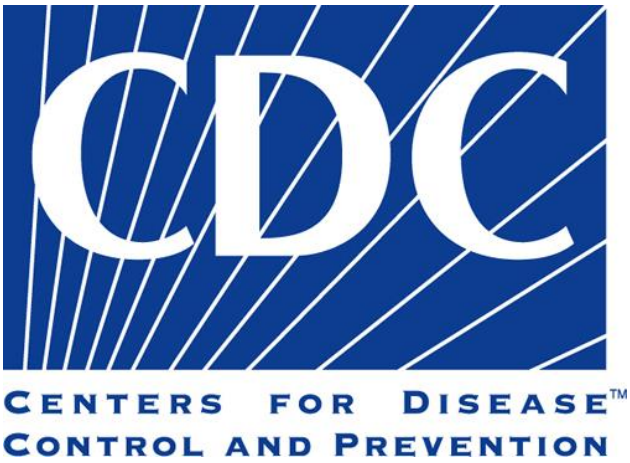


Centers for Disease Control and Prevention

OFFICE OF THE DIRECTOR, CENTERS FOR DISEASE CONTROL & PREVENTION

CDC John R. Lewis Undergraduate Public Health Scholars Program and Dr. James A. Ferguson Emerging Infectious Diseases Fellowship: Exposure of Undergraduate, Graduate Students, and Postgraduates to Minority Health, Public Health, and Health Professions

CDC-RFA-CD22-2201

08/15/2022

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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-CD22-2201. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

CDC John R. Lewis Undergraduate Public Health Scholars Program and Dr. James A. Ferguson Emerging Infectious Diseases Fellowship: Exposure of Undergraduate, Graduate Students, and Postgraduates to Minority Health, Public Health, and Health Professions

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CD22-2201

E. Assistance Listings Number:

93.456

F. Dates:

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

07/22/2022

Recommended but not Required

A LOI is requested but optional. Applicants will not be penalized if they do not submit an LOI. The purpose of an LOI is to allow CDC to estimate the number of applications and plan for the objective review of submitted applications. Please include in your LOI the following information.

- Name, address, telephone number, and an email address of the Principle Investigator, Project Director, or both.
- Name, address, telephone number, and e-mail address of the primary contact for writing and submitting the application.
- Include the number and title of this NOFO
- Indicate the category for which will be applied. Options include Category A, Category B, or both Category A and Category B. Please include this in the subject line, along with "LOI" and the organization name. For example, CategoryA_LOI_CDC.

2. Due Date for Applications:
08/15/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
July 29, 2022
Informational Conference Call will be health held in Teams at 2:00pm EST.
Click here to join the meeting
Or call in (audio only)
+1 404-498-3000,,776178712# United States, Atlanta
(888) 994-4478,,776178712# United States (Toll-free)
Phone Conference ID: 776 178 712#

F. Executive Summary:

Summary Paragraph

The Centers for Disease Control and Prevention's (CDC) Office of Minority Health and Health Equity (OMHHE) announces a funding opportunity for organizations to implement the CDC John R. Lewis Undergraduate Public Health Scholars (Lewis Scholars) Program and Dr. James A. Ferguson Emerging Infectious Diseases (Ferguson) Fellowship. The goal is to support a diverse pool of candidates to pursue careers in public health professions. Through experiential learning opportunities in public health settings, the Lewis Scholars Program exposes 2-year junior college graduates, 4-year undergraduate college junior and senior students, and recent postgraduates to minority health and health equity topics; preparing them to meet future workforce needs. The Ferguson Fellowship supports graduate-level scholars with summer-, semester-, and year-long public health research and professional development opportunities in areas such as infectious diseases, public health, mental health, maternal and child health, and/or health equity research. The Lewis Scholars Program and Ferguson Fellowship emphasize increasing knowledge and interest in public health and health care careers among students and recent graduates from historically underserved and socially disadvantaged populations.

a. Eligible Applicants:
Open Competition

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
7
Category A: up to 6 awards; Category B: up to 1 award

d. Total Period of Performance Funding:
$5,519,000

e. Average One Year Award Amount:
$709,000
Category A- The CDC John R. Lewis Undergraduate Scholars Program, Average year award amount: $709,000.
Category B- The James A. Ferguson Infectious Diseases Fellowship (Summer, Semester and Year-long Components), Average year award amount: $1,265,000 across all 3 components.
Category A and Category B- Average year award amount: 1,974,000

f. Total Period of Performance Length:
5

g. Estimated Award Date:
September 30, 2022

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
There is a significant need for qualified employees representing minority and low-income backgrounds to work in health fields (Reader, 2020). The US population is projected to be more racially and ethnically diverse than it is today by 2060, yet health disparities persist among these groups. A diverse public health workforce and greater representation of racial and ethnic minority populations in key public health occupational categories is a cornerstone to the elimination of health disparities but remains one of the most challenging of Healthy People 2030 goals to attain. According to the Association of American Medical Colleges, while African Americans and Hispanics are the largest racial and ethnic minority populations, they are also the most severely underrepresented in medicine. 2020 US Census data indicate that the Hispanic/Latino population (18.7%) and Black/African American population (12.1%) together make up 30.8% of the total US population. However, according to the Association of American Medical Colleges (AAMC), the Hispanic/Latino population (5.8%) and Black/African American population (5.0%) made up 10.8% of all active US-based physicians in 2018 (the most current year for which such data were available). According to 2020 US Census data, the Native American and Alaskan Native population makes up 1.1% of the US population; however, as reported by the AAMC in 2018, they represented 0.3% of all active US based physicians. These diversity shortfalls continue to lessen the capacity and capabilities of the public health workforce

to improve health in communities. For more information on the public health workforce, see the NOFO resources guide: https://www.cdc.gov/minorityhealth/programs/resources/index.html.

This Notice of Funding Opportunity (NOFO) supports both the long-term investment in a well-trained public health and health care workforce and in the diversity and cultural competence of public health professionals. The major outcome of this program is the increased awareness of the broad field preparation requirements and career opportunities for public health professionals among undergraduate students, community college and university graduates, Master-level graduate students, and recent postgraduates, particularly, but not limited to, those from historically underserved and socially disadvantaged populations, such as those from racial and ethnic minority groups, persons with a physical disability, low English proficiency, first-generation college students, and members of a sexual and gender minority group, as well as those in geographically underserved areas of the United States and its territories. For more information on CDC's efforts to support these programs, see the NOFO resources guide: https://www.cdc.gov/minorityhealth/programs/resources/index.html.

Previous reports from the Association of American Medical Colleges (AAMC Report Shows Decline of Black Males in Medicine | AAMC) and NIH (In the Nation's Compelling Interest - NCBI Bookshelf (nih.gov)) have found that pipeline program interventions are effective at increasing the representativeness in health professions. The CDC Office of Minority Health and Health Equity has found success in offering pipeline programs to undergraduate and graduate students to expose them to public health and public health careers. These efforts included intensive mentorship, experiential, and applied learning opportunities, which the literature supports as effective in increasing interest and engagement in health professions (Reader, 2020).

b. Statutory Authorities

Section 207(f) of the Public Health Service Act [42 U.S.C. §209(f)]; Section 301 of the Public Health Service Act [42 U.S.C. § 241]; and Section 1704 of the Public Health Service Act [42 U.S.C. §300u-3], as amended.

c. Healthy People 2030

This notice of funding opportunity (NOFO) addresses the "Healthy People 2030" (HP2030) overarching goal to achieve health equity, eliminate health disparities, and improve the health of all groups.

This NOFO also addresses two HP2030 Public Health Infrastructure (PHI) objectives –

PHI-R02: Expand public health pipeline programs that include service or experiential learning

PHI-R05: Monitor the education of the public health workforce

d. Other National Public Health Priorities and Strategies

Executive Order 14035: Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce – This executive order seeks to create a federal government-wide initiative to promote diversity, equity, inclusion, and accessibility (DEIA). To obtain information on the Executive Order 14035, the following links have been provided: https://www.whitehouse.gov/briefing-room/presidential-actions/2021/06/25/executive-order-on-diversity-equity-inclusion-and-accessibility-in-the-federal-workforce/
https://www.whitehouse.gov/wp-content/uploads/2021/11/Strategic-Plan-to-Advance-Diversity-

Equity-Inclusion-and-Accessibility-in-the-Federal-Workforce-11.23.21.pdf
Executive Order 14031: Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders – This executive order establishes a White House initiative on Asian Americans, Native Hawaiians, and Pacific Islanders, as well as a Presidential Advisory Commission, both of which aim to advance equity, justice, and opportunity among these groups. To obtain information on the Executive Order 14031, the following links has been provided: https://www.whitehouse.gov/briefing-room/presidential-actions/2021/05/28/executive-order-on-advancing-equity-justice-and-opportunity-for-asian-americans-native-hawaiians-and-pacific-islanders/

e. Relevant Work

Relevant work to support the development of emerging public health professionals by the OMHHE includes past funding initiatives for similar programs over the past 40 years. Please see NOFO numbers CDC-RFA-MN11-1101 and CDC-RFA-MN17-1701.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<u>Recruitment and selection</u> Recruit and select diverse group of students <u>Project Placement</u> Identify and secure internship placement sites Design and implement training curriculum Place students in fellowships/internships and monitor progress <u>Mentorship Support</u> Identify and train mentors Mentor scholars/alumni <u>Follow-Up</u>	**Increased interest in public health among scholars/fellows.** Increased pursuit of advanced degree(s) in biomedical science, public health, and health care related fields among scholars/fellows. **Completion and submission of research findings for publication among scholars/fellows.** Increased interest to work with diverse populations among scholars/fellows.	Ongoing engagement in public health career and learning opportunities among scholars/fellows. Increased employment in public health workforce among scholars/fellows. Increased application of participatory and community engagement practices in public health programs among fellows. Increased socio-demographic representation across the public health workforce.	Increased diversity of the public health workforce. Increased contribution to public health, health equity literature and knowledge Reduction of health disparities Advancement of health equity approaches

Create learning community Create continued professional development and networking opportunities	**Increased competency in public health knowledge and practice among scholars/fellows.** **Increased knowledge of health equity/ social determinants of health among scholars/fellows.** **Increased knowledge of infectious disease intervention strategies among scholars/fellows.** **Increased awareness of public health career options among scholars/fellows.** Increased knowledge of public health best practices among scholars/fellows. Increased knowledge of professional development opportunities among scholars/fellows.	Sustained high quality relationships with mentors among scholars/fellows. Increased opportunities for Fellows to present and publish research. Sustained participation in robust public health practice among scholars/fellows. Increased capacity to consider and apply public health science among scholars/fellows.	Increased diversity as a practice within the public health workforce

i. Purpose

The purpose of this NOFO is to expose public health to community college graduates, 4-year undergraduate students, graduate students, and recent postgraduates such as those from racial and ethnic minority groups, persons with a disability, low English proficiency, first-generation college students, and members of a sexual and gender minority group, as well as those in geographically underserved areas of the United States and its territories. Applicants will apply innovative approaches across four domains: recruitment and selection, project placement, mentorship support, and follow-up.

ii. Outcomes

Increased interest in public health among scholars/fellows from throughout the United states and its territories.

Completion and submission of research findings for publication among scholars/fellows.
Increased competency in public health knowledge and practice among scholars/fellows.
Increased knowledge of health equity/ social determinants of health among scholars/fellows.
Increased knowledge of infectious disease intervention strategies among scholars/fellows.
Increased awareness of public health career options among scholars/fellows.

iii. Strategies and Activities

This funding opportunity will use a two-category strategy: Category A: Lewis Scholars, and Category B: Ferguson Fellowship. Applicants may be awarded for Category A, Category B, or both Category A and B. Applicants will need to submit one application with a separate approach, narrative, work plan, organizational capacity, and budget for each category in which they are applying.

Applicants have the option of applying as follows:

- Category A only
- Category B only
- Category A and Category B

Award Recipient Activities Category A: The CDC John R. Lewis Undergraduate Scholars Program (Lewis Scholars)

Engage in cross-site discussions.

- Participate in collaborative meetings and discussions with CDC and other recipients supported by this notice of funding opportunity announcement.

Reach out to and support activities to recruit participants.

- Recruit two-year community college graduates and rising undergraduate juniors, seniors, and those who have just completed their undergraduate degree through innovative, diverse and tailored recruitment means.

Review student applications and select participants.

- Select 4-year undergraduate students and community college graduates (up to 50 students per funded organization), such as those from racial and ethnic minority groups, persons with a disability, low English proficiency, first-generation college students, and members of a sexual and gender minority group, as well as those in geographically underserved areas of the United States and its territories.

Secure internship sites, projects, and mentors.

- Identify and secure signed written agreements (e.g., Memorandum of Understanding (MOU)) for participant placements with public health agencies, community-based health organizations, research institutions, and/or other appropriate settings.

Train and guide mentors.

- Recruit, train, orient and support mentors/preceptors at the placement sites through development of trainings, seminars, and other support for mentors and preceptors along with opportunities to network and receive career coaching.

Place participants in internships.

- Design and implement an annual participant orientation.
- Provide mentorship and follow-up with participants.
- Collaborate with CDC in developing an orientation agenda for participants.

Implement an 8-week summer program.

- All award recipients will collaborate with CDC in articulating a common core set of internship/fellowship competencies common to public health performance expectations consistent with those defined by the Association of Schools and Programs of Public Health (ASPPH). For more information on the ASPPH Undergraduate and Graduate Competencies, please follow the links below.
    - ASPPH Undergraduate Competencies
    - ASPPH Graduate Competencies
- Design and implement a summer public health didactic and experiential learning program tailored for the intended participants.
- Provide a stipend to each participant.
- Conduct process and outcome evaluation to assess program quality and changes in participant knowledge and interest using methods such as a pre- and post- program survey.
- Support the facilitation of and actively participate in an annual collaborative summer event to showcase the Lewis Scholar/Ferguson Fellowship participant projects to CDC and external audiences.

Participant Follow-up.

- Utilize electronic systems for tracking of participants' progress during the program.
- Facilitate networking and learning mechanisms among participant alumni.
- Maintain up-to-date participant alumni contact information. Share participant alumni contact information with CDC, and work with CDC to administer follow-up questionnaires to participant alumni.

Award Recipient Activities Category B: Dr. James A. Ferguson Emerging Infectious Diseases Fellowship (Ferguson Fellowship)

The award recipient will conduct the Dr. James A. Ferguson Emerging Infectious Diseases Graduate (summer and semester) and Postgraduate (year-long) Fellowship Program by implementing the following three separate program components under this category:

Design and implement each of the three distinct program components.

1. Graduate Student Research Summer Internship (8-10 weeks) for up to 20 program participants;
2. Graduate Student Research Academic Semester Fellowship (1 semester, flexible to program participant's schedule) for up to 17 program participants;
3. Postgraduate Research Fellowship (12 months) for up to 3 program participants.

Recruit, Select, Place and Mentor Fellows.

- Reach out to and support activities to recruit students
- Announce the program to academic institutions, and public health organizations, including those serving historically underserved populations and students from other vulnerable populations such as those with a physical disability, low English proficiency, first generation college students, and members of a sexual and gender minority group, using a variety of targeted approaches and mechanisms.
- Recruit participants enrolled in graduate school for the summer and/or academic semester fellowship, and recent postgraduates for a year-long fellowship. Focus recruitment efforts on graduate students and postgraduates in degree fields of medicine, public health, veterinary medicine, dentistry, and pharmacy.
- Review student applications and select students.
- Place fellows in program and provide a stipend to each fellow.
- Secure fellowship sites, projects, and mentors.

Design and Conduct Orientation and Training for Fellows and Mentors.

- Participate with CDC in articulating a core set of fellowship competencies common to infectious diseases fellowship training and assessment activities consistent with ASPPH Competencies.
- Design and implement orientation and training for fellows and mentors.
- Work with host sites and mentors to orient, place, and track progress of the fellows.
- Design and facilitate in-service public health training activities for completion during the fellows' internship.
- Support/facilitate annual participation in collaborative summer activity to showcase the annual cohort of Lewis Scholar/Ferguson Fellowship projects to CDC and public.

Participant Follow-up.

- Utilize electronic systems for follow-up and tracking of Fellows during the program.
- Maintain contact with Ferguson Fellowship alumni and provide follow-up activities that sustain and support the alumni's interest in public health up to 6 months after the fellowship has ended (e.g., facilitate knowledge of post-doctoral opportunities, identify career options, and as needed, assist with career planning).
- Facilitate networking and learning among participants who complete the program.
- Develop and/or maintain an interactive electronic platform for Ferguson Fellowship alumni.

Maintain up-to-date participant contact information. Share participant contact information with CDC. Work with CDC to administer follow-up questionnaires.

1. Collaborations

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

Award recipients for Category A and Category B are expected to cooperate with each of the other award recipients funded under this NOFO, in the development of common performance domains, coordinated national recruitment strategies, and program performance evaluation methods.

b. With organizations not funded by CDC:

Recipients of both Component A and Component B are encouraged to establish collaborative partnerships with public health and private organizations where students would be placed for the internship/fellowship. Recipients can establish relationships with local academic institutions, public health agencies, civic organizations (e.g., Community-based organizations) and student organizations to ensure program environment and service activities are available, accessible, and appropriate for the students. Recipients can establish mechanisms to allow for community engagement in the design and implementation of the program as appropriate. Funding in support of these partnerships is an allowable expense.

Provide evidence of meaningful partnerships supporting core tasks, such as site-based internship placement, by including memoranda of understanding/agreement (MOU/MOA), letters of agreement with partnering organizations, and subcontract agreements as part of the required documentation to include in the application. Inclusion of such evidence should be attached as PDF files, and provided descriptive titles along with the recipient organization (i.e., MOU_CDC) and uploaded on grants.gov.

2. Target Populations

For Category A (Lewis Scholars), students enrolled in either an accredited 2 or 4 year college or university as an undergraduate from any academic discipline; and, for Category B (Ferguson Fellows), graduate students or recent postgraduates who are interested in public health, health equity, infectious diseases, and biomedical sciences. Any student or graduate is eligible to apply including students and graduates who are from historically underserved and socially disadvantaged populations such as racial and ethnic minority populations, those with a disability, low English proficiency, first generation college students, members of a sexual and gender minority group, and those in geographically underserved areas of the United States and its territories.

a. Health Disparities

The Lewis Scholars Program and Ferguson Fellowship have a special emphasis on increasing knowledge of and interest in public health and health care careers among students enrolled in either an accredited 2 or 4 year college or university as an undergraduate from any academic discipline; and, for Category B (Ferguson Fellows), graduate students or recent postgraduates who are interested in public health, health equity, infectious diseases, and biomedical sciences. All students and graduate students are elgibile to apply, including those who are from historically underserved and socially disadvantaged populations such as racial and ethnic minority populations, persons with a disability, persons with low English proficiency, first-generation college students, members of a sexual and gender minority group, and those in geographically underserved areas of the United States and its territories. Recipients will contribute to reducing health disparities, improving social determinants of health, and advancing

health equity through a focused public health training program of diverse scholars/fellows preparing to meet future public health and health care workforce needs.

iv. Funding Strategy

This funding opportunity will use a two-category strategy. Applicants may be awarded for one or both categories. Category A: The CDC John R. Lewis Undergraduate Scholars Program (Lewis Scholars) recipients will recruit, select, and implement a summer public health exposure program to ungraduate students who have completed at least two years of college or have recently graduated. Category B: Dr. James A. Ferguson Emerging Infectious Diseases Fellowship (Ferguson Fellowship) recipients will recruit, select, and implement a three component public health exposure program to graduate students. Applicants applying for Category B must describe their approach for each of the three components distinctly. Only one recipient will be funded for Category B.

Applicants have the option of applying as follows:
Category A only
Category B only
Category A and Category B

Applicants will need to submit one application with a separate approach, narrative, work plan, organizational capacity, and budget for each Category in which they are applying.

Responsive applications submitted under this funding opportunity will be reviewed objectively as described in the Review and Selection Process section of this NOFO.

Page Limit Amendment
There is no page limit requirement.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

Core to the evaluation and performance measurement strategy is a set of process and outcome measures that the recipients will track if activities have been implemented correctly and if the intended outcomes have been achieved. The measures presented below are both general and placeholders. Post award, CDC will work with the award recipients in each category to refine these general measures, so they are also relevant to their specific program. Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required for this NOFO.

Process Measures: Note that the process measures indicated below for the general activities in the logic model are based on the outputs presented in the logic model.

Process Activity	**Process Measure**
Undergraduate, graduate student, and recent postgraduate outreach and recruitment efforts are implemented.	Number of applications received by demographic characteristics (i.e., race/ethnicity, gender, sexual orientation, age, disability).

Review applications and select participants.	Number of participants accepted by demographic characteristics (i.e., race/ethnicity, gender, sexual orientation, age, disability).
Mentor outreach and recruitment.	Number of mentor applications received and accepted by demographics (i.e., race/ethnicity, gender, sexual orientation, age, disability), expertise, and field of concentration.
Train mentors.	Number of mentor training sessions implemented
Place participants in experiential learning projects.	Number and type of experiential learning projects. Number of participants by project type. Number of projects by organization type/location. Ratio of mentors to participants.
Design and implement participant program.	Description of participant program curricula that is aligned with the Association of Schools and Programs in Public Health (ASPPH) competencies. Proportion of participants who complete program requirements.
Facilitate networking and learning among participants/alumni.	Number of networking events, activities, distance learning sessions hosted. Participant alumni participation per event.

Anticipated Outcome	**Outcome Measures**
Increased interest in public health among participants.	Percent of participant reported increase in interest in public health. Percent of participant reported increase in interest in public health.
Participants complete knowledge checks of public health concepts, including health equity, health disparities, and social determinants of health. Increase in participant knowledge of public health concepts, including health equity, health disparities, and social determinants of health (SDOH).	Percent of participant demonstrated increase in public health knowledge including health equity, health disparities, and SDOH
Increase in awareness of public health career opportunities among scholars/fellows	Percent of participant increase public health career opportunities.

Participants complete infectious diseases research projects and submit abstracts for presentation and manuscripts for publication (Category B).	Percent of participants with completed infectious disease research projects and submitted papers for 1) conference presentation and 2) publication in journals (Category B).
Award recipients indicate in reports how they have adopted promising practices in support of a model consistent with the NOFO.	Aggregated report of promising practices.
Award recipients incorporate promising practices to enhance program implementation and effectiveness.	Description of promising practices incorporated into the program.

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

Core to the evaluation and performance measurement strategy is a set of process and outcome measures that the recipients will track if activities have been implemented correctly and if the intended outcomes have been achieved. The measures presented below are both general and placeholders. Post award, OMHHE will work with the award recipients in each category to refine these general measures, so they are also relevant to their specific program.

Process Measures: Note that the process measures indicated below for the general activities in the logic model are based on the outputs presented in the logic model.

Short-Term Outcomes: Short-term outcomes as depicted in the logic model will be measured through both Lewis Scholar Participant and Ferguson Fellow Participant outcomes.

Lewis Scholar Program short-term outcomes

- Participants from diverse backgrounds are encouraged to consider advanced degree(s) in biomedical science, public health, and health care related fields
- Participants' knowledge of and ability to work with diverse populations increased
- Participants' knowledge of public health concepts and practices and social determinants of health increased
- Participants' awareness and knowledge of public health best practices and career options increased.
- Participants' competencies in public health knowledge and practice increased.
- Participants' increase knowledge of and are encouraged to pursue ongoing professional development opportunities

Ferguson Fellowship short-term outcomes

- Participants from diverse background pursue advanced degrees in public health, biomedical science, and health care related fields
- Participants' knowledge of and ability to work with diverse populations increased
- Participants' knowledge of health equity concepts and practices and social determinants of health increased
- Participants' knowledge of infectious disease intervention strategies increased
- Participants' awareness and knowledge of public health career options increased
- Participants' competencies in public health knowledge and practice increased
- Participants are encouraged to conduct and sustain robust public health and health equity practice

Intermediate Outcomes: Intermediate outcomes as depicted in the logic model will be measured for both Lewis Scholar Participants and Ferguson Fellow Participants.

Lewis Scholar Program intermediate outcomes

- Participants engage in ongoing public health career and learning opportunities
- Participants from diverse backgrounds enter public health workforce
- Participants from diverse backgrounds and population groups are represented across the public health workforce
- Participants develop and maintain relationships with mentors
- Participants participate and sustain robust public health practice
- Participants demonstrate increased capacity to consider and apply public health science

Ferguson Fellowship intermediate scholar outcomes

- Participants from diverse background enter public health workforce
- Participants increase application of participatory and community engagement practices in public health programs
- Participants from diverse backgrounds and population groups are represented across the public health workforce
- Participants acquire increased opportunities to complete and submit their research findings for publication
- Participants develop and maintain relationships with mentors
- Participants participate and sustain robust public health practice
- Participants demonstrate increased capacity to consider and apply health equity science

The logic model described above presented is a general model that describes the activities and intended outcomes of both categories. Presented below are the award recipient activities separately for each category. Note that while both categories draw on the same logic model, not all activities in the logic model apply to both categories.

c. Organizational Capacity of Recipients to Implement the Approach

The narrative must include a description of the organizational infrastructure available or developed to support, implement, and sustain the selected program. A single narrative of the organizational capacity will be sufficient if applying for both Component A and Component B. Included in the body of the narrative is an explanation of the relationship between the selected program, the proposed activities, and the intent of the award. The description must outline the technical capacity of the existing or proposed staff to implement the proposed program. The

description must also include evidence of organizational capacity to collect, store, manage and make available program evaluation data. Synthesize main point into illustrative examples of relevant attachments that can be included as part of the application package. Examples of evidence to include as attachments are as follows (not limited to these): Program performance report that include multiple-year, aggregated data; Examination of pedagogical approaches used in the implementation of the program. Evaluation reports of previous work that demonstrates capacity and/or expertise may be saved as PDF files, provided a descriptive title with organization name included (i.e., Demonstrated Capacity_CDC) and uploaded to grants.gov.

The applicant must document specialized technical expertise and demonstrated capacity to successfully support the selected program.

Specialized Technical Expertise.

- An established history of work /demonstrated aggregate expertise in addressing health equity, minority health, health disparities, and social determinants of health.
- The submitting unit of the organization has a stated commitment and plan to advance diversity, equity, inclusion, and accessibility (DEIA) throughout its mission.

Demonstrated expertise.

- The implementation of the Public Health Competency Framework in accordance with ASPPH benchmarks.
- Program evaluation techniques.
- Professional mentorship models consistent with the program objectives.
- Online public health education platforms and content.
- Methods for data collection, management, and analysis.
- Use of evaluation data to assess program effectiveness and guide program improvement.

Demonstrated Capacity.

- Demonstrate how the proposed program supports existing or previous efforts to increase eligible participant interest in public health careers.
- Demonstrate capacity to effectively host and assist participants in progressing toward careers in public health or biomedical sciences (Category B).
- Describe the qualifications of its program staff in providing academic and career advice, practical experiences, and useful professional connections.
- Provide a staff plan that clearly defines the roles and activity accountabilities of all proposed staff (including those of contributing partners affiliated with proposed placement sites).
- Demonstrate the ability to effectively conduct intended program activities within 60 days of the award.
- Demonstrate ongoing, established working relationships with local and state public health institutions, and community-based organizations that specialize in implementing public health programs within their respective communities.
- Demonstrable, reliable access to and avenues for recruiting, selecting, and collaboratively working with mentors and participants.

- Category A sites must be equipped and able to accept and host students from throughout the United States, its territories, US Affiliated Areas, and Commonwealth for an 8- to 10-week summer experiential learning experience in the summer of calendar year 2023.
- Category B sites must have capacity to support graduate students from across the United States, its territories, US Affiliated Areas, and Commonwealth for an academic semester and postgraduate students for a 12-month internship onsite or virtually.
- Applicants must demonstrate existing capacity for developing and managing databases to support program monitoring and evaluation tasks.
- Applicants must also show successful experience in the following:
    - Recruitment of participants including those who are from historically underserved and socially disadvantaged populations such as racial and ethnic minority populations, persons with a disability, persons with low English proficiency, first-generation college students, members of a sexual and gender minority group, and those in geographically underserved areas of the United States and its territories
    - Implementation of real time, online asynchronous learning activities.
    - Program monitoring and evaluation.

d. Work Plan

The work plan must describe the following components to meet this objective:

1. Participant Recruitment and Selection
2. Secure Internship/Fellowship Participant Sites, Projects, and Mentors
3. Train and Guide Mentors
4. Participant Orientation and Experiential Project Placement
5. Design and Conduct Orientation and Training for Interns/Fellows and Mentors
6. Implement Lewis Scholars and Ferguson Program
7. Participant Follow-up Activities

The work plan must have goals, objectives, and timeline for accomplishment. Applicants must submit separate and complete work plans for each category (Category A, Category B, or both Category A and Category B) they are seeking consideration for funding.

Participant Recruitment and Selection (by category):

Category A: The CDC John R. Lewis Undergraduate Scholars Program (Lewis Scholars)**.** The selected recipients will recruit a combined total of up to 300 undergraduate students interested in minority health, health equity and other allied public health professions per year. The recruitment strategy should use a national (contiguous United States as well as US territories, US Affiliated Areas, and Commonwealth) multidisciplinary and participatory process that includes the involvement of local academic and public health institutions and organizations, as well as racial and ethnic minority associations and groups. The target audience for selection for Category A is: 2-year Community College graduates; and, junior and senior undergraduate students who have successfully completed a minimum of two years (or equivalent) of undergraduate study and are currently enrolled in a four-year accredited college or university. Recent college graduates having received their four-year degree from an accredited college or university within 12-months are also eligible. Note: Current or future enrollment in a graduate public health degree program is not a requirement for acceptance.

Category B: Dr. James A. Ferguson Emerging Infectious Diseases Fellowship (Ferguson Fellowship). The preferred audience for selection for Category B are: students actively enrolled as a full-time graduate student or a recent postgraduate in a medical, dental, pharmacy, veterinary, public health, allied health, or behavioral/social sciences degree program.

Participant Mentor Selection and Training Activities (Category A and Category B):

Applicants must describe in detail how learning opportunities are provided to participants through identification of appropriate public health professional mentors. Areas may include but not be limited to those of: community health, maternal and child health, medical anthropology, health services research, medical sociology, virology, biostatistics, environmental health, epidemiology, health education, health policy, health communication, nutrition, health promotion, microbiology, occupational safety and health, behavioral health, and public health practice. The applicant should describe how they will recruit a cadre of effective highly experienced mentors to enhance participant experience and ensure mentors receive ongoing support throughout the assignment period. The applicant must describe the common performance expectations of the mentors and how these align with ASPPH public health competencies. The applicant must also describe the steps taken and types of supports provided to ensure that mentors are appropriately prepared and supported to consistently provide high quality mentoring relationships and experiences and adhere to performance expectations and describe how they will assess and document adherence to these expectations.

Participant Orientation and Experiential Project Placement Activities (Category A and Category B):

Applicants must describe how they will provide administrative and logistical oversight to the placement sites. The applicant must describe how they will place participants in appropriate locations, such as, but not limited to; CDC, state and local health departments, community-based health organizations, research settings, as well as university-affiliated hospitals and community health centers throughout the United States and its territories. Placements must also involve the student/intern in substantive public health projects or activities. The placement must allow an opportunity for the participants to learn through structured educational presentations, seminars and workshops related to how public health work is conducted and the various requirements needed to begin and advance in a public health career. Note: Funded recipients are expected to establish formal written agreements with the locations where scholars/fellows are placed to ensure adherence to the components of the program plan and performance expectations. The applicant, however, must be the lead organization that provides direct and ongoing oversight and services at each of the locations of the proposed activities where such agreements are established.

An instructionally sound and experiential learning program should result in measurable increases in skills, attitudes, and knowledge that can be utilized and will be valued by future public health employers after their term is completed. Learning objectives, instructional strategies, and assessment methods must be included in the proposal. References on the design of an appropriate program appear in the application reference packet. To access the contents of the NOFO

Resources, link to the following website:
https://www.cdc.gov/minorityhealth/programs/resources/index.html

Participant follow-up Activities (Category A and Category B):

The applicant should describe how communications with the participants will be sustained and enhanced during and after completion of the internship/fellowship period. Examples of ongoing engagement strategies include but are not limited to those that use a variety of communication modalities, channels, technologies, peer-based and participatory networks.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

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

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

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

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

Recipients will participate in all CDC-sponsored meetings. CDC's priority performance measures will be focused on key aspects of the recipients' programs, specifically the components of a high-quality internship and mentorship experience, and the business processes that support them, CDC will:

- Routinely communicate and work with recipients to ensure sufficient awareness of and appropriate involvement in recipient specific and program-wide operations.
- Ensure that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensure that award recipients are performing at a sufficient level to achieve outcomes within stated time frames.

- Work with award recipients on adjusting work plans based on achievement of outcomes, evaluation results and changing budgets.
- Monitor performance measures (both programmatic and financial) to assure satisfactory performance levels.
- Track prioritized learning competencies for participants during the five years of program implementation.
- Track strategies employed by award recipients to recruit a national, college-bound audience.
- Monitor program implementation through tracking participant learning and mentoring experiences.
- Monitor and address implementation challenges experienced by staff, mentors and participants.
- Administer participant questionnaires to assess outcome and overall program effectiveness upon participant program exit.

f. CDC Program Support to Recipients

As part of the cooperative agreement, technical assistance is provided throughout the grant award cycle. Technical assistance can be provided in a variety of forms including, but not limited to: technical consultation, decision-making support, training, resource/tool provision, knowledge management support, organizational capability enhancement, strategy fit assessment, and technology transfer. The intent of the technical assistance is to ensure increased award recipient capacity to implement the program, appropriateness of the project strategies, and successful completion of the awarded project. Also in a cooperative agreement, CDC staff are substantially involved in the design, implementation, and evaluation of program activities, above and beyond routine grant monitoring.
CDC activities include collaboration with award recipients through:

- Participation in the development of learning competencies, curricula, and placement requirements for each award recipient.
- Participation in the implementation of a multi-day closing colloquium/symposium as part of the required participant activities for all sites and recipients funded under Category A and B.
- Assist in identifying mentors at CDC.

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:
U50
Cooperative Agreements Special Cooperative Investigations/Assessment of Control/Prevention Methods. In cooperation with State or local government or other health-related organization, to

perform special investigations of communicable diseases and other preventable health conditions, or to evaluate special methods of preventing disease or controlling health conditions.

3. Fiscal Year:
2022
Estimated Total Funding:
$27,595,000

4. Approximate Total Fiscal Year Funding:
$5,519,000
This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$5,519,000

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

7. Expected Number of Awards:
7
Category A: up to 6 awards; Category B: up to 1 award

8. Approximate Average Award:

$1,517,000
Per Budget Period

Category A- The CDC John R. Lewis Undergraduate Scholars Program, Average year award amount: $709,000.
Category B- The James A. Ferguson Infectious Diseases Fellowship (Summer, Semester and Year-long Components), Average year award amount: $1,265,000 across all 3 components.
Category A and Category B- Average year award amount: 1,974,000

9. Award Ceiling:
$2,683,000
Per Budget Period

Category A – $850,800
Category B – $1,974,000

10. Award Floor:
$1,250,000
Per Budget Period

11. Estimated Award Date:
September 30, 2022

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

12. Budget Period Length:
12 month(s)

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

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

Additional Eligibility Category:

Government Organizations:

State (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)

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities

Community-based organizations

Faith-based organizations

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

5. Maintenance of Effort

D. Required Registrations

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 by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their UEI numbers before accepting any funds.

b. System for Award Management (SAM):

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

c. Grants.gov: The first step in submitting an application online is registering your organization atwww.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option atwww.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an	It takes one day (after you enter the EBiz POC name and EBiz POC email in	Register early! Applicants can register within minutes.

		Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 07/22/2022

07/22/2022
A LOI is requested but optional. Applicants will not be penalized if they do not submit an LOI. The purpose of an LOI is to allow CDC to estimate the number of applications and plan for the objective review of submitted applications. Please include in your LOI the following information.

- Name, address, telephone number, and an email address of the Principle Investigator, Project Director, or both.
- Name, address, telephone number, and e-mail address of the primary contact for writing and submitting the application.
- Include the number and title of this NOFO
- Indicate the category for which will be applied. Options include Category A, Category B, or both Category A and Category B. Please include this in the subject line, along with "LOI" and the organization name. For example, CategoryA_LOI_CDC.

b. Application Deadline

Due Date for Applications 08/15/2022

08/15/2022
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.

July 29, 2022

Due Date for Information Conference Call
Informational Conference Call will be health held in Teams at 2:00pm EST.
Click here to join the meeting
Or call in (audio only)
+1 404-498-3000,,776178712# United States, Atlanta
(888) 994-4478,,776178712# United States (Toll-free)
Phone Conference ID: 776 178 712#

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI:
Recommended but not Required

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

Project Narrative subsections that are specific to each component.

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

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

Include in this section a brief description of the general organizational capacity to implement the program specific to the Category being applied. Include in this section references to relevant attachments suppporting organizational capacity to perform the work under each category to which one is applying.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

a. With other CDC programs and CDC-funded organizations. Award recipients for Category A and Category B are expected to cooperate with each of the other award recipients funded under this NOFO, in the development of common performance domains, coordinated national recruitment strategies, and program performance evaluation methods.

b. With organizations not funded by CDC: Award recipients of both Category A and Category B are encouraged to establish collaborative partnerships with public health and private organizations where students would be placed for the internship/fellowship. Recipients can establish relationships with local academic institutions, public health agencies, civic organizations (e.g., Community-based organizations) and student organizations to ensure program environment and service activities are available, accessible, and appropriate for the students. Recipients can establish mechanisms to allow for community engagement in the design and implementation of the program as appropriate. Funding in support of these partnerships is an allowable expense. Award recipients should provide evidence of meaningful partnerships supporting core tasks, such as site-based internship placement, by including memoranda of understanding/agreement (MOU/MOA), letters of agreement with partnering organizations, and subcontract agreements as part of the required documentation to include in the application. Inclusion of such evidence should be attached as PDF files, and provided descriptive titles along with the recipient organization (i.e., MOU_CDC) and uploaded on grants.gov.

2. Target Populations and Health Disparities

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

a. Target Populations. For Category A (Lewis Scholars), the target population is students enrolled in either an accredited 2 or 4 year college or university as an undergraduate from any academic discipline; and, for Category B (Ferguson Fellows), graduate students or recent postgraduates who are interested in public health, health equity, infectious diseases, and biomedical sciences. Any student or graduate is eligible to apply including students and graduates who are from historically underserved and socially disadvantaged populations such as racial and ethnic minority populations, those with a disability, low English proficiency, first generation college students, members of a sexual and gender minority group, and those in geographically underserved areas of the United States and its territories.

b. Health Disparities. The Lewis Scholars Program (Category A) has a special emphasis on increasing knowledge of and interest in public health and health care careers among students enrolled in either an accredited 2 or 4 year college or university as an undergraduate from any academic discipline; and, for Category B (Ferguson Fellows), graduate students or recent postgraduates who are interested in public health, health equity, infectious diseases, and biomedical sciences. All students are elgibile to apply, including those who are from historically underserved and socially disadvantaged populations such as racial and ethnic minority populations, persons with a disability, persons with low English proficiency, first-generation college students, members of a sexual and gender minority group, and those in geographically underserved areas of the United States and its territories. Award recipients will contribute to reducing health disparities, improving social determinants of health, and advancing health equity through a focused public health training program of diverse scholars/fellows preparing to meet future public health and health care workforce needs.

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/od/science/integrity/reducePublicBurden/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

Applicants applying for both categories will be expected to describe their organizational capacity as part of the narrative and that applicants are expected to submit a separate narrative for each category to which they are applying.

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative,

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

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

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

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

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

Vital records data, including births and deaths, are used to inform public health program and

policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file

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

Indirect Cost Rate Amendment: Funds are to be used for recruitment, orientation, training, placement, mentorship, and post-program activities of undergraduate and graduate students. Funds are not to be used for research. Indirect Cost are limited to 8% modified total direct costs, exclusive of tuition and related fees, direct expenditures for equipment, and subawards more than $25,000.

13. Pilot Program for Enhancement of Employee Whistleblowers Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations

(CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

13a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

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

- Records that identify adequately the source and application of funds for federally-funded activities.

- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

13b. Copyright Interests Provisions

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

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

13c. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additional-requirements/ar-25.html.

14. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition andadditional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

15. Other Submission Requirements

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-

mail message generated at the time of application submission or the Grants.gov Online User Guide.
https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=GetStarted%2FGetStarted.htm

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 30

For applicants applying to either Category A or Category B. Category A and Category B are stand alone when it comes to review, scoring and ranking. Evaluate the extent to which the applicant:

- Describes outreach activities to promote the program to include appropriate community college and undergraduate participants (Category A) or eligible graduate and post-doctoral participants (Category B) throughout the U.S., U.S. territories, U.S. affiliated areas, and Commonwealth. (5 points)
- Describes how they will work with other sites and CDC as an award recipient in a national program. (2 points)
- Describes procedures for participant selection, including selection criteria, structured interviews, and reference checking. (2 points)
- Describes the criteria for the selection of project site(s) for hosting and coordinating a participant experiential learning project. (2 points)
- Describes the selection and training procedures and systems of award recipient support for mentors and how this will contribute to program outcomes. (2 points)
- Provides letters and/or memorandas of agreements between the organization and each of the placement site organizations that will provide access to students for recruitment, participant placements, and access to mentors. (2 points)
- Describes the major components of the didactic and experiential activities of the program and program competencies that are consistent with ASPPH competencies and CDC program outcomes. (5 points)
- Describes how their approach will ensure that diversity, equity, and inclusion in educational opportunity is afforded to the intended student. (5 points)
- Describes how it will maintain contact with participant alumni after completion of the program. (5 points)

ii. Evaluation and Performance Measurement **Maximum Points:** 35

For applicants applying to either Category A or Category B. Category A and Category B are stand alone when it comes to review, scoring and ranking. Evaluate the extent to which the applicant:

- Extent the applicant has convincingly described how their approach will ensure that diversity, equity, and inclusion in educational opportunity is afforded to the intended participant. (10 points)

- Demonstrates geographic and institutional diversity in the recruitment approach for participants and mentors. (10 points)
- Describes how it will monitor participant activities throughout the program. (5 points)
- Describes how it will assess the quality of the project placement, participant experiences, and the mentoring provided. (5 points)
- Describes plans for reporting program progress and performance in the progress report to CDC. (5 points)

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

For applicants applying to Category A or Category B. Category A and Category B are stand alone when it comes to review, scoring and ranking. Evaluate the extent to which the applicant:

- Demonstrates how the proposed program supports existing or previous efforts to increase eligible participant interest in public health careers. (5 points)
- Demonstrates its capacity to effectively host and assist participants in progressing toward careers in public health or biomedical sciences. (5 points)
- Describes the qualifications of its program staff in providing academic and career advice, practical experiences, and useful professional connections. (5 points)
- Provides a staff plan that clearly defines the roles and activity accountabilities of all proposed staff (including those of contributing partners affiliated with proposed placement sites) (3 points)
- Demonstrates existing relationships with local and state public health institutions sufficient to support achievement of program objectives. (2 points)
- Demonstrates present, past, or future experience and success in conducting existing, related or comparable programs at the organizational and invidual levels. (3 points)
- Capacity of approach convincingly describes how to account for the inclusion of Historically Black Colleges and Universities, Hispanic-Serving Institutions, Tribal colleges and Tribal-serving institutions, and Asian American and Pacific Islander-serving Institutions. (10 points)
- Provides letters/memoranda of agreement and subcontracts between its organization and each of the placement site organizations that will provide access to participants for recruitment, placements, and access to mentors. (2 points)

c. Phase III Review

Final funding determinations will be based on application scores from the Objective Review. Applications will be funded in order by score and rank determined by the review panel.

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

Announcement anticipated to be posted on 7/8/2022. Award date anticipated 9/30/2022.

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.

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking

appropriate steps to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

• HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

• For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

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

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

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

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

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

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).

• The frequency that evaluations will be conducted.

• How evaluation reports will be published on a publicly available website.

• How evaluation findings will be used to ensure continuous quality and program improvement.

• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).

• Dissemination channels and audiences.

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

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

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

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

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.

No additional information.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 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).

No additional information.

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

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

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

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

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

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

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

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Michelle

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

Address:

Telephone:

Email:
oqe7@cdc.gov

Grants Management Office Information

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

First Name:
Julie

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

Address:

Telephone:

Email:
xxg6@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

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

- Project Abstract

- Project Narrative
- Budget Narrative
- 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)

Bona Fide Agent status documentation, if applicable

Page Limit Amendment: There is no page limit requirement.

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.

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.

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

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is

used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

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

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

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

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

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

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

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

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

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

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

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

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

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount. Memorandum of Understanding (MOU) or Memorandum of Agreement**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

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

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs. **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

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

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

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

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

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

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.