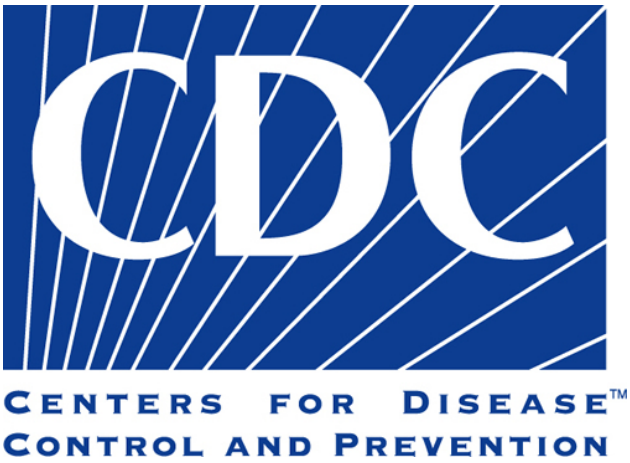


Centers for Disease Control and Prevention

NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

Documenting outcomes associated with Persistent Tic Disorders (including Tourette Syndrome) in Children, Adolescents, and Young Adults through Surveillance

CDC-RFA-DD-24-0083

04/15/2024

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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-DD-24-0083. 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) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Documenting outcomes associated with Persistent Tic Disorders (including Tourette Syndrome) in Children, Adolescents, and Young Adults through Surveillance

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)*).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DD-24-0083

E. Assistance Listings Number:

93.073

F. Dates:

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

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

2. Due Date for Applications:

04/15/2024

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

3. Due Date for Informational Conference Call:

2/29/2024 2-3 PM EST

Join Zoom Meeting
US: +16692545252,,1614835451#,,,,*07051334# or +16469641167,,1614835451#,,,,*07051334#
https://cdc.zoomgov.com/j/1614835451?pwd=czVVU3lwUTBiWGxQSnJpVTMrTkFOUT09&from=addon
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+1 669 254 5252 US (San Jose) +1 646 964 1167 US (US Spanish Line) +1 646 828 7666 US (New York) +1 551 285 1373 US (New Jersey) +1 669 216 1590 US (San Jose) +1 415 449 4000 US (US Spanish Line)
Meeting ID:161 483 5451
Passcode: 07051334

G. Executive Summary:

1. Summary Paragraph

The NOFO aims to describe the public health impact of persistent tic disorders (PTD) including Tourette syndrome (TS) among diverse populations of children and adolescents ages 4-17 years identified in clinical settings; inclusion of young adults aged 18-26 years with PTD/TS is

encouraged but not required. Funded sites will assess priority outcomes of cost, suicidality, transition to adult healthcare, and co-occurring conditions. These data will inform education and outreach activities to improve the health and well-being of individuals with PTD/TS.

Recipients will collaborate with CDC and other NOFO recipients to develop and execute plans for data collection, including finalization of survey measures, recruitment of eligible individuals and their caregivers (for children under 18 years), survey administration, data linkage for census tract-level socioeconomic indicators and clinical information, data management, data sharing, data analysis, and dissemination of multi-site data.

Project evaluation will include process and outcome measures for improved capacity for collaboration and data sharing, improved data on priority outcomes and inequities, increased understanding of the strengths and limitations of clinic-based surveillance, availability of new information on the priority outcomes and inequities for a variety of audiences, and to establish procedures and protocols that could be replicated or continued in the future.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
3

d. Total Period of Performance Funding:
$3,750,000

e. Average One Year Award Amount:
$250,000

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

g. Estimated Award Date:
August 30, 2024

h. Cost Sharing and / or Matching Requirements:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

There are an estimated 1.4 million people in the U.S. affected by persistent tic disorders (PTD), including Tourette syndrome (TS). To support people with these conditions, the impact of PTD/TS must be understood. Although data on the impact of PTD/TS on social relationships and education are available, other potential outcomes associated with PTD/TS have not been well-documented, including costs, suicidality, health care transition, and the role of co-occurring disorders on these outcomes. Limited data are available on how these outcomes may differ among sub-populations (e.g., by sex, race/ethnicity, age group, and geography [e.g., urban/rural]). Data will be used to inform where resources for families and healthcare providers (e.g., professional trainings) are most needed to support people with PTD/TS and their families and to address health inequities among the population.

This NOFO aims to: 1) conduct surveillance of PTD/TS among children and adolescents aged 4-17 years, including data collection to document associated costs, co-occurring conditions, prevalence of suicidality risk, and transition to adult healthcare (inclusion of young adults aged 18-26 years is encouraged but not required), and 2) generate data that can be used to inform equitable and effective education and outreach activities to improve the health and well-being of individuals with PTD/TS and their families.

It is anticipated that the primary mode of data collection will be surveys administered to caregivers (for children with PTD/TS under 10 years), children with PTD/TS and their caregivers (for children ages 10-17 years), and to adults with PTD/TS only (for those age 18-26 years), and these data will be supplemented with clinical data and linkage to census tract-level data.

Recipients will collaborate with CDC and other NOFO recipients to finalize measures for priority outcomes, to develop a standard survey and surveillance data collection protocol across sites, to establish a data sharing approach, and to analyze, summarize, and disseminate multi-site findings. Recipients will finalize a data management plan and implement a process to share data with both CDC and among NOFO recipients.

Final measures should complement and supplement currently available data. Measures with available population-based data for comparison will be prioritized (e.g., healthcare transition questions from the National Survey of Children's Health questions], suicide questions from Youth Risk Behavior Survey, healthcare use questions from the National Health Interview Survey, employment/income questions from Current Population Survey). Assessment of costs can include outcomes such as education level, employment (of parent or young adult with PTD/TS), and healthcare costs (beyond those available in claims data). Assessment of suicidality risk can include outcomes such as suicidal ideation, plans, or attempts. CDC has identified potential measures which are included in the Appendix in the announcement. Applicants can propose alternate measures or elect the measures identified by CDC. Applicants should provide justification for measures described in their application.

b. Statutory Authorities

Sections 301(a) and 317C of the Public Health Service Act, [42 U.S.C. Sections 241(a) and 247b-4, as amended].

c. Healthy People 2030

AHSR01: Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it

MHMD-03: Increase the proportion of children with mental health problems who get treatment

d. Other National Public Health Priorities and Strategies

In 2009, CDC funded RFA-DD-09-004 "Impact of Tic Disorders, including Tourette Syndrome, in Youth, on Individuals, Families, and Communities." Two funded sites documented impacts associated with tic disorders including social functioning (http://www.ncbi.nlm.nih.gov/pubmed/23806708), quality of life, and family functioning. This NOFO also builds on and supports current and future programmatic funding to improve the health and well-being of individuals with tic disorders (CDC-RFA-DD19-1904, CDC-RFA-DD-24-0055), "Implementing evidence-based health promotion programs for children with attention-deficit/hyperactivity disorder or Tourette syndrome".

e. Relevant Work

This NOFO builds on the National Stakeholder Strategy for Achieving Health Equity and the HHS Strategic Goal 3: Strengthen Social Well-being, Equity, and Economic Resilience.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Objective:	Establish surveillance to document outcomes associated with persistent tic disorders including Tourette syndrome (PTD/TS) across multiple sites that include a diverse population			
Strategies and Activities	**Outputs**	**Short Term Outcomes**	**Intermediate Outcomes**	**Long Term Outcomes**
Strategy 1. Program Planning and Capacity Building A1. Collaborate with CDC and other NOFO recipients to determine surveillance data collection approach, recruitment plan, and finalize survey measures. A2. Collaborate with CDC to build a sustainable data collection system A3. Collaborate with CDC to develop data linkage plan for census tract-level	**Regular progress reports submitted to CDC including successes and challenges in implementing clinic-based surveillance** **Data collection approach, recruitment plan, and survey measures developed** **Plans to link Census, clinical, and survey data developed**	**Improved capacity for collaboration and data sharing** **Improved data on priority outcomes and inequities for children, adolescents, and young adults with PTD/TS and their caregivers** **Increased understanding**	**Established surveillance system for timely information on priority outcomes among children, adolescents, and young adults with PTD/TS that could be replicated or continued** Improved ability to implement	Continued surveillance of outcomes among children, adolescents, and young adults with PTD/TS Improved health, well-being, and quality of life among children, adolescents, and young

data and clinical information. A4. Coordinate with CDC and other NOFO recipients to plan and prepare for surveillance data exchange/sharing. A5. Develop regular progress reports and share with CDC. A6. Develop an evaluation and monitoring plan in collaboration with CDC, within 6 months of the award. <u>Strategy 2: Data Collection and Management</u> A1. Recruit children, adolescents, and young adults diagnosed with PTD/TS from clinic populations and caregivers for those under 18 years. A2. Systematically collect data relevant to priority outcomes for diverse populations of children, adolescents, and young adults with PTD/TS A3. Develop data management plan; monitor and manage data, including data cleaning	**Data sharing plans developed with CDC and other recipients** **Evaluation and monitoring plans developed with CDC and other recipients** **Procedures and protocols that could be replicated or continued among CDC and other recipients are proposed** **2.1 Common database developed in collaboration with CDC** **2.2 Surveillance data on priority outcomes among diverse populations of children, adolescents, and young adults with PTD/TS collected and linked to census and clinical information** **2.3 Ongoing data management and monitoring**	**of the strengths and limitations of clinic-based surveillance for priority outcomes among children, adolescents, and young adults with PTD/TS** **Availability of new information on the priority outcomes and inequities for a variety of audiences**	secondary prevention strategies equitably and effectively (e.g., education and outreach) to improve outcomes associated with PTD/TS Enhanced knowledge to inform evidence-based practice Improved ability of policy makers to make data-informed decisions to equitably improve outcomes and address inequities among children, adolescents, and young adults with PTD/TS	adults with PTD/TS Enhanced evidence-based care for individuals with PTD/TS Reduced health inequities among children, adolescents, and young adults with PTD/TS

A4. Link survey data with clinical data and census tract-level data pertaining to residence at time of survey recruitment A5. Assess site-specific and pooled datasets for data quality and completeness; collaborate with other recipients and CDC on data formatting and cleaning decisions A6. Share standardized, individual-level data with CDC following established and agreed-upon timeline, using a common database, in a secure manner, and according to applicable regulations.	**2.4 Standardized individual-level data cleaned and entered in a database, quality and completeness assessed, and submitted to CDC** **3.1 Surveillance data analysis and dissemination plans developed** **3.2 Analysis results characterize the priority outcomes among children, adolescents, and young adults with PTD/TS and within subgroups** **3.3 Data are interpreted and summarized** **3.4 Products (including surveillance reports) produced and disseminated to variety of audiences**			

Strategy 3: Data analysis and Reporting A1. Develop and implement data analysis plan; analyze and interpret data to characterize priority outcomes; compare and assess differences between survey respondents and non-respondents/national data A2. Develop and implement dissemination plan; develop surveillance reports and disseminate widely to key partners/priority audiences				

i. Purpose

The NOFO will support children, adolescents, and young adults with persistent tic disorders including Tourette syndrome (PTD/TS), outcomes associated with PTD/TS must be understood. The NOFO will conduct surveillance of PTD/TS among children, adolescents, and young adults, across multiple clinical sites that include a diverse population to collect data to document associated costs, co-occurring conditions, suicidality, and transition to adult healthcare. These data will inform future activities to support children, adolescents, and young adults with PTD/TS, including to address disparities.

ii. Outcomes

The expected NOFO outcomes are:

Improved capacity for collaborations and data sharing

Improved data on priority outcomes and inequities for children, adolescents, and young adults with PTD/TS, as well as selected impacts for caregivers of children <18 years

Increased understanding of the strengths and limitations of clinic-based surveillance of outcomes among children, adolescents, and young adults with PTD/TS

Availability of new information on the priority outcomes and inequities for a variety of audiences

Established surveillance system for timely information on priority outcomes among children, adolescents, and young adults with PTD/TS that can be replicated and sustained

iii. Strategies and Activities

Strategy 1. Program Planning and Capacity Building

Activity 1: Collaborate with CDC and other NOFO recipients to determine surveillance data collection approach (e.g. online and/or paper surveys), recruitment plan, and finalize survey measures with emphasis on the priority outcomes of cost, healthcare transition, suicidality, and co-occurring disorders (measures with population-based data available for comparison will be prioritized; a limited number (e.g., 1-3) of measures for non-priority outcomes can be proposed) minimizing participant burden

Activity 2: Collaborate with CDC to build a sustainable data collection system

Activity 3: Collaborate with CDC to develop data linkage plan to link survey data to census tract-level data and clinical information

Activity 4: Coordinate with CDC and other NOFO recipients to plan and prepare for surveillance data exchange/sharing

Activity 5: Develop regular progress reports and share with CDC

Activity 6: Develop an evaluation and monitoring plan in collaboration with CDC, within 6 months of the award.

Strategy 2: Data Collection and Management

Activity 1: Recruit children, adolescents, and young adults (i.e., <27 years) diagnosed with a persistent tic disorder including Tourette syndrome (PTD/TS) from clinic populations, as well as caregivers for those under 18 years. Recruitment of individuals aged 18-26 years is encouraged, but not required.

Activity 2: Systematically collect data relevant to priority outcomes for diverse populations of children, adolescents, and young adults with PTD/TS as well as data on selected impacts (e.g., employment) for caregivers of children and adolescents

Activity 3: Develop data management plan; monitor and manage data, including data cleaning

Activity 4: Geocode participant address data and link census tract-level data pertaining to socioeconomic indicators based on residence at time of survey recruitment with survey and clinical information

Activity 5: Before and after submission to CDC, assess site-specific and pooled datasets for data quality and completeness; collaborate with other recipients and CDC on data formatting and data cleaning decisions

Activity 6. Following an established and agreed-upon timeline, share standardized individual-level data with CDC, including standardized data elements using a common database in a secure manner. [Note: CDC has a secure network that will be used for this project and recipients will need to obtain and maintain access. Under applicable grant regulations in 45 CFR 75.322, CDC is authorized to collect data first produced under a funded award. All data submitted to CDC becomes subject to applicable federal law, including but not limited to the Freedom of Information Act and Federal Records Act.]

Strategy 3: Data analysis and Reporting

Activity 1: Develop and implement data analysis plan; analyze and interpret data to characterize priority outcomes; compare and assess differences between survey respondents and non-respondents/national data

Activity 2: Develop and implement dissemination plan for multi-site data; develop surveillance reports and disseminate widely to key partners/priority audiences

1. Collaborations

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

Collaborations with interested CDC programs and CDC-funded programs that address children and youth are encouraged. The funding office (NCBDDD) will link recipients with applicable CDC programs, as needed. The linkages will provide the recipient with information and resources to assist with implementing activities to achieve the NOFO period of performance outcomes, including health equity-related outcomes. The exact nature and activities within these collaborations will be determined post-award. Award recipients are expected to collaborate with each other and CDC to determine the surveillance data collection approach (e.g., online and/or paper surveys), recruitment plan; finalize survey measures; develop a data linkage plan for census tract-level data and clinical information; plan and prepare for surveillance data exchange/sharing.

b. With organizations not funded by CDC:

Collaborations with interested partners, educational institutions, non-profit agencies, resource centers, and other entities with an interest in the population of children, adolescents, and young adults with PTD/TS are encouraged, and may assist with recruitment or other activities. These may include partners who are and are not funded by CDC. Partners who can enhance outreach to minority-serving institutions, enhance outreach for geographic diversity, community or faith groups serving the affected population, and persons with relevant lived experiences are also encouraged. Applicants are encouraged to establish or engage with an established local advisory board that includes people with lived experience, clinicians, and public health professionals for input on project planning, promotion, and dissemination of findings. The applicant should provide a letter of support describing how each collaboration will assist the recipient in implementing activities and achieving the NOFO period of performance outcomes, including health equity-related outcomes. If partnering with a specialty clinic for data collection, a letter of support must be included that clearly states ability to recruit clinic patients, link clinic records to survey data, and send linked data to the CDC. The applicant should provide internet links for the

organizations and programs, if applicable. The applicant must file the letters of support, name the file “Letters of Support” and upload as a PDF, Word, or Excel file format at grants.gov.

2. Population(s) of Focus

The population of focus for this NOFO is children, adolescents, and young adults (i.e., < 27 years) diagnosed with persistent tic disorders (PTD) including Tourette syndrome (TS) and their caregivers.

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.

Individuals with persistent tic disorders including Tourette syndrome (PTD/TS) have increased needs in healthcare and in the classroom compared to their peers, and therefore need systematic clinical and educational supports. Individuals with PTD/TS are also at higher risk than their peers for specific public health outcomes, including feelings of isolation, problems with social relationships, school problems, and suicidal ideation. Although some areas of the public health impact of PTD/TS have been described, less is known about the impact among sub-populations of individuals, including females, LGBTQIA+ individuals, racial/ethnic minorities, and individuals living in different geographic settings (e.g., urban, rural). This NOFO aims to document the public health impact and associated health disparities among children, adolescents, and young adults with PTD/TS by conducting surveillance across multiple sites to increase knowledge of the overall population, and the sub-populations noted above. An improved understanding of the outcomes associated with PTD/TS overall as well as disparities in the prevalence of priority outcomes can be used to educate individuals, families, educators, and healthcare professionals to address identified needs of the population and sub-populations.

Applicants should describe their approach and capacity to recruit a diverse population of individuals with PTD/TS.

iv. Funding Strategy
N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

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.

Recipients will be required to submit a detailed Evaluation and Performance Measurement plan (Evaluation Plan), including any needed revisions to the Data Management Plan, within the first 6 months of award, as described in the Reporting Section of this NOFO. The recipient's Evaluation Plan must describe how the recipient will fulfill the NOFO evaluation and performance measurement requirements described in this section.

Upon award, CDC will work with recipients to identify process and outcome evaluation measures and potential data sources they can use to track key evaluation outcomes and will provide technical assistance to recipients to identify additional indicators and measures that support the evaluation of the specific NOFO activities. Recipients will be required to submit a draft of the evaluation plan within the first 45 days of award (including potential indicators) which should be finalized by six months post award, as described in the Reporting and CDC Evaluation and Performance Measurement Sections of the NOFO.

Upon award, CDC will provide a recommended template, along with guidance and technical assistance, to develop a collective evaluation plan. Recipients' evaluation activities may include collecting additional qualitative and quantitative data to measure program efforts.

CDC expects recipients to identify, measure, track, and report on:

Process evaluation measures on activities related to implementing a comprehensive surveillance approach for priority outcomes among children, adolescents, and young adults with PTD/TS, including strategies for program planning and capacity building, data collection and management, and data analysis and reporting.

Outcome evaluation measures on the impact of NOFO activities on short-term and intermediate outcomes which build surveillance capacity for collaboration and data sharing, improve data on priority outcomes and inequities, document the reliability and sustainability of clinic-based surveillance for children, adolescents, and young adults with PTD/TS, including information on priority outcomes and inequities.

Example Process Evaluation Measures:(Note: final process measures will be determined post-award in collaboration with CDC.)

Strategy 1: Program Planning and Capacity Building

Recipients will be required to submit a detailed Evaluation and Performance Measurement plan (Evaluation Plan), including any needed revisions to the Data Management Plan, within the first 6 months of award, as described in the Reporting Section of this NOFO. The recipient's Evaluation Plan must describe how the recipient will fulfill the NOFO evaluation and performance measurement requirements described in this section.

Upon award, CDC will work with recipients to identify process and outcome evaluation measures and potential data sources they can use to track key evaluation outcomes and will provide technical assistance to recipients to identify additional indicators and measures that support the evaluation of the specific NOFO activities. Recipients will be required to submit a draft of the evaluation plan within the first 45 days of award (including potential indicators) which should be finalized by six months post award, as described in the Reporting and CDC Evaluation and Performance Measurement Sections of the NOFO.

Upon award, CDC will provide a recommended template, along with guidance and technical assistance, to develop a collective evaluation plan. Recipients' evaluation activities may include collecting additional qualitative and quantitative data to measure program efforts.

CDC expects recipients to identify, measure, track, and report on:

Process evaluation measures on activities related to implementing a comprehensive surveillance approach for priority outcomes among children, adolescents, and young adults with PTD/TS, including strategies for program planning and capacity building, data collection and management, and data analysis and reporting.

Outcome evaluation measures on the impact of NOFO activities on short-term and intermediate outcomes which build surveillance capacity for collaboration and data sharing, improve data on priority outcomes and inequities, document the reliability and sustainability of clinic-based surveillance for children, adolescents, and young adults with PTD/TS, including information on priority outcomes and inequities.

Example Process Evaluation Measures:(Note: final process measures will be determined post-award in collaboration with CDC.)

Strategy 1: Program Planning and Capacity Building

# of meetings attended with CDC and other recipients

# of regular progress reports submitted to CDC on time

Data collection approach, recruitment plan, and survey measures developed in collaboration with CDC and other recipients

Survey measures finalized that include validated questions to measure priority outcomes and demographic characteristics to measure inequities

Data sharing and linkage plans for census tract-level data developed in collaboration with CDC and other recipients

Evaluation and monitoring plan developed in collaboration with CDC and other recipients within 6 months post-award

Procedures and protocols proposed that could be replicated or continued in the future

Strategy 2: Data Collection and Management

Applicants should include the following DMP requirements, at a minimum:

- A description of the data to be collected or generated in the proposed project;
- The standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights;
- Statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent, and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified

According to recruitment, data collection, and data management plans:

# of participants overall (including by age, sex, race/ethnicity, metro-status, and census-level indicators) compared to recruitment goal

# of participants in current reporting period (including by age, sex, race/ethnicity, and census-level indicators) compared to recruitment goal

% of participants with complete data

Data standardized following proposed protocol

Data entered in a database, addresses geocoded, cleaned, and shared with CDC based on agreed upon schedule

# of data quality checks implemented

Information on respondents and non-respondents has been compared and documented.

Strategy 3: Data Analysis and Reporting

Data analysis and dissemination plan developed in collaboration with CDC and other recipients

Descriptive statistics generated on outcomes associated with PTD/TS, including by age, sex, race/ethnicity and census level indicators

Results interpreted and summarized in collaboration with CDC and other recipients

Surveillance reports for each priority outcome created and disseminated

and type of dissemination channels or products (e.g., abstracts, presentations, publications)

and type of dissemination audiences

Example Outcome Evaluation Measures: (Note: final outcome measures will be determined post-award in collaboration with CDC.)

Short-term outcome 1: Improved capacity for collaboration and data sharing

Procedures established for data sharing between recipients and CDC

Short-term outcome 2: Improved data on priority outcomes and inequities for children, adolescents, and young adults with PTD/TS

Calculated the proportion of individuals with PTD/TS experiencing priority outcomes

Calculated the proportion of individuals with PTD/TS experiencing priority outcomes stratified by demographic characteristics, including race/ethnicity, sex, geography (e.g., urban, rural), and census-level indicators

Short-term outcome 3: Increased understanding of the strengths and limitations of clinic-based surveillance for children, adolescents, and young adults with PTD/TS

Lessons-learned (i.e., strengths and limitations) summarized and communicated to CDC and other recipients via interim or final reports

Short-term outcome 4: Availability of new information on the priority outcomes and inequities for a variety of audiences

Multi-site findings on priority outcomes and inequities for individuals with PTD/TS shared with and made widely available to a variety of audiences

and type of audiences for whom the findings are available

Intermediate outcome 1: Established surveillance system for timely information on priority outcomes among children, adolescents, and young adults with PTD/TS that could be replicated or continued

Procedures and protocols established and documented for a surveillance system on priority outcomes among individuals with PTD/TS that could be replicated or continued in the future

A Data Management Plan (DMP) is required as part of the application, and must include:

A draft description of the data to be collected or generated in the proposed project, including proposed outcome and process evaluation measures, and priority outcome measures (final description of the data to be collected will be determined post-award in collaboration with CDC; measures with population-based data available for comparison will be prioritized)

How data will be stored securely at the site, including mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights

Plans to geocode residential data and link with census-tract level data

Data suppression standards to ensure dissemination of data do not compromise confidentiality

A plan to securely provide data to CDC

Statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent, and potential limitations for use

Plans for archiving and long-term preservation of the data or explaining why long-term preservation and access are not justified.

Recipients will finalize a data management plan and implement a process to share data with both CDC. Data to be shared with CDC and other recipients will exclude the majority of the standard HIPAA identifiers. Full dates may be needed for certain variable calculations (e.g., age at diagnosis needing date of birth and data of diagnosis). Information on age, sex, race/ethnicity, and other demographic information is expected to be shared with CDC and NOFO recipients. The data management plan may involve a two-step data release process in which only fully de-identified data are shared more widely, and any data containing a HIPAA identifier (e.g., date) is restricted to a smaller group.

For more information, see CDC's DMP policy: https://www.cdc.gov/grants/additional-requirements/ar-25.html.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must demonstrate relevant experience and capacity (management, administrative, and technical) to:

Provide expertise in the identification and diagnosis of PTD/TS

Access a clinic that specializes in tic disorders; if partnering with a specialty clinic, a letter of support must be included that clearly states ability to recruit clinic patients, link clinic records to survey data, and send linked, data to the CDC. The clinic should serve children and adolescents under 18 and can also serve young adults; the applicant should document the number of children, adolescents, and young adults with PTD/TS seen in the clinic annually (e.g., for 2021, 2022, or 2023), including information on the patients' race, ethnicity, and metro-status (it is recommended this information is presented in a table).

Reach and maximize recruitment and participation of a diverse clinic population of children, adolescents, (and young adults if included in proposal) diagnosed with persistent tic disorders (PTD) including Tourette syndrome (TS), and caregivers for those under 18 years, and effectively implement surveillance (i.e., collect data to describe prevalence of priority outcomes), as applicable to this NOFO

Collaborate with CDC and NOFO recipients to finalize appropriate measures/methods to assess the four priority outcomes (i.e., costs [e.g., healthcare, employment, educational supports], healthcare transition, co-occurring disorders, suicidality). Measures with population-based data available for comparison will be prioritized

Collaborate in the collection, analysis, and dissemination of data; letters of support or other documentation can be included to show previous collaborative work

Link data across multiple sources (e.g., survey, clinical, Census)

Geocode address data

Share data outside the recipient's institution. Applicants should describe a plan to share all data collected under this cooperative agreement with CDC every 6 months following the beginning of data collection and document their ability to share data. Applicants should demonstrate, through memorandums of understanding/agreement (MOUs/MOAs) and/or letters of support from the owners of the data and/or any relevant authorities, the ability to access and share the data per the NOFO guidelines. Applicants must file the MOUs or MOAs, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov. Applicants must address HIPAA and IRB requirements for sharing data. All data submitted to CDC becomes subject to applicable federal law, including but not limited to the Freedom of Information Act and Federal Records Act.

Disseminate multi-site findings through presentations, reports, and publications

Implement the activities and achieve the project outcomes to enhance public health surveillance for individuals with PTD/TS

Implement the evaluation plan

Create and maintain a staffing plan (clearly defined staff roles) and project management structure sufficient to achieve the project outcomes. Management must describe skills in program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management. For any positions to be filled post-award the applicant should address both the recruiting strategies and estimated timeline for filling the position(s).

If recipient uses a sub-recipient for all or part of the workplan activities the recipient must demonstrate adequate staffing and capacity to supervise sub-recipient's activities and products.

Applicants should provide documentation that they have a financial management system that will allow proper funds management and segregation of funds by program, including sub-awards, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards found at: "https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_1302 45 CFR Part 75.302. The financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.

Applicants must demonstrate their ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

Applicants must provide CV/Resumes of key staff (i.e., project manager, principal investigator, epidemiologist/statistician) and name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov. Attachments can be submitted using PDF, Word, or Excel file formats.

d. Work Plan

The applicant must provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years to track and monitor implementation of activities and progress on period of performance outcomes.

The recommended work plan format is a table listing the strategies and activities, outcomes, and evaluation and performance measures as presented in the logic model and the narrative sections of the NOFO. The applicant may choose to track strategies, activities, and outcomes in the work plan table by color.

The work plan for year 1 must include activities and timelines to support the achievement of the NOFO outcomes. These activities must align with the NOFO logic model and should have performance measures or milestones for accomplishing tasks and

Include measurable outcomes.

Describe staff and administrative roles and functions to support the implementation of the award.

Specify management and leadership positions and qualifications for those roles; and

Describe administration and assessment processes to ensure successful implementation and quality assurance.

The work plan format should align with the logic model and narrative and can be used for year 1. In this format, the table should be completed for each period of performance outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Sample:

Period of Performance Outcome:

[from Outcomes section and/or logic model]

Outcome Measure:

[from Evaluation and Performance Measurement section]

Strategies and Activities

Process Measure *[from Evaluation and Performance Measurement section]*

Responsible Position / Party

Completion Date

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.

f. CDC Program Support to Recipients

In a cooperative agreement, CDC staff members are substantially involved in the program activities, above and beyond routine grant monitoring. CDC's involvement beyond monthly calls, site visits, and regular performance and financial monitoring may include specific subject matter expertise regarding documenting the impact of persistent tic disorders (PTD) including Tourette syndrome (TS) in a population of children, adolescents, and young adults, and providing consultation on:

finalization of common measures to identify areas of impact, specifically the priority outcomes of cost, suicidality, co-occurring conditions, and care transition in adulthood

finalization of the data management plan and process to share data with CDC

data collection, data sharing, and data analysis

strategies to recruit the priority populations

evaluation

performance measurement

work plan modifications and

capacity building assistance.

The program and all recipients will share information, practices, lessons learned, and evaluation results between recipients (e.g., through conference calls, guidance, material development, data sharing), and externally (e.g., conferences, webinars, publications, social media).

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:
NU38DD Documenting Outcomes Associated with Persistent Tic Disorders (including Tourette Syndrome)

3. Fiscal Year:
2024

4. Approximate Total Fiscal Year Funding:
$750,000

5. Total Period of Performance Funding:
$3,750,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$3,750,000

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

year(s)

7. Expected Number of Awards:
3

8. Approximate Average Award:

$250,000
Per Budget Period

9. Award Ceiling:
$750,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$150,000
Per Budget Period

11. Estimated Award Date:
August 30, 2024

12. Budget Period Length:
12 months 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 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))

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in 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

State controlled institutions of higher education

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

The applicant must provide evidence of access to clinic-based samples of children, adolescents, and young adults (ages 6-24 years) with a current persistent tic disorder including Tourette Syndrome (PTD/TS) and the ability to collect data on this population.

The applicant must include in the application a table of contents, project abstract, project narrative, (including work plan) budget narrative, letters of support, CVs/resumes, organizational charts, a copy of their indirect cost rate agreement, and a data management plan demonstrating secure handling and storage of data. Assurances should be provided that data will be kept on restricted and/or password-protected systems that only individuals working on the respective surveillance system can access. Failure to include these documents will cause the application to be deemed nonresponsive and not be passed on for further review.

The award ceiling for this NOFO is $750,000. CDC will consider any application requesting an award higher than this amount as nonresponsive, and it will receive no further review.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

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 at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	System for Award	1. Go to SAM.gov and create an Electronic Business Point of Contact (EBiz POC). You will	7-10 Business Days but may take longer and must be renewed once a year	For SAM Customer Service

	Management (SAM)	need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.		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 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.	Allow at least one business day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

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 notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

b. Application Deadline

Due Date for Applications 04/15/2024

04/15/2024
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 Information Conference Call
2/29/2024 2-3 PM EST

Join Zoom Meeting
US: +16692545252,,1614835451#,,,,*07051334# or +16469641167,,1614835451#,,,,*07051334#
https://cdc.zoomgov.com/j/1614835451?pwd=czVVU3lwUTBiWGxQSnJpVTMrTkFOUT09&from=addon
161 483 5451
Passcode: s9^HppCt
Join by Telephone
For higher quality, dial a number based on your current location.
+1 669 254 5252 US (San Jose) +1 646 964 1167 US (US Spanish Line) +1 646 828 7666 US (New York) +1 551 285 1373 US (New Jersey) +1 669 216 1590 US (San Jose) +1 415 449 4000 US (US Spanish Line)
Meeting ID:161 483 5451
Passcode: 07051334

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

LOI is not requested or required as part of the application for this NOFO.

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

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

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

The NOFO aims to describe the public health impact of persistent tic disorders (PTD) including Tourette syndrome (TS) among diverse populations of children and adolescents ages 4-17 years identified in clinical settings; inclusion of young adults aged 18-26 years with PTD/TS is encouraged but not required. Funded sites will assess priority outcomes of cost, suicidality, transition to adult healthcare, and co-occurring conditions. These data will inform education and outreach activities to improve the health and well-being of individuals with PTD/TS.

Recipients will collaborate with CDC and other NOFO recipients to develop and execute plans for data collection, including finalization of survey measures for priority outcomes, develop a standard survey and surveillance data collection protocol across sites, recruitment of eligible individuals and their caregivers (for children under 18 years), survey administration, data linkage for census tract-level socioeconomic indicators and clinical information, data management, data sharing, data analysis, and dissemination of multi-site data. Recipients will finalize a data management plan and implement a process to share data with both CDC and among NOFO recipients.

Recipients are expected to: 1) conduct surveillance of PTD/TS among children and adolescents aged 4-17 years, including data collection to document associated costs, co-occurring conditions, prevalence of suicidality risk, and transition to adult healthcare (inclusion of young adults aged 18-26 years is encouraged but not required), and 2) generate data that can be used to inform

equitable and effective education and outreach activities to improve the health and well-being of individuals with PTD/TS and their families.

It is anticipated that the primary mode of data collection will be surveys administered to caregivers (for children with PTD/TS under 10 years), children with PTD/TS and their caregivers (for children ages 10-17 years), and to adults with PTD/TS only (for those age 18-26 years), and these data will be supplemented with clinical data and linkage to census tract-level data.

Project evaluation will include process and outcome measures for improved capacity for collaboration and data sharing, improved data on priority outcomes and inequities, increased understanding of the strengths and limitations of clinic-based surveillance, availability of new information on the priority outcomes and inequities for a variety of audiences, and to establish procedures and protocols that could be replicated or continued in the future. There are an estimated 1.4 million people in the U.S. affected by persistent tic disorders (PTD), including Tourette syndrome (TS). To support people with these conditions, the impact of PTD/TS must be understood. Although data on the impact of PTD/TS on social relationships and education are available, other potential outcomes associated with PTD/TS have not been well-documented, including costs, suicidality, health care transition, and the role of co-occurring disorders on these outcomes. Limited data are available on how these outcomes may differ among sub-populations (e.g., by sex, race/ethnicity, age group, and geography [e.g., urban/rural]). Data will be used to inform where resources for families and healthcare providers (e.g., professional trainings) are most needed to support people with PTD/TS and their families and to address health inequities among the population.

Final measures should complement and supplement currently available data. Measures with available population-based data for comparison will be prioritized (e.g., healthcare transition questions from the National Survey of Children's Health questions], suicide questions from Youth Risk Behavior Survey, healthcare use questions from the National Health Interview Survey, employment/income questions from Current Population Survey). Assessment of costs can include outcomes such as education level, employment (of parent or young adult with PTD/TS), healthcare costs (beyond those available in claims data). Assessment of suicidality risk can include outcomes such as suicidal ideation, plans, or attempts. CDC has identified potential measures which are included in the Appendix. Applicants can propose alternate measures or elect the measures identified by CDC. Applicants should provide justification for measures described in their application.

The NOFO activities are expected to result in the following short and intermediate-term outcomes:

Short term

Improved capacity for collaboration and data sharing

Improved data on priority outcomes and inequities for children, adolescents, and young adults with PTD/TS

Increased understanding of the strengths and limitations of clinic-based surveillance for priority outcomes among children, adolescents, and young adults with PTD/TS

Availability of new information on the priority outcomes and inequities for a variety of audiences, including individuals, families, educators, and healthcare providers

Intermediate

Established surveillance system for timely information on priority outcomes among children, adolescents, and young adults with PTD/TS that can be replicated and sustained Collaborations with interested CDC programs and CDC-funded programs that address children and youth are encouraged. The funding office (NCBDDD) will link recipients with applicable CDC programs, as needed. The linkages will provide the recipient with information and resources to assist with implementing activities to achieve the NOFO period of performance outcomes, including health equity-related outcomes. The exact nature and activities within these collaborations will be determined post-award. Award recipients are expected to collaborate with each other and CDC to determine the surveillance data collection approach (e.g., online and/or paper surveys), recruitment plan; finalize survey measures; develop a data linkage plan for census tract-level data and clinical information; plan and prepare for surveillance data exchange/sharing.

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.

The population of focus for this NOFO is children, adolescents, and young adults (i.e., < 27 years) diagnosed with persistent tic disorders (PTD) including Tourette syndrome (TS) and their caregivers. Individuals with persistent tic disorders including Tourette syndrome (PTD/TS) have increased needs in healthcare and in the classroom compared to their peers, and therefore need systematic clinical and educational supports. Individuals with PTD/TS are also at higher risk than their peers for specific public health outcomes, including feelings of isolation, problems with social relationships, school problems, and suicidal ideation. Although some areas of the public health impact of PTD/TS have been described, less is known about the impact among sub-populations of individuals, including females, LGBTQIA+ individuals, racial/ethnic minorities, and individuals living in different geographic settings (e.g., urban, rural). This NOFO aims to document the public health impact and associated health disparities among children, adolescents, and young adults with PTD/TS by conducting surveillance across multiple sites to increase knowledge of the overall population, and the sub-populations noted above. An improved understanding of the outcomes associated with PTD/TS overall as well as disparities in the prevalence of priority outcomes can be used to educate individuals, families, educators, and healthcare professionals to address identified needs of the population and sub-populations.

Applicants should describe their approach and capacity to recruit a diverse population of individuals with PTD/TS.

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.

Recipients will be required to submit a detailed Evaluation and Performance Measurement plan (Evaluation Plan), including any needed revisions to the Data Management Plan, within the first 6 months of award, as described in the Reporting Section of this NOFO. The recipient's Evaluation Plan must describe how the recipient will fulfill the NOFO evaluation and performance measurement requirements described in this section.

Upon award, CDC will work with recipients to identify process and outcome evaluation measures and potential data sources they can use to track key evaluation outcomes and will provide technical assistance to recipients to identify additional indicators and measures that support the evaluation of the specific NOFO activities. Recipients will be required to submit a draft of the evaluation plan within the first 45 days of award (including potential indicators) which should be finalized by six months post award, as described in the Reporting and CDC Evaluation and Performance Measurement Sections of the NOFO.

Upon award, CDC will provide a recommended template, along with guidance and technical assistance, to develop a collective evaluation plan. Recipients' evaluation activities may include collecting additional qualitative and quantitative data to measure program efforts.

CDC expects recipients to identify, measure, track, and report on:

Process evaluation measures on activities related to implementing a comprehensive surveillance approach for priority outcomes among children, adolescents, and young adults with PTD/TS, including strategies for program planning and capacity building, data collection and management, and data analysis and reporting.

Outcome evaluation measures on the impact of NOFO activities on short-term and intermediate outcomes which build surveillance capacity for collaboration and data sharing, improve data on priority outcomes and inequities, document the reliability and sustainability of clinic-based surveillance for children, adolescents, and young adults with PTD/TS, including information on priority outcomes and inequities.

Example Process Evaluation Measures:(Note: final process measures will be determined post-award in collaboration with CDC.)

Strategy 1: Program Planning and Capacity Building
# of meetings attended with CDC and other recipients

# of regular progress reports submitted to CDC on time

Data collection approach, recruitment plan, and survey measures developed in collaboration with CDC and other recipients

Survey measures finalized that include validated questions to measure priority outcomes and demographic characteristics to measure inequities

Data sharing and linkage plans for census tract-level data developed in collaboration with CDC and other recipients

Evaluation and monitoring plan developed in collaboration with CDC and other recipients within 6 months post-award

Procedures and protocols proposed that could be replicated or continued in the future

Strategy 2: Data Collection and Management

According to recruitment, data collection, and data management plans:

# of participants overall (including by age, sex, race/ethnicity, metro-status, and census-level indicators) compared to recruitment goal

# of participants in current reporting period (including by age, sex, race/ethnicity, and census-level indicators) compared to recruitment goal

% of participants with complete data

Data standardized following proposed protocol. Recipients will finalize a data management plan and implement a process to share data with both CDC and NOFO recipients. Data to be shared with CDC and other recipients will exclude the majority of the standard HIPAA identifiers. Full dates may be needed for certain variable calculations (e.g., age at diagnosis needing date of birth and data of diagnosis). Information on age, sex, race/ethnicity, and other demographic information is expected to be shared with CDC and NOFO recipients. The data management plan may involve a two-step data release process in which only fully de-identified data are shared

more widely, and any data containing a HIPAA identifier (e.g., date) is restricted to a smaller group.

Data entered in a database, addresses geocoded, cleaned, and shared with CDC based on agreed upon schedule

# of data quality checks implemented

Information on respondents and non-respondents has been compared and documented.

Strategy 3: Data Analysis and Reporting

Data analysis and dissemination plan developed in collaboration with CDC and other recipients

Descriptive statistics generated on outcomes associated with PTD/TS, including by age, sex, race/ethnicity and census level indicators

Results interpreted and summarized in collaboration with CDC and other recipients

Surveillance reports for each priority outcome created and disseminated

and type of dissemination channels or products (e.g., abstracts, presentations, publications)

and type of dissemination audiences

Example Outcome Evaluation Measures: (Note: final outcome measures will be determined post-award in collaboration with CDC.)

Short-term outcome 1: Improved capacity for collaboration and data sharing

Procedures established for data sharing between recipients and CDC

Short-term outcome 2: Improved data on priority outcomes and inequities for children, adolescents, and young adults with PTD/TS

Calculated the proportion of individuals with PTD/TS experiencing priority outcomes

Calculated the proportion of individuals with PTD/TS experiencing priority outcomes stratified by demographic characteristics, including race/ethnicity, sex, geography (e.g., urban, rural), and census-level indicators

Short-term outcome 3: Increased understanding of the strengths and limitations of clinic-based surveillance for children, adolescents, and young adults with PTD/TS

Lessons-learned (i.e., strengths and limitations) summarized and communicated to CDC and other recipients via interim or final reports

Short-term outcome 4: Availability of new information on the priority outcomes and inequities for a variety of audiences

Multi-site findings on priority outcomes and inequities for individuals with PTD/TS shared with and made widely available to a variety of audiences

and type of audiences for whom the findings are available

Intermediate outcome 1: Established surveillance system for timely information on priority outcomes among children, adolescents, and young adults with PTD/TS that could be replicated or continued

Procedures and protocols established and documented for a surveillance system on priority outcomes among individuals with PTD/TS that could be replicated or continued in the future

A Data Management Plan (DMP) is required as part of the application, and must include:

A draft description of the data to be collected or generated in the proposed project, including proposed outcome and process evaluation measures, and priority outcome measures (final description of the data to be collected will be determined post-award in collaboration with CDC; measures with population-based data available for comparison will be prioritized)

How data will be stored securely at the site, including mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights

Plans to geocode residential data and link with census-tract level data

Data suppression standards to ensure dissemination of data do not compromise confidentiality

A plan to securely provide data to CDC

Statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent, and potential limitations for use

Plans for archiving and long-term preservation of the data or explaining why long-term preservation and access are not justified.

Recipients will finalize a data management plan and implement a process to share data with both CDC. Data to be shared with CDC and other recipients will exclude the majority of the standard HIPAA identifiers. Full dates may be needed for certain variable calculations (e.g., age at diagnosis needing date of birth and data of diagnosis). Information on age, sex, race/ethnicity, and other demographic information is expected to be shared with CDC and NOFO recipients. The data management plan may involve a two-step data release process in which only fully de-identified data are shared more widely, and any data containing a HIPAA identifier (e.g., date) is restricted to a smaller group.

For more information, see CDC’s DMP policy: https://www.cdc.gov/grants/additional-requirements/ar-25.html. .

d. Organizational Capacity of Applicants to Implement the Approach

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

Applicants must demonstrate relevant experience and capacity (management, administrative, and technical) to

Provide expertise in the identification and diagnosis of PTD/TS

Access a clinic that specializes in tic disorders; if partnering with a specialty clinic, a letter of support must be included that clearly states ability to recruit clinic patients, link clinic records to survey data, and send linked data to the CDC for distribution to other NOFO recipients. The clinic should serve children and adolescents under 18 and can also serve young adults; the applicant should document the number of children, adolescents, and young adults with PTD/TS seen in the clinic annually (e.g., for 2021, 2022, or 2023), including information on the patients' race, ethnicity, and metro-status (it is recommended this information is presented in a table).

Reach and maximize recruitment and participation of a diverse clinic population of children, adolescents, (and young adults if included in proposal) diagnosed with persistent tic disorders (PTD) including Tourette syndrome (TS), and caregivers for those under 18 years, and effectively implement surveillance (i.e., collect data to describe prevalence of priority outcomes), as applicable to this NOFO

Collaborate with CDC and NOFO recipients to finalize appropriate measures/methods to assess the four priority outcomes (i.e., costs [e.g., healthcare, employment, educational supports], healthcare transition, co-occurring disorders, suicidality). Measures with population-based data available for comparison will be prioritized

Collaborate in the collection, analysis, and dissemination of data; letters of support or other documentation can be included to show previous collaborative work

Link data across multiple sources (e.g., survey, clinical, Census)

Geocode address data

Share data outside the recipient's institution. Applicants should describe a plan to share de-identified data with CDC and other NOFO recipients every 6 months following the beginning of data collection and document their ability to share data. Applicants should demonstrate, through memorandums of understanding/agreement (MOUs/MOAs) and/or letters of support from the owners of the data and/or any relevant authorities, the ability to access and share the data per the NOFO guidelines. Applicants must file the MOUs or MOAs, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov. Applicants must address HIPAA and IRB requirements for sharing data. All data submitted to CDC becomes subject to applicable federal law, including but not limited to the Freedom of Information Act and Federal Records Act.

Disseminate multi-site findings through presentations, reports, and publications

Implement the activities and achieve the project outcomes to enhance public health surveillance for individuals with PTD/TS

Implement the evaluation plan

Create and maintain a staffing plan (clearly defined staff roles) and project management structure sufficient to achieve the project outcomes. Management must describe skills in program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management. For any positions to be filled post-award the applicant should address both the recruiting strategies and estimated timeline for filling the position(s).

If recipient uses a subrecipient for all or part of the work plan activities the recipient must demonstrate adequate staffing and capacity to supervise subrecipient's activities and products.

Applicants should provide documentation that they have a financial management system that will allow proper funds management and segregation of funds by program, including sub-awards, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards found at: "https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_1302 45 CFR Part 75.302. The financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.

Applicants must demonstrate their ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

Applicants must provide CV/Resumes of key staff and name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov. Attachments can be submitted using PDF, Word, or Excel file formats.

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.

The applicant must provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years to track and monitor implementation of activities and progress on period of performance outcomes.

The recommended work plan format is a table listing the strategies and activities, outcomes, and evaluation and performance measures as presented in the logic model and the narrative sections of the NOFO. The applicant may choose to track strategies, activities, and outcomes in the work plan table by color.

The work plan for year 1 must include activities and timelines to support the achievement of the NOFO outcomes. These activities must align with the NOFO logic model and should have performance measures or milestones for accomplishing tasks and

Include measurable outcomes.

Describe staff and administrative roles and functions to support the implementation of the award.

Specify management and leadership positions and qualifications for those roles; and

Describe administration and assessment processes to ensure successful implementation and quality assurance.

The work plan format should align with the logic model and narrative and can be used for year 1. In this format, the table should be completed for each period of performance outcome. If a

particular activity leads to multiple outcomes, it should be described under each outcome measure.

Sample:

Period of Performance Outcome:

[from Outcomes section and/or logic model]

Outcome Measure:

[from Evaluation and Performance Measurement section]

Strategies and Activities

Process Measure *[from Evaluation and Performance Measurement section]*

Responsible Position / Party

Completion Date

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 essential public health services and ensure foundational capabilities are in place, such as activities that ensure a capable and qualified workforce, strengthen information systems and organizational competencies, build attention to equity, and advance 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. 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.

14. 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/.

15. 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.

16. 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.

Tourette Syndrome.- The agreement provides an increase and directs CDC to continue to educate physicians, educators, clinicians, allied professionals, and the general public about the disorder and to improve scientific knowledge on prevalence, risk factors, and co-occurring conditions of Tourette Syndrome.

17. 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.

18. Intergovernmental Review

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

19. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. 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 when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or 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 at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

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

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

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

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

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application 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 CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

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:** 25

Briefly (2-3 sentences) and clearly describe how their application will address the **purpose** as described in the NOFO, specifically the need for timely data on public health outcomes associated with PTD/TS, consistent with the CDC Background section? (4)

Describe intended short- and intermediate-term **outcomes** and planned outcome measures consistent with the CDC Project Description and applicant's approach, and which are achievable within the period of performance? (4)

Describe how specific **strategies and activities** align with the intended short- and intermediate-term **outcomes** consistent with the CDC Project Description section and Logic Model, and achievable within the project period? (4)

Provide rationale for including the measures identified by CDC and/or for proposing alternate measures (4)

Describe how **disparities** among individuals with PTD/TS, as described in the Population(s) of Focus and Health Disparities sections, will be considered and addressed in the design and implementation of the proposed strategies and activities? (3)

Present a **workplan** aligned with the strategies/activities, outcomes, and performance measures and consistent with the content and format of the CDC template? (3)

Describe how the applicant will **collaborate** with CDC and the other recipients to meet the goals of the NOFO? (3)

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

To what extent does the applicant propose a draft plan that includes:

Quantifiable and achievable **examples of process measures** aligned with activities and outputs consistent with the applicant's approach? (5)

Quantifiable and achievable **examples of outcome measures** aligned with short- and intermediate-term outcomes consistent with the applicant's approach? (5)

Monitoring and evaluation strategy/methods to collect data on and track proposed process and outcome measures? (10)

Strategy for reporting and using performance measurement and evaluation findings to demonstrate the short- and intermediate-term outcomes of the NOFO and to support continuous program quality improvement? (3)

A Data Management Plan which includes proposed process and outcome evaluation measures (2)

Applicant must provide the following in accordance with Additional Requirement 25 https://www.cdc.gov/grants/additional-requirements/ar-25.html:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for or limitations to providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights). This section should address access to data or

justification for not making the data accessible (see below for additional information about access);

- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
- Plans for archiving and long-term preservation of the data or explaining why long-term preservation and access are not justified. This section should address archiving and preservation of identifiable and de-identified data (see below for additional information regarding archiving).

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 50

Clinical Population (20):

To what extent does the applicant (or letter of support from specialty clinic(s) if provided) demonstrate:

Access to a diverse (i.e., race, ethnicity, geography) clinical population of individuals with persistent tic disorders including Tourette syndrome (PTD/TS)? (6)

Access to a clinical population of children, adolescents, and young adults (if included in the proposal) with persistent tic disorders including Tourette syndrome? (6)

Demonstrate staffing and expertise to recruit at least 50 unique individuals (4 points) with PTD/TS for participation annually (6 points for ability to recruit at least 75 and 8 points to recruit at least 100)?

Surveillance Data Collection and Management Capacity (10):

To what extent does the applicant

Demonstrate understanding of and capacity to collect surveillance data? (4)

Describe expertise developing and implementing surveys or data collection tools? (3)

Describe capacity to geocode, manage and clean data? (3)

Data-sharing, and Linkage Capacity (5):

To what extent did the applicant provide evidence

Of ability to link survey data with clinical data?

Of ability to link survey data with census-level data?

They can share standardized, de-duplicated, individual-level linked data with CDC and other NOFO# DD-24-0083 recipients, including addressing any HIPAA and IRB requirements, including letters of support as needed?

Data Analysis and Dissemination Capacity (5):

To what extent does the applicant demonstrate expertise and staffing for:

Analysis of surveillance data, as described in this NOFO?

Dissemination of multi-site analytic results via a variety of products/audiences?

Collaboration, Staffing, and Sustainability Capacity (10):

To what extent did the applicant provide a multidisciplinary staffing plan, including a PTD/TS subject matter expert, data manager, and data analyst (e.g., statistician, epidemiologist), with clearly defined roles and project management structure to carry out the intent of the NOFO including evaluation and monitoring?

If an applicant proposes to use a subrecipient (or recipients) for all or part of the workplan activities, to what extent did the applicant document adequate staffing and capacity to supervise subrecipient's activities and products?

Budget **Maximum Points:** 0

Does the applicant provide a detailed budget that is reasonable and consistent with the stated objectives and planned program activities? (Not scored)

Are categories and level of effort described in the budget narrative in alignment with the project approach?

If the applicant requests indirect costs in the budget, a copy of the indirect cost rate agreement is required.

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

c. Phase III Review

Funding will be based on an objective review and the following factors also may affect the funding decision (out of rank): geographic diversity and documented access to the clinical population.

Applicant must provide the following in accordance with AR-25:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for or limitations to providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights). This section should address access to data or justification for not making the data accessible (see below for additional information about access);
- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
- Plans for archiving and long-term preservation of the data or explaining why long-term preservation and access are not justified. This section should address archiving and preservation of data (see below for additional information regarding archiving).

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 award dates will be in August 30, 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.

2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at https://www.cdc.gov/grants/additional-requirements/index.html.

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

List of Additional Requirements

AR -1 Human Subjects Requirements

AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-9 Paperwork Reduction Act Requirements

AR -10 Smoke-Free Workplace Requirement

AR-11 Healthy People 2030

AR-12 Lobbying Restrictions

AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14 Accounting System Requirements

AR-15 Proof of Non-profit Status

AR-22 Research Integrity

AR-23 Compliance with 45 CFR Part 87

AR-24 Health Insurance Portability and Accountability Act Requirements

AR-25 Data Management and Access

AR-28 Inclusion of Persons Under the Age of 21 in Research

AR-29 Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009

AR-30 Compliance with Section 508 of the Rehabilitation Act of 1973

AR-31 Research Definition

AR-32 Appropriations Act, General Provisions

AR-33 United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern

AR-34 Accessibility Provisions and Non-Discrimination Requirements are incorporated into CDC General Terms and Conditions

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

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

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.

All required reports:

Report	**When**
Recipient Evaluation and Performance Measurement Plan including data Management Plan (DMP)	6 months into award
Annual performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation applicati

Federal Financial Reporting Forms	90 days after the end of budget period
Final performance and Financial Report	90 days after end of period of performance

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching 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 than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

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

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

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

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

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

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

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the 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).

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 notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Mary Helen

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

Address:
Centers for Disease Control and Prevention

CHAMBLEE BLDG 106 Rm 4116
MS S106-4

Atlanta, GA 30341

Telephone:
404-498-3023

Email:
muw4@cdc.gov

Grants Staff Contact

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

First Name:
Randall

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

Address:
2920 Brandywine Road

Atlanta, GA 30341

Telephone:
(404) 718-5568

Email:
JLF0@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 application attachments that can be submitted using PDF, Word, or Excel file formats 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

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Project narrative page limit is 20 pages, double-spaced.

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.

NOFO-specific Glossary and Acronyms

Appendix of potential surveillance measures identified by CDC

Applicants can propose alternate measures or elect the measures identified by CDC. Applicants should provide justification for measures described in their application.

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Cost-related measures (employment, income) from Current Population Survey

The next few questions are about *your* work and income. This refers to the income of the person completing this survey, and not other household income.

1. In the last year, did you work for pay, either full or part-time?

Yes – Full Time

Yes – Part Time 20 hours per week or more

Yes – Part Time less than 20 hours per week

No – *Skip to Next section/instrument*

2. In the last year, how many weeks (including paid vacation and sick leave) did you, the caregiver, work for pay, either full or part time?

The whole year (all 52 weeks)

Part of the year (less than 52 weeks); Indicate number of weeks_____

3.In the last year, how many hours per week have you usually worked for pay? (Do not include unpaid hours spent traveling to and from your job)

Number of Hours per week _____

4. If working, what kind of work do you do, that is, what is your occupation? For example, salesperson, secretary, business owner, etc.

Occupation _____

5. What is **your** wage rate or salary before deductions (for taxes or anything else) at this job:

$_____ Per □ Hour

□ Day

□ Week

□ 2-week

□ Month

□ Year

□ Other specify

Other: _____

Healthcare cost-related measures from the National Health Interview Survey (NHIS)

Ages 2-17 years (parent reported)

1. During the past 12 months, has ^SCNAME been DELAYED in getting counseling or therapy from a mental health professional because of the cost?
2. During the past 12 months, was there any time when ^SCNAME needed counseling or therapy from a mental health professional, but DID NOT GET IT because of the cost?

Ages 18 years +

1. During the past 12 months, have you DELAYED getting counseling or therapy from a mental health professional because of the cost?
2. During the past 12 months, was there any time when you needed counseling or therapy from a mental health professional, but DID NOT GET IT because of the cost?

Cost-related measures from the National Survey of Children's Health (NSCH) (parent-reported)

1. DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan?

- o Yes, this child was covered all 12 months ➔ SKIP to question 4
- o Yes, but this child had a gap in coverage
- o No

1. Indicate whether any of the following is a reason this child was not covered by health insurance at any time DURING THE PAST 12 MONTHS: [Yes/No for each]
    a. Change in employer or employment status
    b. Cancellation due to overdue premiums
    c. Dropped coverage because it was unaffordable
    d. Dropped coverage because benefits were inadequate
    e. Dropped coverage because choice of health care providers was inadequate
    f. Problems with application or renewal process
    g. Other, specify
2. Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?

[Yes/No; if No, skip to next section]

1. Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans? [Yes/No for each]
    a. Insurance through a current or former employer or union
    b. Insurance purchased directly from an insurance company
    c. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability
    d. TRICARE or other military health care

e. Indian Health Service
f. Other, specify

2. How often does this child's health insurance offer benefits or cover services that meet this child's needs? [always, usually, sometimes, never]
3. How often does this child's health insurance allow them to see the health care providers they need? [always, usually, sometimes, never]
4. Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs? [always, usually, sometimes, never, this child does not use mental or behavioral health services]
5. Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS? Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.

- $0 (No medical or health-related expenses; skip to Q11)
- $1-$249
- $250-$499
- $500-$999
- $1,000-$5,000
- More than $5,000

1. How often are these costs reasonable? [always, usually, sometimes, never]
2. DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills? [Yes, No]
3. DURING THE PAST 12 MONTHS, have you or other family members...[Yes/No for each]

a. Left a job or taken a leave of absence because of this child's health or health conditions?
b. Cut down on the hours you work because of this child's health or health conditions?
c. Avoided changing jobs because of concerns about maintaining health insurance for this child?

Healthcare transition questions – NSCH 2023, parent reported

1. Do any of this child's doctors or other health care providers treat only children? [Yes/No – skip to Question 3 if No)
2. If yes, have they talked with you about when this child will need to see doctors or other health care providers who treat adults? [Yes/No]
3. Has this child's doctor or other health care provider actively worked with this child to: [Yes, No, Don't Know for each]
    a. Make positive choices about their health. For example, by eating healthy, getting regular exercise, not using tobacco, alcohol, or other drugs, or delaying sexual activity?

b. Gain skills to manage their health and health care. For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications they may need?
c. Understand the changes in health care that happen at age 18. For example, by understanding changes in privacy, consent, access to information, or decision-making?

4. Did you and this child receive a summary of your child's medical history (for example, medical conditions, allergies, medications, immunizations)? [Yes/No]
5. Have this child's doctors or other health care providers worked with you and this child to create a plan of care to meet their health goals and needs? [Yes/No, if No, skip to Q8]
6. If yes, do you and this child have access to this plan of care? [Yes/No]
7. Does this plan of care address transition to doctors and other health care providers who treat adults? [Yes/No/No, this child already sees providers who treat adults]
8. Eligibility for health insurance often changes in young adulthood. Do you know how this child will be insured as they become an adult? [Yes, No – if yes, go to next section]
9. If no, has anyone discussed with you how to obtain or keep some type of health insurance coverage as this child becomes an adult? [Yes/No]

Suicide and Bullying Questions (Youth Risk Behavior Survey, 2023)

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

1. During the past 12 months, have you ever been bullied on school property? [Yes/No]
2. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.) [Yes/No]

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

1. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? [Yes/No]
2. During the past 12 months, did you ever seriously consider attempting suicide? [Yes/No]
3. During the past 12 months, did you make a plan about how you would attempt suicide? [Yes/No]
4. During the past 12 months, how many times did you actually attempt suicide? [0 times (skip to next section), 1 time, 2 or 3 times, 4 or 5 times, 6 or more times]
5. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? A. I did not attempt suicide during the past 12 months [Yes/No]

Co-occurring Disorders, NSCH, parent report or *National Survey of the Diagnosis and treatment of AHDH and Tourette Syndrome (NS-DATA), parent-report

Has a doctor or other health care provider EVER told you that this child has...

a. Anxiety problems? [Yes/No]
    a. If yes, does this child CURRENTLY have these problems? [Yes/No]
        i. If yes, is it mild, moderate, or severe?

b. Depression? [Yes/No]
    a. If yes, does this child CURRENTLY have the condition? [Yes/No]
        i. If yes, is it mild, moderate, or severe?

c. Autism or Autism spectrum disorder? [Yes/No]
    a. If yes, does this child CURRENTLY have the condition? [Yes/No]
        i. If yes, is it mild, moderate, or severe?

d. Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder, that is, ADD or ADHD? [Yes/No]
    a. If yes, does this child CURRENTLY have the condition? [Yes/No]
        i. If yes, is it mild, moderate, or severe?

e. Frequent or severe headaches, including migraine? [Yes/No]
    a. If yes, does this child CURRENTLY have the condition? [Yes/No]
        i. If yes, is it mild, moderate, or severe?

f. *A sleep disorder? HELP TEXT: Sleep apnea, insomnia, and narcolepsy are examples of sleep disorders. [Yes/No]
    a. If yes, does [child] currently have a sleep disorder [Yes/No]

g. *Obsessive compulsive disorder or OCD? HELP TEXT: Children with OCD feel the need to check things repeatedly, or have certain thoughts or perform routines and rituals over and over.
    a. If yes, does [child] currently have obsessive compulsive disorder or OCD? [Yes/No]

h. *Intermittent explosive disorder? [Yes/No] HELP TEXT: Intermittent explosive disorder is a behavioral disorder characterized by extreme expression of anger, often to the point of uncontrollable rage that is disproportionate to the situation at hand.
    a. If yes, Does [child] currently have intermittent explosive disorder? [Yes/No]

i. *Substance use disorder? [Yes/No] HELP TEXT: Substance abuse is the frequent use of substances such as drugs that can be physically dangerous and can potentially lead to legal problems and frequent social or interpersonal problems. [Yes/No]
    a. If yes, does [child] currently have substance use disorder? [Yes/No]

Has a doctor, other health care provider, or educator EVER told you that this child has... Examples of educators are teachers and school nurses.

a. Behavioral or Conduct Problems?
    a. If yes, does this child CURRENTLY have these problems? [Yes/No]
        i. If yes, is it mild, moderate, or severe?

b. Developmental delay
    a. If yes, does this child CURRENTLY have the condition? [Yes/No]

i. If yes, is it mild, moderate, or severe?

c. Intellectual disability (formerly known as Mental Retardation)?
    a. If yes, does this child CURRENTLY have the disability? [Yes/No]
        i. If yes, is it mild, moderate, or severe?

d. Speech or other language disorder
    a. If yes, does this child CURRENTLY have the condition? [Yes/No]
        i. If yes, is it mild, moderate, or severe?

e. Learning disability
    a. If yes, does this child CURRENTLY have the disability? [Yes/No]
        i. If yes, is it mild, moderate, or severe?

Co-occurring Disorders, NHIS (18+ self-report)

Have you EVER been told by a doctor or other health professional that you had ...Any type of anxiety disorder? [Yes/No] * Read if necessary: Some common types of anxiety disorders include generalized anxiety disorder, social anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive compulsive disorder, and phobias.

Have you EVER been told by a doctor or other health professional that you had ...Any type of depression? [Yes/No] * Read if necessary: Some common types of depression include major depression (or major depressive disorder), bipolar depression, dysthymia, post-partum depression, and seasonal affective disorder.

Have you EVER been told by a **doctor or health professional** that you had… Attention Deficit/Hyperactivity Disorder or ADHD, sometimes also called Attention Deficit Disorder or ADD?

Definitions

Tourette Syndrome (TS) is a neurodevelopmental disorder that becomes evident in early childhood or adolescence. It is part of the spectrum of Tic Disorders and is characterized by motor and vocal tics.

Tics are sudden, uncontrolled, and repetitive movements or sounds that people do repeatedly. People who have tics cannot stop their body from doing these things. Tics can affect particular muscles, especially of the face, or vocalizations. Tics can also be quirks or habits or language that are usually unconscious.