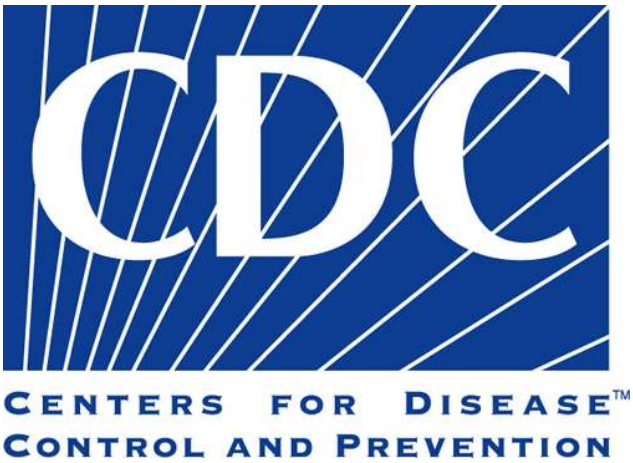


Centers for Disease Control and Prevention

NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

Strengthening Civil Surgeons' Capacity to Improve LTBI Surveillance and Outcomes Among Status Adjusters

CDC-RFA-PS22-2207

05/18/2022

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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-PS22-2207. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Strengthening Civil Surgeons' Capacity to Improve LTBI Surveillance and Outcomes Among Status Adjusters

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)).

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS22-2207

E. Assistance Listings Number:

93.116

F. Dates:

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

N/A

2. Due Date for Applications:
05/18/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
Wednesday, April 6, 2022
3:00 PM-4:00 PM Eastern Time

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/16152888687?pwd=RlcrODZidjFTeFQyYWpkdHpwKzZHUT09

Meeting ID: 161 5288 8687
Passcode: 385712@m
One tap mobile
+16692545252,,16152888687#,,,,*91377674# US (San Jose)
+16468287666,,16152888687#,,,,*91377674# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 669 216 1590 US (San Jose)
+1 551 285 1373 US
Meeting ID: 161 5288 8687
Passcode: 91377674

G. Executive Summary:

1. Summary Paragraph
In the United States, approximately 70% of tuberculosis (TB) cases are among non–U.S.-born persons, and approximately 80% of cases are due to reactivation of longstanding latent TB infection (LTBI). Accordingly, detection and treatment of LTBI among non–U.S.-born persons, to reduce the risk of progression to TB disease, is a national priority. However, non–U.S.-born persons are not a homogenous group, and no single LTBI strategy is likely to work for all non–U.S.-born populations. Status adjusters are non–U.S.-born persons living in the United States on nonimmigrant visas that are seeking long-term lawful permanent residency. This process requires a medical examination (including a TB infection blood test) by a designated "civil surgeon." Federal policy already requires civil surgeons to notify local health departments about applicants ≥ 2 years of age who test positive by interferon gamma release assay (IGRA) for TB infection. This funding opportunity will build on that required reporting to (1) increase public health capacity for LTBI surveillance, and (2) increase linkage of LTBI patients to care to improve initiation and completion of treatment. The project will require recipients to (1) engage high-volume civil surgeons who commonly report LTBI cases (at least 10 IGRA-positive LTBI cases on average per month), (2) identify interventions to improve surveillance and linkage to treatment, (3) generate LTBI care cascades, and (4) submit data to CDC throughout the project.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
3

d. Total Period of Performance Funding:
$1,800,000
Note: There are no subsequent competitive segments or competing continuation awards for this NOFO. There is one initial competitive segment, and all funding will be awarded up front for the duration of a 2-year period of performance. The 2-year period of performance will be comprised of a 2-year budget period.

e. Average One Year Award Amount:
$600,000
Note: All funding will be awarded up front for the duration of a 2-year period of performance, which will be comprised of a 2-year budget period.

f. Total Period of Performance Length:
2

g. Estimated Award Date:
September 01, 2022

h. Cost Sharing and / or Matching Requirements:
No
Cost sharing or matching funds are not required for this NOFO.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Reactivation of latent tuberculosis infection (LTBI) accounts for more than 80% of TB cases in the United States, so identification and treatment of persons with LTBI to reduce the risk of progression to TB disease is a key strategy in the effort to achieve TB elimination in the United States. Non–U.S.-born persons account for about 70% of TB cases in the United States and are the majority of persons with LTBI [1, 2]. Only 10% of the estimated 14 million persons with LTBI in the United States have completed LTBI treatment [3]. Testing and treatment of non–U.S.-born persons at increased risk of TB infection is often a secondary (or lower) priority in the context of primary medical care, where providers are focused on health issues that are perceived to be more common or urgent than LTBI.

Noncitizens already living in the United States on nonimmigrant visas who are seeking long-term lawful permanent residency (i.e., “adjustment of status”) are a unique and accessible population for TB prevention efforts because this process requires a medical examination (usually including a TB infection blood test) by a designated “civil surgeon”. Federal policy already requires civil surgeons to notify local health departments about applicants ≥ 2 years of age who test positive by IGRA for TB infection (https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/tuberculosis.html). Currently, LTBI is reportable only in some states and is not a nationally notifiable condition. Therefore, this

pilot effort to strengthen LTBI surveillance among status adjusters is an important step towards TB elimination efforts in the United States. In 2020, approximately 500,000 non–U.S.-born persons applied for permanent residency and were examined by around 4,600 civil surgeons (https://www.uscis.gov/sites/default/files/document/reports/2020-USCIS-Statistical-Annual-Report.pdf). Previous studies have found significant gaps in civil surgeons' understanding of and approach to TB infection testing and treatment and significant barriers to status adjusters' uptake of LTBI treatment [4, 5, 6]. These studies showed that many civil surgeons do not treat status adjusters for LTBI, nor refer these patients for treatment elsewhere [4, 5].

This funding opportunity will (1) increase public health capacity for LTBI surveillance and (2) increase linkage of LTBI patients to care to improve initiation and completion of treatment. The project will require recipients to (1) engage civil surgeons who commonly report LTBI cases, (2) identify interventions to improve surveillance and linkage to treatment, (3) generate LTBI care cascades, and (4) submit data to CDC throughout the project.

b. Statutory Authorities
Section 317E of the Public Health Service Act; 42 U.S.C. Section 247b-6.

c. Healthy People 2030
This NOFO addresses the Healthy People 2030 Objective to reduce tuberculosis cases – IID-17 (topic area: infectious disease).
https://health.gov/healthypeople/objectives-and-data/browse-objectives/infectious-disease/reduce-tuberculosis-cases-iid-17

d. Other National Public Health Priorities and Strategies
This NOFO supports the following:

- National TB Program Objectives and Performance Targets for 2025

  https://www.cdc.gov/tb/programs/evaluation/indicators/default.htm

- Division of Tuberculosis Elimination Strategic Plan 2016–2020

  https://www.cdc.gov/tb/about/strategicplan.htm

- NCHHSTP Strategic Plan Through 2020

  https://www.cdc.gov/nchhstp/strategicpriorities/docs/nchhstp-strategic-plan-through-2020-508.pdf

e. Relevant Work
This NOFO builds on previous CDC projects that highlighted the need for targeted training, education, and communications interventions to increase awareness of LTBI among civil surgeons and improve linkage to LTBI care among status adjusters.

It also relates to previous CDC-funded studies carried out by the Tuberculosis Epidemiologic Studies Consortium (TBESC) that identified missed opportunities for TB prevention among non–U.S.-born persons (TBESC I), explored ways to strengthen public health surveillance of LTBI (TBESC-II). TBESC-III is focusing efforts on increasing treatment of LTBI in primary care settings. https://www.cdc.gov/tb/topic/research/tbesc/default.htm

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-PS22-2207 Logic Model: Strengthening Civil Surgeons' Capacity to Improve LTBI Surveillance and Outcomes among Status Adjusters
For additional information on developing logic models: http://www.cdc.gov/eval/resources/index.htm.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Surveillance of LTBI Among Status Adjusters Collect and report individual and aggregate-level LTBI-related data for all status adjusters who present for a medical exam with high-volume civil surgeons Generate pre- and post-intervention LTBI care cascades Develop surveillance summary report	**Processes and procedures implemented by high-volume civil surgeons to report LTBI-related individual- and aggregate-level data to the local health department** Consistent reporting on IGRA-positive LTBI cases and all status adjusters examined by high-volume civil surgeons **Improved baseline data on LTBI cases among status adjusters examined by high-volume civil surgeons**	**Improved LTBI surveillance at high-volume civil surgeon sites** Improved communication and collaboration between civil surgeons and TB programs **Improved estimates of status adjuster volume and LTBI prevalence at high-volume civil surgeon sites** **Established pre- and post-intervention LTBI care cascades for status adjuster population** **Improved understanding of gaps in LTBI care cascade among status adjuster population to**	Sustained collaboration between civil surgeons and TB programs for purposes of surveillance and training Established LTBI surveillance among status adjuster population Increased treatment initiation and completion among status adjusters with LTBI Increased prevention of TB cases through TB diagnostic testing and LTBI treatment of status adjusters Decreased TB

		address through interventions	status adjusters Decreased TB morbidity and mortality
<u>Education, Training, and Communication Intervention(s)</u> Conduct a gap analysis to identify intervention needs Develop, implement, and evaluate intervention(s) to improve the LTBI cascade of care for status adjusters	**Improved understanding of audience based on results of gap analysis** **New or strengthened collaborations among partners** **Increased use of education, training, communications, or other interventions to promote awareness of LTBI among civil surgeons and status adjusters** Increased awareness of LTBI treatment among civil surgeons and status adjusters **Improved methods for reaching civil surgeons and status adjusters**	Increased civil surgeons linking status adjusters to health care services to facilitate LTBI treatment initiation and completion	

i. Purpose

This NOFO will support the creation of pilot projects to establish surveillance for LTBI among status adjusters examined by high-volume civil surgeons, defined as those who report at least 10 IGRA-positive status adjusters on average per month in 2021 in their jurisdictions. The NOFO will also support recipients to develop, implement, and evaluate a variety of potential public

health interventions to improve treatment initiation, and treatment completion among the status adjuster population in order to reduce morbidity and mortality resulting from TB.

ii. Outcomes
Recipients are expected to demonstrate measurable progress towards addressing the short-term and intermediate outcomes depicted in bold in the NOFO logic model. Specific indicators that help with measuring these outcomes are described in the section entitled CDC Evaluation and Performance Measurement Strategy.

Strategy 1. Surveillance of LTBI Among Status Adjusters

- Processes and procedures implemented by high-volume civil surgeons to report LTBI-related individual- and aggregate-level data to the local health department
- Improved baseline data on LTBI cases among status adjusters examined by high-volume civil surgeons
- Improved LTBI surveillance at high-volume civil surgeon sites
- Improved estimates of status adjuster volume and LTBI prevalence at high-volume civil surgeon sites
- Established pre- and post-intervention LTBI care cascades for status adjuster population
- Improved understanding of gaps in LTBI care cascade among status adjuster population to address through interventions

Strategy 2. Education, Training, and Communication Intervention(s)

- Improved understanding of audience based on results of gap analysis
- New or strengthened collaborations among partners
- Increased use of education, training, communications, or other interventions to promote awareness of LTBI treatment among civil surgeons and status adjusters
- Improved methods for reaching civil surgeons and status adjusters

iii. Strategies and Activities
(See Attachment A for a visual timeline of strategies and activities)

Strategy 1: Surveillance of Latent TB Infection (LTBI) Among Status Adjusters

Activity 1.1: Collect and report de-identified individual-level LTBI-related and aggregate data for all status adjusters who present for a medical exam with high-volume civil surgeons.

1. Finalize, with CDC input, a list of high-volume civil surgeon partners (within first 2 weeks of period of performance).
2. Establish processes and procedures for collecting and reporting required data to the health department, in collaboration with selected high-volume civil surgeons (beginning of month 1 through end of month 3 of period of performance). Required data include:

a. De-identified individual-level data for all status adjusters who are diagnosed with LTBI by selected high-volume civil surgeons; Individual-level data elements include those listed on CDC's TB Latent Infection Surveillance System (TBLISS) Data Collection Form (Attachment B). TBLISS is a component of the National Tuberculosis Surveillance System (NTSS), which is part of the National Notifiable Diseases Surveillance System (NNDSS). As a part of NNDSS, NTSS/TBLISS data collection is authorized by the Office of Management and Budget under the Paperwork Reduction Act (OMB No. 0920-0728).
b. Aggregate-level data (i.e., counts) for all status adjusters who are examined by selected high-volume civil surgeons; Aggregate data elements include:
    i. Total number of status adjusters examined per high-volume civil surgeon.
    ii. Total number of status adjusters diagnosed with LTBI per high-volume civil surgeon.
    iii. Total number of status adjusters diagnosed with TB disease per high-volume civil surgeon.
    iv. Total numbers of status adjusters with a positive, negative, borderline, indeterminate or invalid IGRA result

3. Submit de-identified individual-level data (see 2a under Activity 1.1) to CDC on a recurring biweekly basis using a CDC-hosted REDCap tool (beginning of month 4 through end of month 23 of period of performance; pre-intervention data collection will be months 4-9).
4. Submit aggregate-level data (see 2b under Activity 1.1) to CDC on a recurring quarterly basis using a CDC-approved method/tool (beginning of month 4 through end of month 23 of period of performance).

Activity 1.2: Generate pre- and post-intervention LTBI care cascades.

1. Generate a baseline/pre-intervention LTBI care cascade using the de-identified individual and aggregate-level data collected from high-volume civil surgeons (upon completion of month 9 of the period of performance).
    a. Baseline care cascade shall be generated using data collected (see 2a/2b under Activity 1.1) from the beginning of month 4 through the end of month 9 of the period of performance.
2. During implementation of intervention(s) (see Strategy 2, Activity 2.2), continue to monitor and ensure quality, completeness, and timeliness of ongoing de-identified individual and aggregate-level data collection and reporting (beginning of month 10 through end of month 23 of period of performance).
3. Generate a post-intervention LTBI care cascade using the de-identified individual and aggregate-level data collected from high-volume civil surgeons (upon completion of month 23 of the period of performance).
    a. Post-intervention care cascade shall be generated using data collected (see 2a/2b under Activity 1.1) from the beginning of month 10 through the end of month 23 of the period of performance.

Activity 1.3: Develop surveillance summary report.

1. Develop presentation slides and a surveillance summary report using de-identified individual and aggregate-level LTBI-related data collected from high-volume civil surgeons and present to CDC (by end of month 24 of the period of performance).
    a. Report shall include:
        i. An estimate of LTBI prevalence among status adjusters examined by high-volume civil surgeons;
        ii. Demographic characteristics of the status adjuster population diagnosed with LTBI;
        iii. Other elements identified by CDC and recipient as project progresses.

Strategy 2: Education/Training/Communication Intervention(s)

Activity 2.1: Conduct a gap analysis to identify intervention needs.

1. Establish partnerships (beginning of month 1 through end of month 3 of period of performance).
    a. Identify and strengthen partnerships with key stakeholders (e.g., civil surgeons, status adjusters, health care providers, health departments).
    b. Develop and provide CDC with a stakeholder engagement plan that describes how recipient will invite one or more status adjusters to be part of the stakeholder group that plans the project and interventions, interact and communicate with partners, seek partner guidance and feedback, and sustain partnership engagement throughout the project.
2. Conduct gap analysis (beginning of month 1 through end of month 5 of period of performance).
    a. Develop a plan and conduct gap analysis with partners; Gap analysis should identify opportunities to improve LTBI treatment initiation and completion among status adjusters and include:
        i. Detailed timeline;
        ii. Methods/instruments (e.g., could include key informant interviews, focus groups, surveys) used to identify civil surgeons' and status adjusters' needs, barriers, and facilitators;
        iii. If available, review of baseline/pre-intervention LTBI care cascade (developed under Strategy 1) to identify gaps;
        iv. Results of environmental scan for literature/research that describes civil surgeons' and status adjusters' needs and LTBI-related communication and education resources for civil surgeons and/or status adjusters; CDC will also share results from formative research to inform environmental scan.
    b. Analyze results to inform intervention development.
    c. Disseminate findings as a presentation to the partners included in the stakeholder engagement plan and consider publishing findings in a peer-reviewed journal.

Activity 2.2: Develop, implement, and evaluate intervention(s) to improve the LTBI cascade of care for status adjusters.

1. Develop interventions (beginning of month 6 through end of month 9 of period of performance).
    a. Identify intervention(s) to improve the LTBI cascade of care for status adjusters; examples of possible interventions could include, but are not limited to:
        i. Toolkit or packet of patient education materials; LTBI training for civil surgeons;
        ii. Hiring a care coordination or patient navigator between civil surgeons, health departments, and healthcare providers;
        iii. Establishing relationship with a core of 'preferred' providers who have the capacity to provide LTBI treatment
        iv. Providing access to LTBI treatment information and continuity of services via a hotline for status adjusters (e.g., 1-800-CURE TB model https://www.cdc.gov/usmexicohealth/curetb.html);
        v. Treatment referral, initiation, and completion support via text messaging;
        vi. Provide training to health care providers who may be likely to treat status adjusters for LTBI (e.g., community-based health care clinics, key private providers, immigrant and refugee organizations or clinics).
    b. Identify priority audiences for intervention (e.g., civil surgeons, status adjusters, health care providers, health departments).
    c. Create an intervention proposal that includes:
        i. Budget, timeline, and explanation of how intervention(s) meets a previously unmet need based on results from gap analysis;
        ii. Implementation plan;
        iii. Post-intervention evaluation plan that follows CDC's Evaluation Framework or other guidelines from CDC on evaluation methodology.
    d. Share proposal with CDC and partners for review and approval.
    e. Revise proposal based on any new data from baseline/pre-intervention LTBI care cascade.
2. Implement finalized intervention (beginning of month 10 through end of month 23 of period of performance).
3. Evaluate the intervention (beginning of month 10 through end of month 23 of period of performance).
    a. Throughout intervention period, monitor processes, impact, and outcomes, as well as surveillance data collected under Strategy 1, to evaluate improvements to the LTBI care cascade.
    b. Develop any evaluation tools (e.g., survey, focus group, call log) needed to determine effectiveness of intervention.
4. Produce intervention evaluation report and slide presentation, including background, methods, results, conclusions, and recommendations for program improvements based on the interventions (by end of month 24 of the period of performance). Consider presenting at conferences and publishing results in a peer-reviewed journal.

1. Collaborations

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

Recipients should consider collaborating with partners funded by or who work with CDC's Division of Global Migration and Quarantine (DGMQ), as well. Other partnerships may include but are not restricted to the Tuberculosis Elimination Alliance (TEA) and the TB Epidemiologic Studies Consortium (TBESC).

https://www.cdc.gov/immigrantrefugeehealth/index.html
https://tbeliminationalliance.org
https://www.cdc.gov/tb/topic/research/tbesc/default.htm

Applicants must describe how each proposed collaboration will assist in implementing activities and achieving the NOFO period of performance outcomes.

b. With organizations not funded by CDC:

Recipients are required to collaborate with one or more high-volume civil surgeons in their jurisdiction. Recipients should also consider collaborating with any relevant community-based stakeholder groups that may focus on services related to immigrants or status adjusters (e.g., may include community-based organizations, refugee and immigrant health, HRSA's federally qualified health centers (FQHCs), private providers). Applicants must also agree to cooperate with public and nonprofit private providers of primary health services or substance abuse services, including entities receiving assistance under section 329, 330, or 340A or under title V or XIX.

Applicants must provide letters of support (at the time of application) from the high-volume civil surgeons who have agreed to collaborate to implement this project. Applicants who do not provide such letters of support will be deemed as non-responsive and will not advance to Phase II review. *Applicants must file the Letters of Support, as appropriate, name the file "LOS", and upload it as a PDF file at www.grants.gov.*

Applicants must describe how each proposed collaboration will assist in implementing activities and achieving the NOFO period of performance outcomes.

2. Target Populations

The population of focus for this project is non–U.S.-born persons living in the recipient's jurisdiction who are applying for permanent U.S. residency, also known as status adjusters. Applicants must describe how their strategies and activities will improve understanding of gaps in LTBI care cascade among the status adjuster population, as well as improve methods for reaching them.

Recipients must invite one or more status adjusters to be part of the stakeholder group that plans the project and interventions.

a. Health Disparities

Tuberculosis (TB) adversely affects groups that have historically experienced greater obstacles to health. The percentage of TB cases that occur in Hispanic or Latino, Black or African American, and Asian persons is higher than expected based on the percentage of these populations in the U.S. population. In 2020, about 89% of the TB cases reported in the United States occurred among racial and ethnic minority groups and about 70% among non–U.S.-born

persons.

Persons living in the U.S. legally who apply to adjust their immigration status (i.e., "status adjusters") are required to undergo a medical examination as part of their application process. As part of this process, status adjusters receive a blood test for latent TB infection.

The immigration status adjustment process provides a great opportunity to reach this audience of non–U.S.-born persons and help them access treatment for latent TB infection. Increasing LTBI treatment will decrease TB disease, thus reducing disparity in this population.

Health Equity:
This NOFO supports efforts to improve the health of populations disproportionately affected by HIV, Viral Hepatitis, sexually transmitted diseases (STDs) and TB by maximizing the health impact of public health services, reducing disease incidence, and advancing health equity.

A health disparity occurs when a health outcome is seen to a greater or lesser extent between populations. Health disparities in HIV, Viral Hepatitis, STDs, and TB are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these infections and diseases.

Social determinants are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes (https://www.cdc.gov/socialdeterminants/index.htm). These include conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and social exclusion. Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic challenges. It requires:

- Continuous efforts focused on elimination of health disparities, including disparities in health and in the living and working conditions that influence health, and
- Continuous efforts to maintain a desired state of equity after health disparities are eliminated.

Recipients should use data, including social determinants data, to identify communities within their jurisdictions that are disproportionately affected by HIV, Viral Hepatitis, STDs and TB and related diseases and conditions, and plan activities to help eliminate health disparities. In collaboration with partners and appropriate sectors of the community, recipients should consider social determinants of health in the development, implementation, and evaluation of program specific efforts and use culturally appropriate interventions and strategies that are tailored for the communities for which they are intended.

iv. Funding Strategy
There are no subsequent competitive segments or competing continuation awards for this NOFO. There is one initial competitive segment, and all funding will be awarded up front for the duration of a 2-year period of performance. The 2-year period of performance will be comprised of a 2-year budget period.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will work with recipients to finalize their initial measurement and evaluation plan within the first six months of the award. CDC will use the process and outcome measures described in the finalized measurement and evaluation plan to monitor implementation of recipients' strategies and activities and determine the recipients' progress in achieving the period of performance outcomes.

Applicants' measurement and evaluation plans must include process measures for the strategies and activities and outcome measures for each of the bolded outcomes in the logic model. Below are some example/proposed outcome measures.

Strategy 1: Surveillance of Latent TB Infection (LTBI) Among Status Adjusters
Outputs:

- Status adjuster LTBI surveillance data
- Pre- and post-intervention LTBI care cascade
- Surveillance summary report

Outcomes:
1.3 Improved baseline data on LTBI cases among status adjusters examined by high-volume civil surgeons

Outcome measures: Total number of status adjusters examined by high-volume civil surgeons, details of LTBI cases diagnosed, proportion of TBLISS forms submitted, and completeness of TBLISS data elements reported (pre-intervention).

1.4 Improved LTBI surveillance at high-volume civil surgeon sites

Outcome measures: Frequency of standardized reporting from civil surgeons to LHDs, frequency of standardized reporting from LHDs to CDC, proportion of TBLISS forms submitted and completeness of data elements reported to CDC.

1.5 Improved estimates of status adjuster volume and LTBI prevalence at high-volume civil surgeon sites

Outcome measure: Total number of status adjusters and LTBI positive status adjusters reported by civil surgeons to LHDs.

1.6 Established pre- and post-intervention LTBI care cascades for status adjuster population

Outcome measures: Proportions of pre- and post- intervention LTBI cases reported to CDC, proportion of TBLISS forms and completeness of TBLISS data elements reported to develop pre- and post-intervention LTBI care cascades.

Strategy 2: Education/Training/Communication Intervention(s)
Outputs:

- Project plan for gap analysis
- Instrument for collection of feedback from priority audience (e.g., status adjusters and/or civil surgeons)

- Presentation of gap analysis results
- Intervention proposal
- Education, training, or communications intervention
- Intervention evaluation tool
- Intervention evaluation report and slide presentation

Outcomes:
2.3 Increased use of education, training, or communications interventions to promote awareness of LTBI among civil surgeons and status adjusters

Outcome measure: Number and percentage of civil surgeons and number of status adjusters exposed to education, training, or communications interventions to promote awareness of LTBI

Data Management Plan:
Since this NOFO involves the generation or collection of public health data, a Data Management Plan (DMP) is required. For more information about CDC's policy regarding DMPs, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

At a minimum, applicants' DMP must include the following:

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

Applicants must include a DMP that is as complete as possible at the time of application.

An additional resource that may be helpful for developing a DMP: NCHHSTP Data Security and Confidentiality Guidelines – https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf

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.

Applicants must provide an initial evaluation and performance measurement plan to show that they are able to collect data and report on appropriate process and outcome measures.

For each proposed process and outcome measure, specify:

1. Types of data needed and available data sources
2. The frequency that performance data are to be collected and how it will be reported
3. Who is responsible for collecting the data and conducting data analysis

Applicants should also address:

- How quality assurance of performance data will be conducted
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes)
- How evaluation findings will be communicated to CDC and other partners

For the intervention evaluation component of Strategy 2, Activity 2.2, recipients should utilize CDC's Evaluation Framework (https://www.cdc.gov/eval/framework/index.htm) or other CDC-approved evaluation methodology guidelines.

c. Organizational Capacity of Recipients to Implement the Approach
In general, applicants should:

- Describe their workforce capacity and competence; expertise and experience related to NOFO strategies and activities; and established data security and confidentiality procedures.
- Describe their mission, organizational structure, overall organizational budget and funding sources, the nature and scope of their work and capabilities, and other information that would help CDC assess the organization's infrastructure and capacity to implement the proposed program and achieve the project outcomes. Physical infrastructure includes but not limited to furnished workspace and computers with internet access.
- Describe experience with budget management.
- Describe evidence of adequate capacity to implement program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, and workforce development and training.
- Explain how and when positions will be filled if related staff positions are vacant
- Identify key staff to lead the NOFO activities, define staff roles, and provide a curriculum vitae or resume for each person; *Applicants should name these files "CVs/Resumes" and upload them at www.grants.gov as PDF documents.*
- Provide an organizational chart indicating where the NOFO activities will be managed within the overall organizational structure; *Applicants should name this file "Organizational Chart" and upload at www.grants.gov as a PDF document.*

Applicants must also provide information on the following:

- The total number of civil surgeons and number of IGRA-positive status adjusters diagnosed with LTBI reported by each of those civil surgeons within the jurisdiction during 2021.
- Description of legal authority to collect public health data from civil surgeons.
- Existing collaborations with civil surgeons in the jurisdiction.
- A copy of their jurisdiction's TB elimination plan. Per HHS' statutory authority, grants may be made "under subsection (a) only if the application under paragraph (1) contains a plan regarding the prevention, control, and elimination of tuberculosis in the geographic area with respect to which the grant is sought." Applicants who do not provide a TB elimination plan will be deemed as non-responsive and will not advance to Phase II review. *Applicants should name this file "Elimination Plan" and upload at www.grants.gov as a PDF document.*

d. Work Plan

The work plan allows the CDC project officer and recipients to monitor implementation of activities and progress on period of performance outcomes.

Applicants should provide a detailed work plan for the 2-year period of performance. It must be clear how the components of the work plan correspond to NOFO strategies and activities, outcomes, and evaluation and performance measures. The work plan must also include a timeline and indicate the person/position responsible for completing each activity.

No specific work plan format is required; however, a sample work plan format is presented

below. In this format, the table would be completed for each period of performance outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Period of Performance Outcome: (from Outcomes section and/or logic model)		Outcome Measure: (from Evaluation and Performance Measurement section)	
Strategies and Activities (from logic model)	Process Measures (from Evaluation and Performance Measurement section)	Responsible Position / Person / Collaborator (be specific)	Completion Date (month/year)
1.			
2.			
3.			
4.			
5.			

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.

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

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

Recipients are required to collaborate with CDC's Division of Tuberculosis Elimination to implement activities to achieve short-term and intermediate outcomes within the period of performance.

Recipients will be required to report on short-term and intermediate performance measures annually. With these measures, recipients and CDC will track the implementation and the achievement of the intended outcomes.

f. CDC Program Support to Recipients

Since this NOFO will result in funding via a cooperative agreement, CDC staff will be substantially involved in the program activities, above and beyond routine grant monitoring. CDC staff will:

- Provide an electronic data submission tool needed to record/report surveillance information to CDC
- Provide technical assistance to support implementation of agreed upon methods to execute the strategies and activities
- Provide timely feedback on reported data for quality assurance purpose
- Support development of local operational plans including selection of local collaborators
- Support development of methods to evaluate performance indicators and data quality
- Support development of evaluation activities
- Monitor progress in data collection and reporting, and
- Participate in conducting or coordinating data analyses and disseminating information

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:
U52
Cooperative Agreement for Tuberculosis Control

3. Fiscal Year:
2022

4. Approximate Total Fiscal Year Funding:
$1,800,000

5. Total Period of Performance Funding:
$1,800,000
This amount is subject to the availability of funds.

Note: There are no subsequent competitive segments or competing continuation awards for this NOFO. There is one initial competitive segment, and all funding will be awarded up front for the duration of a 2-year period of performance. The 2-year period of performance will be comprised of a 2-year budget period.

Estimated Total Funding:
$1,800,000

6. Total Period of Performance Length:
2

year(s)

7. Expected Number of Awards:
3

8. Approximate Average Award:

$600,000
Per Budget Period

Note: All funding will be awarded up front for the duration of a 2-year period of performance, which will be comprised of a 2-year budget period.

9. Award Ceiling:
$0
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$0
Per Budget Period

11. Estimated Award Date:
September 01, 2022

12. Budget Period Length:
24 month(s)

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

13. Direct Assistance

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

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)

07 (Native American tribal governments (Federally recognized))

02 (City or township governments)

04 (Special district governments)

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

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

2. Additional Information on Eligibility

Per HHS' statutory authority [Section 317E(a) of the Public Health Service Act; 42 U.S.C. Section 247b-6(a)], "the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States, political subdivisions, and other public entities for preventive health service programs for the prevention, control, and elimination of tuberculosis."

CDC may fund out of rank order to reach applicants in jurisdictions with multiple high-volume civil surgeon partners (i.e., those who each report to the health department at least 10 IGRA-positive status adjusters who are diagnosed with LTBI per month on average during calendar year 2021.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Cost sharing or matching funds are not required for this NOFO.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

PLEASE NOTE: For applications due on or after April 4, 2022, applicants must have a unique entity identifier (UEI) at the time of application submission (SF-424, field 8c). In preparation for the federal government's April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), applicants must obtain a UEI. 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. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available on the GSA website, SAM.gov, and Grants.gov-Finding the UEI.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number to register in SAM.gov prior to April 4, 2022. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into

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

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS) (Required until April 4, 2022)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM)	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. 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://fs d.gov/ fsd-gov/ home.do Calls: 86 6-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an	Same day but can take 8 weeks to be fully registered and approved	Register early! Log into grants.gov and

		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	in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

b. Application Deadline

Due Date for Applications 05/18/2022

05/18/2022
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
Wednesday, April 6, 2022
3:00 PM-4:00 PM Eastern Time

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/16152888687?pwd=RlcrODZidjFTeFQyYWpkdHpwKzZHUT09

Meeting ID: 161 5288 8687
Passcode: 385712@m
One tap mobile

+16692545252,,16152888687#,,,,*91377674# US (San Jose)
+16468287666,,16152888687#,,,,*91377674# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 669 216 1590 US (San Jose)
+1 551 285 1373 US
Meeting ID: 161 5288 8687
Passcode: 91377674

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 DUNS.

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

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

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

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct,

self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

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

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

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

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

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

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

16. Funding Restrictions

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

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

- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on 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.
- Recipients may not use funds to purchase drugs for treatment
- Recipients may not use funds for in-patient clinical care
- Recipients may not use funds to supplant state or local health department funds

17. Data Management Plan

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred.

Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

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

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

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

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

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

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

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review
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:** 50

Purpose: **(3 points)**
Evaluate the extent to which the applicant adequately describes the following:

- Methods to improve IGRA-positive LTBI reporting by civil surgeons
- Efforts to link status adjusters diagnosed with LTBI to treatment

Outcomes: **(3 points)**
Evaluate the extent to which the applicant adequately presents outcomes that are consistent with those described in the CDC project description and logic model

Strategies and Activities: **(25 points)**
Evaluate the extent to which the applicant adequately describes the following:

- Existing partnership with at least one high-volume civil surgeon in the jurisdiction who reports to the health department at least 10 **IGRA-positive** status adjusters who are diagnosed with LTBI per month on average during calendar year 2021
    - One civil surgeon partner reports 10 IGRA-positive LTBI cases status adjusters per month, on average **(3 points)**
    - One civil surgeon partner reports 11-20 IGRA-positive LTBI cases per month, on average **(4 points)**
    - One civil surgeon partner reports 21-30 IGRA-positive LTBI cases per month, on average **(6 points)**
    - One civil surgeon partner reports ≥30 IGRA-positive LTBI cases per month, on average **(8 points)**

  Note: If a jurisdiction has more than one civil surgeon partner, points should be given based on the civil surgeon partner who reports the highest number of IGRA-positive LTBI cases on average per month. For example: If civil surgeon 'A' reports 15 IGRA-positive LTBI cases and civil surgeon 'B' reports 10 IGRA-positive LTBI cases, this application will receive 4 points. If civil surgeon partner 'A' and 'B' each report 10 IGRA positive LTBI, this application will receive 3 points.

- Processes and methods for collection and reporting of IGRA positive test results among status adjusters from civil surgeons to the health department within the jurisdiction. **(4 points)**

- Strategies and activities that will lead to short-term and intermediate outcomes. **(3 points)**
- Ability to identify LTBI intervention needs among civil surgeons or status adjusters, including how applicant will assess existing knowledge of LTBI among status adjuster and civil surgeon groups, as well as how applicant will successfully conduct environmental scans, interviews, surveys, or similar methods. **(5 points)**
- Ability to develop and execute an education, training, communications, or other interventions to improve LTBI treatment among status adjusters. **(5 points)**

Collaboration: **(10 points)**
Evaluate the extent to which the applicant adequately describes the following:

- How the applicant will work cooperatively with CDC's Division of Tuberculosis Elimination (DTBE) to implement the project activities to achieve outcomes within the period of performance. **(3 points)**
- Partnerships with local programs and organizations that include status adjusters or civil surgeons, as well as other community partners that work with these groups, that will help applicant with outreach, communication, and other elements of the project. **(3 points)**
- Letters of commitment or MOUs/MOAs from civil surgeons and other partners who will have a specific role in implementing the proposed project. **(4 points)**

Target population: **(5 points)**
Evaluate the extent to which the applicant adequately describes their existing relationship with or methods for developing a relationship with the status adjuster population.

Work plan: **(4 points)**
Evaluate the extent to which the applicant adequately presents a work plan detailing activities, responsible personnel, and a timeline that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the template provided in the Work Plan section of the NOFO.

ii. Evaluation and Performance Measurement **Maximum Points:** 25
Evaluate the extent to which the applicant adequately describes:

- Current data collection forms used by civil surgeons to report IGRA positive LTBI among status adjusters to local health department, and provides a template if available **(4 points)**
- Feasibility of collecting appropriate evaluation and performance data captured in the CDC Performance Measurement plan including completeness of reported surveillance data elements **(5 points)**
- How quality assurance activities will be conducted and how findings will be used to improve processes in the activities **(5 points)**
- How monitoring and evaluation procedures will support civil surgeons in timely and complete collection and reporting of data **(5 points)**
- How evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities **(3 points)**

- The performance measurement plan to achieve the outcomes outlined in the NOFO and preliminary data management plan (DMP) **(3 points)**

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 25

Evaluate the extent to which the applicant adequately:

- Confirms legal authority to collect public health data from civil surgeons and demonstrates relevant expertise in tuberculosis **(8 points)**
- Provides total number civil surgeons and number of IGRA positive status adjusters diagnosed with LTBI reported by each civil surgeon in the jurisdiction during 2021 **(5 points)**
- Provides a staffing plan and project management structure that (1) is sufficient to achieve the project outcomes, (2) clearly defines staff roles, and (3) demonstrates ability to quickly hire competent staff to carry out the NOFO activities **(5 points)**
- Provides an organizational chart and resume/curriculum vitae for existing staff who will be involved in the NOFO activities **(4 points)**
- Confirms that physical infrastructure (furnished workspace, computers with internet access), established data security and confidentiality procedures are in place and demonstrates experience with financial reporting and budget management **(3 points)**

Budget **Maximum Points:** 0

Evaluate the extent to which the applicant adequately:

- Provides a detailed budget that is clearly itemized and a narrative justification consistent with planned activities
- Proposes a budget for planned activities that aligns with CDC strategies and activities to successfully achieve the period of performance outcomes

c. Phase III Review

CDC may fund out of rank order to reach applicants in jurisdictions with multiple high-volume civil surgeon partners (i.e., those who each report to the health department at least 10 IGRA-positive status adjusters who are diagnosed with LTBI per month on average during calendar year 2021.

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

Awards will be announced via electronic copy of the Notice of Award (NoA) from CDC's Office of Grants Services (OGS) on or around 09/01/22.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

The following Administrative Requirements (AR) apply to this project:

Generally applicable ARs:

- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2030
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Data Management and Access
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
- AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-32: Enacted General Provisions
- AR-34: Accessibility Provisions and Non-Discrimination Requirements
- AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020 (NOTE: AR-37 is required on all NOFOs).

Organization-specific ARs:

- AR-8: Public Health System Reporting Requirements
- AR-15: Proof of Non-profit Status
- AR-23: Compliance with 45 CFR Part 87

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
Interim Performance Report	12 months into award	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

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

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

Performance Measurement

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

Evaluation

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

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

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

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

- Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

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

In lieu of an APR, recipients should submit an Interim Performance Report 12 months into award. The content of this report should otherwise follow the instructions found above.

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

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

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

e. Final Performance and Financial Report (required)
The Final Performance Report is due 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 project period, and can include some success stories.

- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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 notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Justin

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

Address:
1600 Clifton Road NE
MS US12-4
Atlanta, GA 30329-4027

Telephone:
404-639-5074

Email:
vso2@cdc.gov

Grants Staff Contact

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

First Name:
Chamarla

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

Address:
2920 Brandywine Rd
Atlanta, GA 30341

Telephone:
404-498-4134

Email:
qpv3@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

Bona Fide Agent status documentation, if applicable

Memorandum of Understanding (MOU)

Memorandum of Agreement (MOA)

Indirect Cost Rate, if applicable

Non-profit organization IRS status forms, if applicable

References for NOFO Background Section:

1. Deutsch-Feldman M, et al. Tuberculosis — United States, 2020. MMWR Morb Mortal Wkly Rep 2021; Vol. 70: [409-414]
2. Yelk Woodruff R, et al. Estimated Latent Tuberculosis Infection Prevalence and Tuberculosis Reactivation Rates Among Non-U.S.-Born Residents in the United States, from the 2011-2012 National Health and Nutrition Examination Survey. J Immigr Minor Health. 2021 Aug;23(4):806-812. doi: 10.1007/s10903-020-01065-8. PMID: 32761297; PMCID: PMC7862421.

3. Mancuso JD, et al. Self-reported Engagement in Care among U.S. Residents with Latent Tuberculosis Infection: 2011-2012. Annals of the American Thoracic Society 2021; 18(10):1669-1676.
4. Bemis K, et al. Civil surgeon tuberculosis evaluations for foreign-born persons seeking Permanent U.S. Residence. J Immigr Minor Health. 2016 April; 18(2): 301–307.
5. Shin S. Final Report. Civil surgeon pre-intervention mapping survey, Sep 2015 – August 2016. Exhibit B-2. Items 1.1.
6. Gustavson G, et al. Reporting of latent TB infection among non–US-born persons adjusting their immigration status to Permanent Residents: An opportunity to enhance TB prevention. J Public Health Manag Pract. 2021

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

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

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

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

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

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

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

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

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

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

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

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

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

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by

program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

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

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

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

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

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

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

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

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

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

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

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

Work Plan: The summary of period of performance outcomes, strategies and activities,

personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Civil surgeons: Physicians designated by the United States Citizenship and Immigration Services to conduct the medical screening for foreign nationals applying for adjustment of status for US permanent residence.
https://www.uscis.gov/tools/designated-civil-surgeons

Division of Tuberculosis Elimination (DTBE): A division in the National Center for HIV, Viral Hepatitis, STD and TB Prevention that has responsibility for TB elimination in the U.S.

Interferon gamma release assay (IGRA): *In vitro* blood test that is used to detect *Mycobacterium tuberculosis* infection. It measures the production of interferon gamma after stimulation with mycobacterial antigens, ESAT-6 and CFP-10. These antigens are absent in BCG strains and most non-tuberculous mycobacteria, so they provide a more specific test than the tuberculin skin test.

Jurisdiction: State, city, or county covered by the Cooperative Agreement

Latent TB infection (LTBI): refers to the condition when a person is infected with *M. tuberculosis* but does not have TB disease. They do not have symptoms, and they cannot spread TB bacteria to others. In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. Most persons with LTBI have a positive result to the tuberculin skin test or to an interferon-gamma release assay. TB disease develops in 5–10% of persons who get infected with *M. tuberculosis*, typically after a latency of 6–18 months, but after decades in some persons.
https://www.cdc.gov/tb/topic/basics/tbinfectiondisease.htm

LTBI treatment: medication that is given to people who have LTBI to prevent developing TB disease.
https://www.cdc.gov/tb/topic/treatment/pdf/LTBITreatmentRegimens.pdf

Mycobacterium tuberculosis: a bacterium transmitted by airborne droplet nuclei from patients with respiratory forms of the disease, causes TB.

National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP): One of the national centers of the Centers for Disease Control and Prevention

NOFO: Notice of Funding Opportunity

REDCap: Research Electronic Data Capture, a customizable webtool to collect data electronically
https://www.iths.org/investigators/services/bmi/redcap/

Status adjusters: Non–U.S.-born persons legally residing in the United States with

nonimmigrant visas seeking long-term lawful permanent residency status.

Surveillance: The ongoing systematic collection, analysis, and interpretation of health data for purposes of improving health and safety.

TB: Tuberculosis, a contagious and potentially fatal disease caused by *Mycobacterium tuberculosis.*
The bacteria usually attack the lungs but can also attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal. https://www.cdc.gov/tb/topic/basics/tbinfectiondisease.htm

TBLISS: TB Latent Infection Surveillance System, a CDC database created to collect surveillance data for latent TB infection. TBLISS is a component of the National Tuberculosis Surveillance System (NTSS), which is part of the National Notifiable Diseases Surveillance System (NNDSS). As a part of NNDSS, NTSS/TBLISS data collection is authorized by the Office of Management and Budget under the Paperwork Reduction Act (OMB No. 0920-0728).

Technical Instructions for civil surgeons: The CDC's Division of Global Migration and Quarantine (DGMQ) developed these instructions in consultation with US tuberculosis subject matter experts. These instructions define the specific responsibilities of civil surgeons in terms of testing and referral for purposes of US lawful permanent residence eligibility only. These instructions are specific to the status adjustment medical evaluation and must not be used as guidelines to test for or treat tuberculosis disease in other settings or as a clinical manual that defines detailed laboratory procedures or specific treatment regimen details.
https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/tuberculosis.html

Tuberculin skin test (TST): A purified protein derivative (PPD) solution that contains a mixture of *M. tuberculosis* antigens, is used to elicit a hypersensitivity skin reaction (a red, raised bump) in those who have TB infection. The reading of a TST must be done between 48-72h after placement by a trained healthcare worker. TST is less specific than IGRAs.

United States Citizenship and Immigration Services (USCIS): Administers the Nation's lawful immigration system https://www.uscis.gov/