards.
- Increased jurisdictions benefiting from technical assistance/Number of jurisdictions receiving ad hoc and planned technical assistance in collaboration with CDC.
- Increased jurisdictions benefiting from and applying cooperative agreement resources/Number of jurisdictions leveraging resources

Component 3: Improve Data Collection and Use- These strategies support improving the data collection, management and use of IIS data

Outcomes/performance measures:

- Increase number of collaborations to improve IIS data quality/Establish a data use community of practice.

Component 4: Workforce Development These activities strategies support improving the knowledge, skills and ability of IIS workforce through the development of competencies and competency-based approaches.

Outcomes/performance measures:

- 85% percentage of immunization programs used the IIS role descriptions to support IIS staff hiring/Number of immunization programs that used the IIS role descriptions to support IIS staff hiring.
- 85% of immunization programs used role-based curricula to support development of new staff/Number of immunization programs that used role-based curricula to support development of new staff.
- 100% of identified IIS roles have complete job descriptions//Number of IIS managers that indicate the role descriptions are used for program planning and hiring.
- 100% of Immunization Programs have access to the completed IIS role description curriculum/IIS Staff with designated IIS roles achieve a 25% increase in their understanding of their IIS role as measured in per and post curriculum completion assessments/Percentage of IIS staff that can complete the IIS role description curriculum.
- 100% of IIS team members have foundational knowledge about their specific roles after completing the curriculum. /Number of IIS team members improved their knowledge after completing the curriculum.

Component 5: Education These support leveraging education

Outcomes/performance measures:

- Develop training modules specific for IIS staff roles/Number of education materials and training opportunities to increase staff knowledge.
- 100% of the IIS new staff completed the IIS role-based trainings/Number of IIS staff who completed the training.
- 100% of IIS Staff achieve a 25% increase in understanding of their IIS role as measured in pre and post training assessments/ Number of IIS staff achieve 25% increase in understanding of their IIS roles.
- 100% of the IIS staff indicated they will apply the knowledge gained from the IIS role-based trainings/Number of IIS staff who applied the knowledge gained.
- IIS staff have increased understanding of cooperative agreement and CDC IIS requirements/Number of IIS staff supporting IIS jurisdictions.
- 100% of IIS staff achieve 25% increase in knowledge from IIS Training Offerings/ Number of IIS staff attending IIS training offerings.
- 100% of IIS staff achieve 25% increase in knowledge from peer-to-peer forums/ Number of IIS staff attending peer to peer forums.
- 100% of IIS staff achieve 25% increase in knowledge from informational webinars/ Number of IIS staff attending informational webinars

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, including, as applicable to the award, how findings will contribute to reducing or eliminating health disparities and inequities.
- 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).
- How evaluation findings will be disseminated to communities and populations of interest in a manner that is suitable to their needs.
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

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

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

This space intentionally left blank.

d. Work Plan

Accomplishments/Outcome(s) Applicants will be required to provide a detailed work plan for the first year of the project, and a high-level work plan for subsequent years. The work plan assists the Project Officer in monitoring recipient activities and reflects activities supported by the annual budget award. The work plan should display how the strategies, activities, timelines, and staffing/collaborations work together. The work plan should align at the minimum include the following elements:

Component								
Strategies	**Activity**	**Activity Description**	**Activity Approach**	**Milestones**	**Outputs**	**Outcomes**	**Start Date**	**End Date**
1.								
2.								
3.								
4.								
5.								
6.								

Post award, recipients will be required to provide re-occurring reporting of approved workplans. The reporting frequency will be bi-weekly. See sample Activity Status Reporting should include the following elements:

Component							
Strategies/Activities	**Milestone**	**Steward**	**Start date**	**End date**	**Status**	**Accomplishments/Outcome(s)**	**Barriers**
1.							
2.							
3.							
4.							
5.							
6.							

c. Organizational Capacity of Recipients to Implement the Approach

As noted in the Additional Information on Eligibility section, this documentation is required to demonstrate application responsiveness. Applicants are required to describe and provide supporting documentation showing evidence of their organizational capacity to implement the approach. Applicants should include an "Organizational Chart and CVs" for organizational leadership and staff supporting the components, strategies and activities.

Applicants must name this file "Organizational Chart and CVs" and upload it at www.grants.gov. Attachments can be submitted using PDF, Word, or Excel file formats.

Applicants must meet the following criteria to successfully compete:

•Demonstrated expertise in public health informatics, technology standards, community engagement, workforce development, communications, and performance measurement and improvement.

•Operational experience and capacity to successfully implement the strategies and activities outlined in the Approach section of this NOFO.

•Experience applying information technology project management best practices and addressing federal IT project management requirements as they apply to tools developed or maintained leveraging cooperative agreement funds.

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.

This space intentionally left blank.

f. CDC Program Support to Recipients

In this cooperative agreement, CDC staff will be substantially involved in the program activities beyond routine grant monitoring. IDAB will provide insight on the national direction for policies and standards impacting IIS and the activities within the cooperative agreement and will use this information to provide award recipients technical assistance and guidance. The leadership provided by IDAB is the foundation of the strategies and components of this cooperative agreement and drive the key activities applicants need to propose and carry out to support CDC objectives and jurisdiction IIS-related activities. Other specific areas of support include the following:

1. The IDAB program provides leadership and direction for IIS jurisdictions by establishing the national requirements and standards required to promote improved data quality and interoperability for IIS. The Branch leads the planning, development and

socialization of IIS functional standards, requirements and Operational Guidance Statements (OGS), which are the basis for jurisdictions' funding and activities in the 317 cooperative agreement Immunization Program Operations Manual (IPOM).
2. IDAB also establishes the national direction for technical standards used by IIS to enhance, operate and maintain their IIS in accordance with national requirements.
3. IDAB leads the planning, development and socialization of national technical standards, such as the HL7 implementation guide, vaccine codes set, clinical decision support, barcodes, core data elements and other standards important for critical IIS functions used by end users of the data and systems.
4. IDAB establishes guidance and processes used to assess data quality and establish good data quality thresholds. The leadership IDAB provides jurisdictions on data quality will drive the prioritization of activities under this NOFO and will be used to provide technical guidance to award recipients.
5. IDAB will provide Branch expertise and leadership in information technology, epidemiology, immunization gateway and other national initiatives award recipients support under this cooperative agreement.

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:

H23 Immunization Program

Provides financial assistance to public agencies for the purposes of planning, developing, implementing, and studying immunization programs to control serious diseases for which effective immunizing agents are available.

3. Fiscal Year:

2024

Estimated Total Funding:

$20,000,000

4. Approximate Total Fiscal Year Funding:

$4,000,000

The anticipated total funding for two awards for the first fiscal year is $4,000,000

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:

$20,000,000

Period of performance funding is $20,000,000.

6. Total Period of Performance Length:

5 year(s)

60-month period of performance with five 12-month budget periods

7. Expected Number of Awards:

2

The expected number of awards for this funding opportunity is 2.

8. Approximate Average Award:

$2,000,000

Per Budget Period

Over a five-year period of performance, CDC will award a range of $750,000 to $3,250,000 each budget year depending on the size and scope of activity.

The estimated funding for the following components and strategies is $3,000,000-$3,100,000.

Components 1 (Advance Technology and Standards) strategies 1.1-1.5,

Component 2(Community Engagement and Support) strategies 2.1-2.4

Component 3(Improve Data Collection and Use) strategies 3.1-3.2

Component 5 (Education) strategies 5.1-5.5

The estimated funding for the following components and strategies is $700,000-$750,000

Component 2 (Community Engagement and Support) strategies 2.3

Component 4 (Workforce development) strategies 4.1-4.3

Component 5 (Education) strategy 5.1,5.2, 5.4, 5.5

9. Award Ceiling:

$0

Per Budget Period

Refer to funding strategy section for additional information.

10. Award Floor:

$0

Per Budget Period

Refer to funding strategy section for additional information.

11. Estimated Award Date:

August 01, 2024

The estimated award date is August 1, 2024.

12. Budget Period Length:

12 month(s)

Throughout the period of performance, 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 (period of performance) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

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

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

2. Additional Information on Eligibility

Eligibility is limited to the entities identified in the statutory authority and the additional criteria below.

Technical Assistance Agreements or Charters

Applicants must include in the appendix a minimum of 6 examples of technical assistance agreements or charters in support of immunization management activities established with jurisdictions and title the documents "Technical Assistance Agreements or Charters". Applicants that fail to include sample charters or agreements established with jurisdictions focused on technical assistance will be considered non-responsive.

Evaluation and Performance Plan:

Applicants must include in their application the initial evaluation and performance measurement plan that is clearly labeled "Evaluation and Performance Plan" in the required section of the application. Applicants requesting funding without this information clearly labeled will be considered non-responsive.

Organizational Chart and CVs

Applicants must include an organizational chart and Curriculum Vitas for organizational leadership and staff supporting the components, strategies and activities that is clearly labeled as "Organizational Chart and CVs" in an appendix section that is easily accessible. Applicants requesting funding without including a document titled "Organizational Chart and CVs" in the appendix of the application that is clearly labeled will be considered non-responsive.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of

SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number associated with your organization's physical location prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned through SAM.gov registration. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds.

b. System for Award Management (SAM):

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

c. Grants.gov: The first step in submitting an application online is registering your organization atwww.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option atwww.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	System for Award Management (SAM)	1. Go to SAM.gov and create an Electronic Business Point of Contact (EBiz POC) (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	7-10 Business Days but may take longer and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an account in Grants.gov, then add a profile by adding the	Allow at least one business day (after you enter the EBiz POC name and EBiz POC	Register early! Applicants can register within minutes.

		organization's new UEI number. 2. The EBiz POC can designate user roles, including Authorized Organization Representative (AOR). 3. AOR is authorized to submit applications on behalf of the organization in their workspace.	email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	

2. Request Application Package

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

3. Application Package

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

03/14/2024

Letter of intent is not required for this funding opportunity.

b. Application Deadline

Due Date for Applications 05/15/2024

05/15/2024

11:59 pm U.S. Eastern 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 Informational Conference Call

N/A

5. Pre-Award Assessments

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

Is a LOI:
Not Applicable

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, Word, or Excel file format 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

Multi-component NOFOs may have a maximum of 15 pages for the “base” (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for

Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. 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 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 period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

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 period of performance. (See CDC Project Description: Strategies and Activities section.)

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. Population(s) of Focus and Health Disparities

Applicants must describe the specific population(s) of focus in their jurisdiction and explain how to 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 Population(s) of Focus and Health Disparities requirements as described in the CDC Project Description, including (as applicable to this award) how to address health disparities in the design and implementation of the proposed program activities.

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 https://www.cdc.gov/os/integrity/reducepublicburden/index.htm.
- 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 or reaccreditation 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. These goals may include supporting vital records offices participating in the Vital Records and Health Statistics Accreditation Program, certifying vital records offices to meet industry standards. 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; provide financial assistance to support accreditation related fees and/or support staff time to coordinate accreditation activities; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and can upload it as a PDF, Word or Excel file format 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. Employee Whistleblower Rights and Protections

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

13a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the

subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

13b. 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.

13c. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to

preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additional-requirements/ar-25.html.

14. 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 anti-lobbying restrictions 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.

15. Intergovernmental Review

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

16. Other Submission Requirements

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

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt whenwww.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 bywww.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 review the Applicants section on www.grants.gov.

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service atwww.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 thatwww.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call thewww.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by 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

NOFO reviewers will follow CDC's merit review process by evaluating eligible and responsive applications in accordance with the criteria below. Reviewers may be external to the federal government (non-federal personnel), federal personnel, or a mix of federal and non-federal personnel.

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:** 35

Evaluate the extent to which the applicant:

- Presents 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 pts)
- Presents activities that build capacity in jurisdictions' IIS and helps jurisdictions achieve CDC's 317 cooperative agreement priorities (10 pts)
- Presents outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model (5 pts).
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and that are evidence-based (to the degree practicable) (10 pts).
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the outcomes throughout the period of performance outcomes (5pts).

ii. Evaluation and Performance Measurement **Maximum Points:** 20

Evaluate the extent to which the applicant:

- Shows/affirms 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 (10 pts).

- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities (5 pts).
- 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 (5 pts).
- Includes a preliminary Data Management Plan (DMP), if applicable (0 pts).

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 45

Evaluate the extent to which the applicant addresses the items below.

Expertise and institutional staffing Capacity: 12 pts

- Describes how qualified and experienced staff, including key staff, will be identified to manage the program. Key staff include Directors, Program Manager, Project Managers, Senior Developers, Senior Analysts. An organization chart must be included (5 pts).
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes, and which clearly defines staff roles (5 pts)
- Describes existing communication channels to disseminate funding opportunity artifacts, such as training, guidance, and tools to immunization program managers and immunization information system managers (1 pt).
- Described ongoing existing engagement with jurisdiction (state, tribal, local, and territorial) immunization program representatives such as immunization program managers and immunization information system managers to address national immunization management requirements (1 pt).

Organizational experience and capacity: 33 pts

- Demonstrates experience and capacity to achieve the performance measures (5 pts).
- Demonstrates experience and capacity to implement the evaluation plan (5 pts).
- Described the project management structure and experience to plan, implement, and evaluate the project and achieve project outcomes (5 pts).
- Describes experience providing technical assistance to jurisdiction IIS program staff on functional, operational, and technical guidance and best practices based on national standards and requirements and strategies to overcome jurisdiction-specific challenges (5 pt).
- Describes the ability to engage key IIS audiences such as jurisdictions, partnership organizations, federal organizations, and relevant community or non-governmental organizations to advance NOFO strategies and activities and to achieve NOFO outcomes (5 pts).
- Describe experience developing strategic communication plans, disseminating communications messages and products to target audiences (5 pts).
- Describes ability to engage jurisdictions to provide consensus-based recommendations for immunization data standards, technology, interoperability, and workforce development details (1 pt).

- Describes experience developing and/or advancing technology standards that promote interoperability (1 pt).
- Describes experience in public health informatics workforce development to support jurisdiction immunization programs (1 pt).

Budget **Maximum Points:** 0

Budget: Is the budget itemized, well justified, reasonable and consistent with the objective and planned program activities? 0pts.

c. Phase III Review

The following factors also may affect the funding decision:

- The ability to provide various forms of technical assistance including group TA, ad-hoc TA and planned TA is key to building capacity within IIS jurisdictions when resources are limited. Applications may be funded out of rank order that demonstrate the organizational capacity and experience and that detail various forms of technical assistance activities that will be made available to jurisdictions through this funding opportunity.

- This NOFO addresses workforce development and education for IIS program staff to ensure they have the knowledge, skills and ability as well as the required education to operate and manage IIS programs across the nation. Applicants can select one more component, strategies and activities in the NOFO. To ensure workforce development and education topics are adequately covered for IIS jurisdictions, CDC may fund out of rank order.

- The ability to communicate with and engage jurisdiction immunization information system managers, immunization program managers, and IIS technology partners is key to building capacity within IIS jurisdictions. Applicants must provide evidence of existing communication channels, describe target audiences that they are able to reach, and provide examples of current communications and engagement activities with the target audiences. To ensure channels exists to share outputs from this NOFO with jurisdictions and technology partners, CDC may fund out of rank order prioritizing applicants that detail existing communication channels they use to share information with IIS managers, immunization mangers and IIS technology partners. Examples, such as list serves, email channels, websites are sufficient. IT systems developed for exchanging information between these stakeholders and external stakeholders are not applicable.

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 prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207. CDC's review of risk may impact reward eligibility.

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

(1) Financial stability;

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

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

(4) Reports and findings from audits performed under 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.

Additionally, we may ask for additional information prior to the award based on the results of the CDC's risk review.

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

2. Announcement and Anticipated Award Dates

Anticipated Announcement Date: March 15, 2024

Anticipated Award Date: August 1, 2024

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 annual 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.

This space left intentionally blank.

2. Administrative and National Policy Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

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

Organization-specific ARs:

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status

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

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the period of performance. 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
Bi weekly status reporting	Two weeks into award.	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Annual Work Plan	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	120 days after end of period of performance	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.

This space left intentionally blank.

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 specific 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 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).

• 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.

The recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 120 days prior to the end of the budget period.

This space left intentionally blank.

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.

This space left intentionally blank.

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.

This space left intentionally blank.

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 period of performance, 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).

This space left intentionally blank.

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 $30,000.

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

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

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

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

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

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

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

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

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

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;

e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

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

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Kafayat
Last Name:
Adeniyi-Inniss
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
Centers for Disease Control and Prevention

National Center for Immunization and Respiratory Diseases

1600 Clifton Road., Mail Stop H24-4

Atlanta Georgia 30329

Preferred method of communication: Email

Telephone:
404-519-6041

Email:
kga9@cdc.gov

Grants Management Office Information

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

First Name:
Kathy

Last Name:
Raible

Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2920 Brandywine Rd

Atlanta, GA 30341

Telephone:
770-488-2045

Email:
kcr8@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** that can be uploaded as a PDF, Word, or Excel file format as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Other required documents include the following:

- Evaluation and Performance Measurement Plan
- A document divider titled “Appendix” containing the following documents labeled:
    - Technical Assistance Agreements or Charters with IIS jurisdiction
    - Organizational Chart and CVs

Data Management Plan: CDC requires recipients for projects that involve the collection or generation of data with federal funds to develop, submit and comply with a Data Management Plan (DMP) for each collection or generation of public health data undertaken as part of the award and, to the extent consistent with law and appropriate, provide access to and archiving/long-term preservation of collected or generated data. Award recipients are to ensure plans for all data collection efforts are reviewed by CDC before collecting the data. Additional information on the Data Management and Access requirements can be found at:

Additional Requirements | Grants | CDC

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see

https://www.cdc.gov/grants/additional-requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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

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

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

Community engagement: The process of working collaboratively with and through groups of people to improve the health of the community and its members. Community engagement often involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices.

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

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

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

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

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

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally

involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment (from Executive Order 13985).

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: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged.

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Health Inequities: Particular types of health disparities that stem from unfair and unjust systems, policies, and practices and limit access to the opportunities and resources needed to live the healthiest life possible.

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: The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people.

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

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

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

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal

grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

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

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

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

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

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

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

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

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

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

Program 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.

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).

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: The non-medical factors that influence health outcomes. The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. https://www.cdc.gov/about/sdoh/index.html

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.

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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.