



**CENTERS FOR DISEASE™
CONTROL AND PREVENTION**

Centers for Disease Control and Prevention

NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

Building Resilience Against Climate Effects: Implementing and Evaluating Adaptation
Strategies that Protect and Promote Human Health

CDC-RFA-EH21-2101

07/02/2021

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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-EH21-2101. 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:

Building Resilience Against Climate Effects: Implementing and Evaluating Adaptation Strategies that Protect and Promote Human Health

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)).

The due date for the application has been extended. The Office of Grant Services and NCEH have received documentation of a declaration of an extreme heat emergency in Northern California and of electrical outages. This adversely affected potential applicants ability to upload documents and submit their applications by the application deadline.

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-EH21-2101

E. Assistance Listings Number:

93.070

F. Dates:

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

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

2. Due Date for Applications:

07/02/2021

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

3. Due Date for Informational Conference Call:

Date added, wesite updated. 21 days from the publication date, **May 10, 2021**, 2:00 PM Eastern Time. 1-877-954-4821 Passcode: 57457322 #

A summary of questions and responses will be posted on the **following website:**

<https://www.cdc.gov/climateandhealth/whats-new.htm>

G. Executive Summary:

1. Summary Paragraph

The Centers for Disease Control and Prevention announces the availability of Fiscal Year (FY) 2021 funds CDC-RFA-EH21-2101, Building Resilience Against Climate Effects: Implementing and Evaluating Adaptation Strategies that Protect and Promote Human Health. The purpose of this NOFO is to build and enhance the resilience of U.S. cities and states to the health impacts of climate change. Resilience, the ability to prepare for, absorb, recover from, and adapt to the health impacts of climate change, will be enhanced through three overarching strategies implemented by funded recipients. These strategies include 1) collaboration with stakeholders to create a Climate Impact Compendium that includes data on local climate projections, health effects, social determinants of health, and current adaptive capacity; 2) implementation and evaluation of adaptation actions that address the threats identified in the Compendium; and 3) use and dissemination of evaluation results to improve adaptation actions and enhance understanding of effective climate resilience adaptations in public health and related fields. Recipients will select and implement adaptation actions that enhance health equity by focusing on populations most vulnerable to the health effects of climate change and addressing social determinants of health in the context of climate change. Key outcomes will be increased knowledge of adaptation actions that reduce adverse health effects of climate change and an enhanced evidence base for effective climate and health adaptation actions. This NOFO will contribute to positive long-term outcomes to reduce the negative health outcomes of climate change in vulnerable populations.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

15

Approximate number of awards for Core Component.

d. Total Period of Performance Funding:

\$ 20,000,000

Approximate funding for Core Component.

e. Average One Year Award Amount:

\$ 400,000

Average one year award amount for Core Component.

f. Total Period of Performance Length:

5

g. Estimated Award Date:

September 01, 2021

h. Cost Sharing and / or Matching Requirements:

No

Cost sharing or matching funds are not required for this program. Leveraging other resources is strongly encouraged but it will not affect scoring.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Climate change intensifies existing climate-sensitive health threats and creates new challenges by exposing more people in more places to hazardous weather and climate conditions ([National Climate Assessment](#)). Increasing temperatures, frequency and intensity of heat waves, heavy precipitation, and flooding affect health in a number of ways. Region of the United States experiences climate change and its impacts on health differently, due to the location-specific climate exposures. The changing climate also interacts with demographic and social determinants of health to influence the extent of consequences; that is, not everyone is affected equally. Vulnerable groups include those with low income, some communities of color, immigrant groups (including those with limited English proficiency), Indigenous peoples, children and pregnant women, older adults, vulnerable occupational groups, persons with disabilities, and persons with preexisting or chronic medical conditions ([National Climate Assessment](#)).

This Notice of Funding Opportunity (NOFO) describes a systematic approach for applicants to identify their climate-related challenges and subsequent opportunities to facilitate social system reorganization, changes, and learning, e.g., implementing and evaluating adaptation actions (Cutter, 2008). In implementing and evaluating adaptation actions, this NOFO intends to develop health department and community resilience, advance health equity, and generate evidence for use in larger-scale and more widespread adaptation actions designed to protect health from climate-related hazards.

This NOFO includes a Core Component and three Optional Components, Component A - Expanded Implementation and Evaluation, Component B - Climate Mitigation, and Component C - Data Modernization. The Core Component is the foundation this NOFO. The applicant must apply for the Core Component and may apply for one, two, three, or none of the Optional Components. If an applicant does not apply for the Core Component, applications for Optional Components will not be forwarded for further review.

b. Statutory Authorities

This program is authorized under Sections 311 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 243 and 247b(k)(2)], as amended.

c. Healthy People 2030

This NOFO supports several objectives of Healthy People 2030, including reduce heat-related morbidity and mortality, reduce the number of days people are exposed to unhealthy air, reduce fatal injuries, improve respiratory health, improve mental health, improve emergency preparedness and response by building community resilience, reduce indoor allergen levels, and promote healthier environments to improve health (<https://health.gov/healthypeople/objectives-and-data/browse-objectives/environmental-health>).

d. Other National Public Health Priorities and Strategies

This NOFO aligns with CDC priorities to support state, local, and tribal health departments, advance evidence-based health policies, and prevent illness, injury, disability, and premature death.

It aligns with the following other National Public Health Priorities:

- The Guide to Community Preventive Services
- The Institute of Medicine’s Primary Care and Public Health: Exploring Integration to Improve Population Health
- National Stakeholder Strategy for Achieving Health Equity; specifically
 - Strategy 2. Develop and support partnerships among public, nonprofit, and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan
 - Strategy 13. Support and implement policies that create the social, environmental, and economic conditions required to realize healthy outcomes

This NOFO also aligns with the goals of the [United States Global Change Research Program](#).

e. Relevant Work

Since its inception, the CDC Climate and Health Program (CHP) has funded state and local health departments or their agents as they prepare for and respond to the health effects that a changing climate will bring to the communities they serve. This NOFO will build upon CDC RFA-EH16-1606, Building Resilience Against Climate Effects: Enhancing Community Resilience by Implementing Health Adaptations and the program’s and grantees recipients' work under EH-12-1202 and EH 13-1305. The Climate-Ready States and Cities Initiative (CRSCI) supports cooperative agreement recipients from 16 states and two cities to use the five-step Building Resilience Against Climate Effects (BRACE) framework to identify likely climate impacts in their communities, potential health effects associated with these impacts, and disproportionately affected groups and geographies.

(<https://www.cdc.gov/climateandhealth/BRACE.htm>). The BRACE framework helps health departments develop, implement, and evaluate health adaptations and addresses gaps in critical public health functions and services.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Logic Model - Core and Expanded Components
 CDC-RFA-EH21-2101: Building Resilience Against Climate Effects: Implementing and
 Evaluating Adaptation Strategies that Protect and Promote Human Health

Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<u>Enhance Program Management and Leadership</u> Build Internal Capacity Position Climate and Health as a High Priority Within the Recipient Organization Provide Leadership <u>Enhance and Expand Partnerships</u> Identify and Strengthen Relationships with Existing and New Stakeholders <u>Compile Evidence and Best Practices to Develop Adaptation Plans</u> Create and Update Climate Impact Compendium Findings	Increased stakeholder (SH) knowledge of climate hazards, health effects, vulnerabilities, and available adaptation action options for reducing negative health outcomes of climate change SH are active in the implementation of the adaptation action plans Among community members targeted by the adaptation action, increased climate resilience through increased knowledge, positive behavior changes, and access to resources Among the communities targeted by the adaptation action, increased climate resilience through social, community, institutional, or policy system(s). Routine quality improvement and	Reduced adverse health outcomes due to climate change among community members targeted by the adaptation actions Increased knowledge of adaptation actions that reduce adverse health effects of climate change Enhanced evidence base for effective climate and health adaptation actions	Widespread adoption, replication, and expansion of health-protective adaptation actions by climate resilience-focused public health practitioners Reduced negative health outcomes in regions and among populations vulnerable to the adverse effects of climate change

<p>Identify Specific Climate-Related Threats to Health to be Addressed</p> <p>Identify Evaluation Approach for Adaption Actions</p> <p>Identify Evaluation Approach for Adaptation Actions</p> <p>Write and Implement Adaptation Action and Evaluation Plan</p> <p>Share Program Activities and Products with the Public</p> <p><u>Build Climate Resilience through Implementation of Adaptation Actions</u></p> <p>Implement and Evaluate the Adaptation Action and Evaluation Plan</p> <p><u>Identify, Use, and Disseminate Lessons Learned on Effective Adaptation Actions</u></p> <p>Use Evaluation Results to Improve Adaptation Actions</p> <p>Disseminate Evaluation Results</p>	<p>increased effectiveness of adaptation actions</p> <p>Implement partners use of process evaluation results to improve/inform their adaption action plans</p> <p><u>Optional Component B</u> Stakeholders are active in the implementation of the mitigation strategies</p> <p><u>Optional Component C</u> Improved awareness and understanding of</p>	<p><u>Optional Component B</u> In communities benefitting from the mitigation strategy, environmental hazards are reduced or health promoting changes to the built environment are implemented</p> <p>Enhanced evidence base supporting climate change mitigation strategies with health co-benefits</p> <p><u>Optional Component C</u> Improved workforce capabilities, and data</p>	
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(Optional Component B - Climate Mitigation)	the current status, gaps, and opportunities related to climate change data systems	and health information systems and processes related to climate change	
(Optional Component C - Data Modernization)			

i. Purpose

The purpose of this NOFO is to support recipients to develop, implement, and evaluate adaption actions that will build climate resilience in their jurisdictions. The overarching strategies include: 1) collaborating with stakeholders to create a Climate Impact Compendium that includes data on local climate projections, health effects, social determinants of health, and current adaptive capacity; 2) planning, implementing, and evaluating adaptation actions that respond to the threats identified in the Climate Impact Compendium; and 3) using and disseminating of evaluation results to improve adaptation actions and enhance understanding of effective climate resilience adaptations.

ii. Outcomes

Core Component

The logic model reflects outcomes that are expected to result from the recipients’ activities.

By planning and implementing adaptations that promote population health, the following short-term an intermediate outcomes will occur:

- Short-term outcome A. Increased stakeholder (SH) knowledge of climate hazards, health effects, vulnerabilities, and available adaptation action options for reducing negative health outcomes of climate change
- Short-term outcome B. SH are active in the implementation of the adaptation action plans

- Short-term outcome C. Among community members targeted by the adaptation action, increased climate resilience through increased knowledge, positive behavior changes, and access to resources
- Short-term outcome D. Among the communities targeted by the adaptation action, increased climate resilience through social, community, institutional, or policy system(s)
- Short-term outcome E. Routine quality improvement and increased effectiveness of adaptation actions
- Short-term outcome F. Implementation partners use process evaluation results to improve/inform their adaptation action plans
- Intermediate outcome A. Reduced adverse health outcomes due to climate change in the populations among community members targeted by the adaptation actions
- Intermediate outcome B. Increased knowledge of adaptation actions that reduce adverse health effects of climate change

Although not required to be achieved during the performance period, applicants should understand how the short term outcomes will contribute to the Intermediate and Long-Term Outcomes reflected in the logic model.

Stemming from short-term outcomes, the intermediate outcomes will be:

- Intermediate outcome A. Reduced adverse health outcomes (e.g., reduction in flood-related illness and injury) due to climate change in the populations targeted by the adaptation actions

By evaluating population-facing adaptation, the following outcomes will occur:

- Short-term outcome E. Increased knowledge of adaptation action implementation methodologies and impacts
- Short-term outcome F. Routine quality improvement and increased effectiveness of adaptation actions
- Short-term outcome G. Additional health departments and organizations use process evaluation results to improve/inform their adaptation action plans.

All recipients are expected to report achievement of Core Component outcomes via annual Performance Measures.

Optional Component A – Expanded Implementation and Evaluation

Because Optional Component A is an expansion of the Core Component, no additional outcomes beyond the Core Component outcomes are expected or will be measured.

Optional Component B - Climate Mitigation

In addition to the Core Component outcomes, one short term outcome will be achieved in the program period:

- Short-term outcome G. Stakeholders are active in the implementation of the mitigation strategies

Optional Component C - Data Modernization

In addition to the Core Component outcomes, one short term outcome for Optional Component C will be achieved during the program period:

- Short term outcome H. Improved awareness and understanding of the current status, gaps, and opportunities related to climate change data systems

iii. Strategies and Activities

CORE COMPONENT

During the period of performance, recipients will conduct strategies and activities in two major categories, Category I. Enhance Program Infrastructure and Category II. Planning and Implementation.

I. ENHANCE PROGRAM INFRASTRUCTURE

Strategy A. Enhance Program Management and Leadership

Activity 1. Build Internal Capacity. Applicants should work to enhance staff capacity to collaborate with stakeholders and implement high quality programs to increase climate resilience (e.g., capacity can be built through staff training on climate and health, epidemiological analysis, or evaluation related skills).

Activity 2. Position Climate and Health as a High Priority Within the Recipient Organization. Applicants should promote and integrate climate resiliency among other internal programs and departments. For example, applicants can work towards integrating health considerations into all-hazard preparedness plans or elevating climate change as a priority topic within the recipient's jurisdiction health improvement plan or other strategic plans.

Activity 3. Provide Leadership. Applicants should serve as catalysts and champions to encourage planning, coordination, and expansion of climate and health activities and the adoption of evidence-based practices. This could include internal presentations to department leadership or promotion of cross-jurisdictional collaboration.

Strategy B: Enhance and Expand Partnerships

Activity 1. Identify and Strengthen Relationships with Existing and New Stakeholders. Applicants should identify and collaborate with the stakeholders necessary to identify and effectively implement adaptation actions responsive to local needs. This must include representatives from populations disproportionately impacted by climate change. Recipients must cultivate and strengthen relationships with these stakeholders in order to involve them in the planning and development of the adaptation actions, communications, and evaluation.

II. PLANNING & IMPLEMENTATION

Strategy C: Compile Evidence and Best Practices to Develop Adaptation Plans

Activity 1. Create and Update Climate Impact Compendium Findings. The applicant should identify, update, and compile data and findings concerning 1) local climate forecasting/projections; 2) current and potential climate-related health impacts, including health disparities; 3) affected systems and social determinants of health conferring health disparities; and 4) adaptive capacity, as they relate to climate hazards of interest for stakeholders. The Climate Impact Compendium can be in a format that meets the needs of the jurisdiction and local stakeholders. Applicant can use relevant data from a variety of sources (e.g., CDC Wide-ranging Online Data for Epidemiologic Research (WONDER), CDC National Syndromic Surveillance Program (NSSP), CDC National Environmental Public Health Tracking, state vital statistics data, National Aeronautics and Space Administration (NASA), US Census Bureau, National Oceanic and Atmospheric Administration (NOAA), National Center for Environmental Information (NCEI), data focusing on hospitalizations and emergency department visits, and others) to track trends in morbidity, mortality, and health care utilization. For example, applicant may track and report climate-related health outcomes in a syndromic surveillance system or add a new climate related metric to an existing surveillance system. These data should be incorporated into the Climate Impact Compendium and used to support adaptation actions.

The Climate Impact Compendium supports the development of adaptation action plans and should include data on the climate threats that the adaptation actions will address. The Climate Impact Compendium should be updated at least annually.

Activity 2: Identify Specific Climate-Related Threats to Health to be Addressed.

Applicants must identify at least one or more specific climate hazards that will be addressed. Applicants are encouraged to consider compound hazards, which may involve multiple climate threats to a jurisdiction simultaneously (e.g., extreme heat and wildfires).

The climate-related threats and health effects below are derived from the Climate and Health Assessment (<https://health2016.globalchange.gov>), priorities of the CDC Climate and Health Program, and evaluation data from the Climate-Ready States and Cities Initiative.

Applicant's adaptation actions must address one or more of the following categories:

- Health effects from heat and cold exposure
 - Includes but is not limited to heat waves and impacts of ambient heat
- Health effects from impaired air quality
 - Includes but is not limited to wildfire smoke, aeroallergens, and dust
- Health effects from extreme events
 - Includes but is not limited to floods, drought, wildfires, winter/ice storms, and hurricanes

Activity 3. Identify Adaptation Actions. Applicants will implement at least two population-facing adaptation actions. Applicants should propose actions likely to improve health outcomes within the funding period and to advance health equity by addressing health disparities via programs, interventions, and resources, or by developing innovative solutions. Programmatic or

intervention attributes recognized in the literature as contributing to achieving health equity include: input from disproportionately affected community members (1-3), cited social and behavioral science theory (if applicable), social determinants of health that confer differential health outcomes (5-10), documentation of major components of implementation (e.g., methods for and duration of delivery, resources used or provided, qualities organizational structure, staff, skills, and interorganizational networks involved in implementation) (11-12). Applicants should propose adaptation actions that possess as many of these attributes as possible or other recognized best practices for designing equitable adaptation actions.

These adaptation actions must address one or more of the climate hazards identified in Activity 2.

Adaptation action types supported by this NOFO are informed by Conlon and Austin's typology of interventions for public health adaptation to climate change (A typology of interventions for public health adaptation to climate change. *Environmental Epidemiology*. October 2019, V 3:p 80 doi: 10.1097/01.EE9.0000606556.08289.6e).

For this NOFO, an adaptation action is defined as an intervention implemented to build health resilience to the effects of climate change among a specified population using one or more activities. A single adaptation action may be comprehensive and involve multiple complementary activities. To be part of a single adaptation action, activities should be implemented to achieve the same outcomes for the same population within the same time frame. An adaptation may involve staging coordinated activities in phases over time. Each proposed adaptation action should be categorized by the recipient according to the primary strategy most critical to achieve the intended effects.

All adaptation actions must be evidence-based and must focus on the categories specified below. Applicants must propose at least one adaptation action in Category 1 and at least one from Categories 2-4.

Category 1: Facilitation of Community Access – Implement key coordination activities (e.g., establish linkages, develop tools, or plan events) to support partners who can directly implement the following adaptation actions to achieve the goals of this NOFO:

- Service Access - Efforts to increase the availability of health-protective services and spaces
- Infrastructure Modifications - Changes to the built environment intended to protect human health from climate-sensitive exposures
- Screening Programs - Efforts to identify individuals with health risk factors for health outcomes with climate-sensitive exposures
- Resource Assistance - Provision of supplies or materials intended to protect human health from climate-sensitive exposures
- Environmental Modifications - Changes to the natural environment intended to protect human health from climate-sensitive exposures

In addition to Category 1, adaptation actions (Facilitation of Community Access), applicants are also required to propose at least one additional adaptation from the list below (Categories 2-4). Adaptation actions in categories 2-4 may be implemented directly by the recipient, with or without the support of other implementing partners.

Category 2: Communications - Communicate facts, ideas, and skills intended to enhance knowledge, attitudes, and behaviors around climate-sensitive exposures and their health outcomes.

Category 3: Education & Instruction - Formal instruction that communicates facts, ideas, and skills that enhance knowledge, attitudes, and behaviors around climate-sensitive exposures and their health outcomes.

Category 4: Policy Implementation - The execution and/or enforcement of climate and health plans, ordinances, rules, regulations, and laws according to their original intent.

The process involved in this activity will be used to develop an Adaptation Action and Evaluation Plan (Strategy C, Activity 6).

Activity 4. Identify Evaluation Approach for Adaptation Actions. Applicants should develop an evaluation for each adaptation action. The evaluations should adhere to the steps and standards outlined in the CDC Evaluation Framework (<https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf>). Additional information about the Framework can be located on CDC's evaluation webpage (<https://www.cdc.gov/eval/framework/index.htm>). In particular, recipients are encouraged to use the CDC's Introduction to Program Evaluation for Public Health Programs: A Self Study Guide to guide the development of their evaluation plans (<https://www.cdc.gov/eval/guide/index.htm>).

The social ecological model conceptualizes health to be affected by the interaction between the individual, their community, and physical, social, and political environments (Israel et al., 2003; Sallis et al., 2008; Wallerstein et al., 2003). In the context of this NOFO, recipients can use this model to identify the modifiable and measurable aspects of those environments that adaptation actions can improve. This encourages integrating approaches to change the physical and social environments rather than modifying only individual health behaviors. These environments, referred to as systems in this NOFO, include social systems (i.e., networks of beliefs, norms, and relationships), community systems (i.e., physical and social settings in which people live, work and play), institutional systems (i.e., formal and informal rules and regulations operating within organizations), and policy systems (i.e., local and state laws and policies).

Applicants are required to measure the effects of adaptation actions in terms of individual or systems-level outcomes. Applicants should also measure the resulting health outcomes, which can include direct or indirect measures, such as pharmacy records or self-report.

In sum, the proposed evaluation design should be appropriate for determining the effectiveness of an adaptation action (e.g., use of a comparison condition or pre-post analysis and adequate number of participants). Recipients should plan to assess the degree to which effects are equally

distributed among the population intended to benefit and the degree to which health equity has improved.

Activity 5. Write and Implement Adaptation Action and Evaluation Plan. Applicants should document decisions about adaptation actions and their evaluations in the Adaptation Action and Evaluation Plan.

An individual Adaptation Action and Evaluation Plan must be written for each adaptation action. The plan should include at least two sections. The first section should describe the adaptation action and include the following:

- A team roster, identifying roles and responsibilities, including facilitator(s) or leader(s).
- Adaptation type(s).
- Climate hazard(s) addressed.
- Specific populations and locations that will be included.
- Identification of stakeholders and partners necessary for both implementing and monitoring the intervention.
- Methods for intervention implementation.
- Timeline outlining activities, milestones, and deadlines.

The second section should describe the evaluation of the adaptation action and include the following:

- Evaluation activities performed to date (about the proposed adaptation action), any relevant findings, and how findings have been used.
- The type of evaluations (i.e., process, outcome, or both).
- Program description and logic model.
- Key evaluation questions to be addressed.
- Design, methods, and data sources.
- Key outcomes that will be measured and follow-up period(s).
- Plans for dissemination of results and intended use of findings.

Activity 6. Share Program Activities and Products with the Public. Applicants should maintain a website where educational, surveillance, and evaluation information will be easily accessible to the public.

Strategy D: Build Climate Resilience through Implementation of Adaptation Actions

Activity 1. Implement and Evaluate the Adaptation Action and Evaluation Plan. Applicants will implement the Adaptation Action and Evaluation Plan **developed in Strategy C, Activity 6.** If midcourse changes are necessary, they must be reflected in an updated Adaptation Action and Evaluation Plan.

Strategy E: Identify, Use, and Disseminate Lessons Learned on Effective Adaptation Actions

Activity 1. Use Evaluation Results to Improve Adaptation Actions. Applicants are expected to use their collected evaluation findings to improve and update their adaptation actions. Recipients are expected to review their evaluation results regularly.

Activity 2. Disseminate Evaluation Results. Applicants will disseminate results to the following audiences:

- Stakeholders of adaptation actions, including community members whose outcomes have been evaluated.
- Wider adaptation community external to adaptation action, including other health agencies, public organizations, CBOs, universities, and adaptation professionals through presentations and publications in peer reviewed journals.
- CDC cooperative agreement partners. Applicants must demonstrate the success of this activity by reporting the associated performance measures as indicated in the Performance Measurement table.

Recipients must demonstrate the success of this activity by reporting the associated performance measures as indicated in the Performance Measurement table.

OPTIONAL COMPONENTS

Component A - Expanded Implementation and Evaluation

The narrative for this component is not included in the Project Narrative's page limit but it should not exceed five pages.

This optional component allows the applicant to expand upon a subsection of the strategies and activities identified in the Core Component - II. Planning and Implementation section of this NOFO. The activities proposed under this section must be in addition to what the applicant has proposed their submission under the in the Core Section

For this Optional Component, the applicant must address at least one specific climate hazard (see Core Component - II. Planning and Implementation, Strategy C, Activity 2)

Applicants will describe how they will implement at least one adaptation action. Applicants may choose to expand adaptation(s) proposed in the Core Component or may propose new adaptation(s). Applicants should propose actions likely to improve health outcomes within the period of performance and to advance health equity by addressing health disparities via programs, interventions, and resources, or by developing innovative solutions. Applicants should propose adaptation actions that include recognized best practices for designing equitable adaptation actions (see Core Component - Strategy C, Activity 3).

Applicants will adhere to the CDC Evaluation Framework as well as best practices presented through the Climate and Health Program's evaluation web series (<https://www.cdc.gov/climateandhealth/eval.htm>). (See Core Component - Strategy C, Activity 4).

Applicants should document decisions about adaptation actions and their evaluations in the Adaptation Action and Evaluation Plan. An individual Adaptation Action and Evaluation Plan must be written for each adaptation action. (see Core Component - Strategy C, Activity 5).

Recipient should maintain a website where educational, surveillance, and evaluation information will be easily accessible to the public. (see Core Component - Strategy C, Activity 6)

Recipient should use their collected evaluation findings to improve and update their adaptation actions. (see Core Component - Strategy E, Activity 1)

Recipient should disseminate the results of their evaluation work through a variety of methods and to a variety of stakeholders such as community members whose outcomes have been evaluated, the wider adaptation community, as well as CDC cooperative agreement partners. (see Core Component - Strategy E, Activity 2)

Performance Measures - Progress and achievements for this Optional Component will be reported as a subcomponent of the Core Component Performance Measures.

Component B - Climate Mitigation

The narrative for this component is not included in the Project Narrative's page limit but it should not exceed five pages.

Climate mitigation involves reducing the emission of heat-trapping greenhouse gases (GHG) (e.g., carbon dioxide, methane, and nitrous oxide) into the atmosphere, either by reducing sources of these gases or enhancing the sinks that accumulate and store these gases ([NASA](#)). Innovation and investment in environmentally sound programs, infrastructure, technologies, and policies can help to mitigate climate change and enhance resilience to climate change, thereby improving population health. Reducing GHG emissions can enhance air quality and slow climate change, serving as primary prevention for public health and generating substantial respiratory health and economic mutual benefits. Policies and programs that promote health and climate change mitigation are ideally coordinated across sectors and geographic scales.

Examples of potential strategies may include:

- Conducting economic analyses of health co-benefits stemming from specific GHG mitigation strategies that are feasible in the applicant's jurisdiction;
- Conducting a health impact assessment of current or proposed GHG mitigation strategies to demonstrate health co-benefits;
- Coordinating with other organizations to Implement strategies and develop policies to reduce air pollution from GHG-emitting sources, such as school and other public buses, that could help to improve air quality for people with asthma and other respiratory diseases;
- Collaborating with public and private building owners to identify and implement feasible strategies to use renewable energy sources and reduce GHG emissions;

- Developing a comprehensive, well-coordinated communication strategy within the health sector both for public health and health care professionals to promote knowledge, awareness, and adaptation and mitigation behaviors among the general public;
- Promoting modes of transportation such as bicycling and walking through supportive policies, education, programs, and planning initiatives that would improve health and decrease GHG;
- Promoting policy for regional tree planting adequate to serve as a sink and strategically implemented to also reduce extreme urban heat or improve water quality.

To further efforts in climate mitigation, applicants are invited to propose innovative mitigation and health promotion strategies. Efforts must indirectly or directly address, analyze, or support reducing emissions of GHG. All strategies must be evidence-based and address health equity.

For proposals involving implementation of mitigation strategies, applicants must describe how successful mitigation would directly contribute to human health benefits. Applicants will measure and are expected to show achievement of short-term outcomes within the period of performance. Applicants will also track and report intermediate outcomes, i.e., improved health, that are expected to result from the achievement of short-term outcomes.

Applicants are required to report performance measures 1-5 regarding activities and outcomes annually.

Component C - Data Modernization

Examples of capacity development have been move from the Phase II Review section to this section.

The narrative for this component is not included in the Project Narrative's page limit but it should not exceed five pages.

Public health relies on timely, accurate information to make prompt and insight-driven decisions to inform programs, policies, and investments. These decisions require robust data and health information systems and data science talent and IT infrastructure. Public health data are too often collected and reported through antiquated means. Environmental exposure and health outcome data are often collected and stored in stand-alone spreadsheets and databases, sometimes even on paper forms. Analysis of such data and reporting of findings are slow, hindered by significant lag of data availability, a lack of interoperable systems, incongruent data and system standards, and a workforce that lacks sufficient training in the creation, use, and maintenance of new technology. There are multiple opportunities to improve data collection and reporting. For example, increased focus on syndromic surveillance provides timely understanding of emerging health threats through electronic reporting of emergency department visits. Electronic case reporting offers earlier disease detection and intervention through automated reporting of diseases and conditions from electronic health records. Modernized, automated electronic messaging to CDC for notifiable disease reporting, including laboratory reporting, reduces the burden on state and local jurisdictions. Better use of vital records data can signal changes in trends, monitor urgent public health events, and provide faster notification of cause of death. New and non-traditional data sources can complement existing systems. The amount and nature of new data sources (e.g., databases from enhanced active surveillance using Smartphone

technology) is constantly increasing and represent a wealth of possibly useful information to inform public health decision making. Adoption of, and increased reliance on, cloud storage would transform otherwise stand-alone data to meet accepted standards for formatting, analysis, and sharing. Storage systems should be interoperable, scalable, and adaptable to ensure that all data can be shared quickly and without the requirement of significant resources to manage and analyze data and to interpret findings. Further, it is important to utilize open source standards and tools that not only allows public health professionals to speak the same language, but also significantly reduces cost, which for many jurisdictions can be a major obstacle to accomplishing the goals of modernizing data.

Many public health professionals lack the knowledge and skills to transition into a modern data world. Resources must be allocated to hiring new staff that are well versed in IT infrastructure, data science, and other areas of expertise that current staff are lacking. Training on modern data systems, electronic reporting, data modeling, GIS, and cutting-edge data visualization is required. Building upon existing relationships with data stewards (e.g. hospitals, emergency departments) can help to alleviate the current lag in receiving health data that prevents the crucial timely analysis and reporting of data.

Examples of capacity development include:

- Training current staff on modern data systems, electronic reporting, data modeling, Geographic Information Systems (GIS), and cutting-edge data visualization.
- Hiring new staff that are well versed in IT infrastructure, data science, and other areas of expertise that current staff are lacking.
- Building upon existing relationships with data stewards (e.g. hospitalization, emergency department visits, and mortality data) to alleviate the current data lag in receiving health data for timely analysis and reporting of data. Applicants should also coordinate with multiple sectors outside of public health such as transportation, education, health care delivery, and agriculture to take advantage of novel data that can inform public health actions.

The Data Modernization Optional Component is specific for work related to this NOFO. The CDC program will follow the progress of CDC's data modernization efforts and will share the appropriate information with the grantee recipients.

Applicants are encouraged to focus on one or more of the above improvements or other data modernization innovations that are responsive to the local context. In general, the overall strategies are:

Strategy 1: Understand, coordinate, and lead data modernization efforts related to climate change in the jurisdiction

1a. Lead and coordinate data modernization efforts

1b. Document and understand workforce, data, and health information system needs and opportunities

Strategy 2. Accelerate data and health information system modernization related to climate change

2a. Implement workforce enhancements to accelerate data modernization

2b. Accelerate improvements to data quality, exchange, management, and use

Examples of strategy-related activities include:

- Using new, and non-traditional data sources that can complement existing systems (e.g., databases from enhanced active surveillance using Smartphone technology)
- Adopting short-term outcomes; and increased reliance on cloud storage, which would transform otherwise stand-alone data to meet accepted standards for formatting, analysis, and sharing. Also, storage systems that are interoperable, scalable, and adaptable to ensure that all data can be shared quickly and without the requirement of significant resources to manage and analyze data and to interpret findings.
- Using new and innovative analytic tools and ways of linking datasets from different sources.
- Using open source standards and tools that not only allow public health professionals to speak the same language, but also significantly reduces cost.

1. Collaborations

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

Applicants are encouraged, but not required, to collaborate with other CDC-funded programs when interests and activities align. These may include:

CDC Center for State, Tribal, Local, and Territorial Support (CSTLTS)

- CDC Disability and Health Programs, for the purpose of fully engaging people with disabilities into activities regarding asthma management and control.
- CDC Division of Vector-borne Diseases (DVBD)
- CDC National Center for Environmental Health (NCEH) Environmental Public Health Tracking Program
- CDC NCEH Environmental Health Capacity Program
- CDC NCEH Lead Poisoning Prevention Program
- Emergency preparedness programs
- American Lung Association (ALA)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- Council of State and Territorial Epidemiologists (CSTE)
- National Association of County and City Health Officials (NACCHO)
- National Environmental Health Association (NEHA)
- National Indian Health Board
- American Academy of Pediatrics

b. With organizations not funded by CDC:

Applicants are also encouraged, but not required to, collaborate with organizations that are not funded by CDC, but are essential to the effective implementation of strategies described in this NOFO. These include, but are not limited to:

- NOAA’s Regional Integrated Sciences and Assessments (RISA) Program
- NOAA’s National Centers for Environmental Information (NCEI)
- Local & Regional National Weather Service (NWS) Weather Forecasting Offices
- Local community-based organizations (CBOs)
- State climatologists
- U.S. Environmental Protection Agency (EPA)
- U.S. Geological Survey (USGS)
- U.S. National Institutes of Health (NIH)
- National Center for Atmospheric Research (NCAR)
- U.S. Global Change Research Program (USGCRP)
- American Meteorological Society (AMS)

2. Target Populations

Climate change disproportionately affects the health and wellness of communities of color, older adults, those who are socially and economically marginalized, children, and other groups ([National Climate Assessment](#)). These disproportionate effects are the result of more frequent, intense, and longer-lasting climate-related hazards (e.g., wildfires, hurricanes, extreme temperatures) intersecting with policies, practices, and conditions that have placed different communities at greater disadvantage. Consequently, swift and robust adaptation across public health agencies and their partners is necessary to protect health and promote health equity.

Applicants are expected to implement and evaluate adaptation actions that address the risks and public health threats particular to their communities, in order to contribute to greater health equity. In the context of this NOFO, recipients will identify, seek input from, and collaborate with those affected community members over the course of the cooperative agreements. Meaningful and sustained collaboration with these stakeholders will provide recipients a better understanding of their unique needs, priorities, experienced health disparities, and their relevant social determinants of health. Adaptation actions implemented and evaluated in collaboration with affected community members are expected to be more responsive to local needs resulting in greater health equity. Additionally, adaptation actions which focus on communities vulnerable to compound climate-related hazards (e.g., poor air quality during an extreme temperature event) are encouraged.

a. Health Disparities

Social determinants of health are shaped by the systems in which public health and other agencies often have the greatest opportunity to affect change. This includes changes to how we access clean air (housing and energy systems), food (agricultural systems), water (sanitation and sewage systems), and medical care (hospital systems). These same systems are shaped by the lack of social, political, and economic power of disadvantaged communities, such as those who are low-income communities or communities of color. Additionally, changes to environmental policies, practices, or directives not designed for affected community members’ unique environmental, cultural, economic, and health needs may lead to unintentional consequences. Consequently, addressing health disparities must focus on the effects of such systems to promote greater equity while creating opportunities for health benefits. To advance the goal of achieving health equity, recipients of this NOFO are expected to

directly promote and create those opportunities by leveraging partners and engaging community members in the implementation and evaluation of adaptation actions.

iv. Funding Strategy

The table below provides a list of funding levels available to applicants for the **Core Component**, based on population size (based on US Census data - 2018 estimates or other appropriate document if the Census data is not available):

Population	Funding Level
< 2 million	\$300,000
2 million – 10 million	\$400,000
> 10 million	\$500,000

If an applicant applies for funding for the Core Component that is above the funding level for their population, the application will not be reviewed.

Applicants may apply for up to \$1,000,000 for each of the Optional Components.

This NOFO includes a Core Component and three Optional Components, Component A - Expanded Implementation and Evaluation, Component B - Climate Mitigation, and Component C - Data Modernization. The Core Component is the foundation this NOFO. The applicant must apply for the Core Component and may apply for one, two, three, or none of the Optional Components. If an applicant does not apply for the Core Component, applications for Optional Components will not be forwarded for further review.

Applications for the Core Component will be reviewed and scored. Only applications selected for Core Component funding will be eligible for Optional Component funding. Awards for the Core and Optional Components are contingent upon available program funding and guidelines for allowable funding.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement will help demonstrate program achievements, including positive effects on community or population health; build a stronger evidence base for adaptations to climate change; demonstrate adaptation applicability and effectiveness across different populations, settings, and contexts; and drive continuous improvement of adaptation actions and implementation. The evaluation strategy of this funding opportunity is grounded in the CDC Evaluation Framework for Public Health, MMWR, September 18, 1999, Vol. 48 / No. RR-11 (<https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf>).

Throughout the five-year grant period, recipients will evaluate their adaptation actions in terms of their efficiency and effectiveness and use evaluation findings to improve and enhance programming. This will be done by building internal evaluation capacity and following the steps and standards of the CDC Evaluation Framework. The specific number of evaluations to be conducted will vary based on the number of adaptation actions proposed, but it is expected that each adaptation action will be evaluated during the grant period.

CDC will work individually and collectively with recipients to: (1) increase the efficiency, equitability, and effectiveness of the adaptation action; (2) identify evaluation strategies that are

feasible and responsive to the proposed adaptation action; and (3) build and share the evidence base regarding strategies that lead to climate resilience.

Five overarching evaluation questions map to the program logic model. Recipient adaptation actions may target individual-level outcomes, systems-level outcomes, or both, before improving health. All recipient evaluations must therefore be prepared to answer questions one, two, three and/or four, and five. The evaluation questions are:

1. To what extent has the recipient strengthened and expanded stakeholder engagement to support the identification of climate-sensitive health threats affecting the communities within the jurisdiction?
2. To what extent has the recipient created adaptation actions that are responsive to the threats described in the Climate Impact Compendium, feasible and include specify achievable outcomes?
3. What individual-level outcomes did the recipient's adaptation actions improve in the intended population?
4. What systems-level outcomes did the recipient's adaptation actions improve for the intended population?
5. What health outcomes did the recipient's adaptation actions improve in the intended population?

To answer these questions, CDC will use an evaluation approach with both qualitative and quantitative methods. Recipients will be required to: (1) report on CDC-developed process and outcome performance measures specified in the table below; (2) plan, develop, implement, and report on results from evaluations prioritized by the recipients and which contribute to overarching evaluation questions in this NOFO; (3) participate in collaborative evaluation capacity building efforts with other recipients of this NOFO.

The following performance measures should be collected at the specified intervals using the format described in post-award guidance. CDC will work with recipients in the first year of the cooperative agreement to establish state-specific targets for each measure, specify data formats, and identify key audiences to be tracked over time. Recipients may develop additional measures. CDC will also work with recipients to define additional qualitative and quantitative measures of progress toward long-term outcomes specific to the recipients' context. CDC will develop specific reporting processes and templates to facilitate and standardize data collection and provide guidance on their utility. That data collection is limited only to data that will be analyzed and used.

Performance measure data will be delivered to CDC and CDC will be responsible for managing, analyzing, and disseminating reports on the performance measure data. This plan will be due within the first 12 months of award, as described in the Reporting Section of this NOFO. The DMP for Performance Measurement Plan will be due within the first 6 months of the award

For each strategy, please provide example measures for the bolded outcomes that recipients will be responsible for tracking and reporting to CDC, as well as example process measures. For example, for Compile Evidence and Best Practices to Develop Adaptation Plans, a process

measure could be “Climate Impact Compendium Findings are created and updated.

Table 1. Performance Measures

	Associated Strategies and Activities	Outcomes	Performance Measures
1	<p>Strategy: Build Partnerships</p> <p>Activity: Identify and Strengthen Relationships with Existing and New Stakeholders</p>	<p>Stakeholders are active in the implementation of the adaptation action plans</p>	<p><i>Stakeholders Performance Measure</i></p> <p>Documented activities conducted by or with key stakeholders (e.g., community-based groups, faith-based organizations, affected community members, etc.) to update the Climate Impact Compendium, develop adaptation action plan(s), and deploy the adaptation action plans.</p>
2	<p>Strategy: Compile Evidence and Best Practices to Develop Adaptation Plans</p> <p>Activity: Identify Specific Climate-Related Health Effects to be Addressed</p> <p>Activity: Identify Adaptation Actions</p> <p>Activity: Identify Evaluation Approach for Adaptation Actions</p> <p>Activity: Write an Adaptation Action and Evaluation Plan</p> <p>Strategy: Build Climate Resilience through</p>	<p>High quality adaptation actions are implemented</p>	<p><i>High Quality Adaptation Action Performance Measure</i></p> <p>Documented attributes of adaptation actions implemented by the recipient, including type of adaptation action, stage, implementation, communication, and evaluation methodologies, intended population(s), geographic scale of implementation, and expected outcomes.</p>

	<p>Implementation of Adaptation Actions</p> <p>Activity: Implement and Evaluate the Adaptation Action and Evaluation Plan</p>		
3	<p>Strategy: Identify, Use, and Disseminate Lessons Learned on Effective Adaptation Actions</p> <p>Activity: Use Evaluation Results to Improve Adaptation Actions</p>	<p>Routine quality improvement and increased effectiveness of recipients' adaptation actions</p>	<p><i>Quality Improvement Performance Measure</i></p> <p>Documented findings from ongoing process evaluation activities and documented actions taken to improve adaptation action implementation based on findings.</p>
4	<p>Strategy: Build Climate Resilience through Implementation of Adaptation Actions</p> <p>Activity: Implement and Evaluate the Adaptation Action and Evaluation Plan</p>	<p>Among community members intended to benefit from the adaptation action, increase or improved knowledge, behavior, and access to resources</p>	<p><i>Individual-level Outcomes Performance Measure</i></p> <p>Documented changes to intended population'(s)' awareness, knowledge, attitude(s), skill(s), or behaviors as a result of the adaptation action.</p>
5	<p>Strategy: Build Climate Resilience through Implementation of Adaptation Actions</p> <p>Activity: Implement and Evaluate the Adaptation Action and Evaluation Plan</p>	<p>Change in quantity or quality of public health or social system service or structure to improve individual level outcomes (knowledge, behaviors) or health of the community as a result of adaptation action</p>	<p><i>System-level Outcomes Performance Measure</i></p> <p>Documented changes to intended population'(s)' living conditions, resources, or relationships, including but not limited new or different institutional policies or procedures, physical or social environment, infrastructure, or health-related services as result of the adaptation action.</p>
6	<p>Strategy: Build Climate Resilience through Implementation of</p>	<p>Reduced adverse health effect due to climate change as a result of implemented and evaluated adaptation</p>	<p><i>Health Outcomes Performance Measure</i></p> <p>Documented changes in climate-</p>

	Adaptation Actions Activity: Implement and Evaluate the Adaptation Action and Evaluation Plan	actions	sensitive health effects in intended population(s) as a result of measured short-term and/or intermediate outcomes from implemented adaptation action(s).
7	Strategy: Identify, Use, and Disseminate Lessons Learned on Effective Adaptation Actions Activity: Disseminate Evaluation Results	Enhanced evidence base for effective climate and health adaptation actions	<i>Enhanced Evidence Performance Measure</i> Documented evaluation products (e.g., reports, papers, or information) disseminated to adaptation community through publication, presentation, or websites containing process and outcome evaluation findings.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How 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/additionalrequirements/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.

Performance measure data will be delivered to CDC and CDC will be responsible for managing, analyzing, and disseminating reports on the performance measure data. This plan will be due within the first 12 months of award, as described in the Reporting Section of this NOFO. The DMP for Performance Measurement Plan will be due within the first 6 months of the award.

This NOFO does not require the recipients to generate or collect new public health surveillance data. A DMP is not required for this area of the project.

c. Organizational Capacity of Recipients to Implement the Approach

Core Component

Applicants must describe their organizational capacity and relevant experience in implementation of BRACE, building strategic partnerships with affected community members and across sectors, undertaking surveillance and epidemiology activities, communicating, evaluating activities, budget management and administration, and leadership and program management as outlined below.

Leadership and Program Management

- Document the existing staff with appropriate experience and expertise in climate and health, leadership, supervision, and program management that is for implementing and expanding the proposed strategies and activities in this NOFO.
- Describe the commitment of senior managers to ensure support for proper staffing (including supervision), guidance, contracting mechanisms, and other resources specifically for this program.
- Describe existing relationship(s) between your organization's leadership and partners as related to previous climate and health work, including leadership support for engaging partners to provide services or refer people to services.
- Describe the capacity and activities that have been completed to reach the applicant's entire state, territory, tribe, or locality that align with strategies and activities described in this NOFO.
- Describe technical assistance, training, and other resources that have been provided to internal staff and partners implementing climate and health program and activities.

Surveillance and Epidemiology

Surveillance data should be used for monitoring population trends in morbidity, mortality, health care utilization or strategic decision making as they relate to the health effects associated with climate change. For example, data can be used for establishing and/or revising the current burden of climate-related disease in affected populations, characterizing the projected impact and timing of climate-related effects on health, expanding services to populations identified as high risk,

evaluating the impact of interventions designed to mitigate the effects of climate change on health, or redirecting key resources to areas in need of capacity building.

- Describe existing climate and health surveillance systems and/or databases that have been, and are being, used to define the burden of climate-related disease and the magnitude of certain environmental hazards and related health effects in your jurisdiction. These sources may include state vital statistics data, CDC WONDER, state meteorological data, US Census Bureau, National Oceanic and Atmospheric Administration, National Center for Environmental Information, CDC National Environmental Public Health Tracking, data focusing on hospitalizations and emergency department visits, and others. Description should include details on geographic and temporal scale, demographics (if health data), and relevant results gleaned from the analysis of such data sources that support the applicant's ability to implement the activities described in this Notice of Funding Opportunity (NOFO).
- Describe existing products (e.g. reports, adaptation plans, fact sheets, web tables, maps, briefs, newsletters, surveillance systems), which document findings on climate-related hazards and health effects and populations at risk.
- Describe briefly your current capacity to manage, analyze, and interpret findings from climate and health surveillance systems and/or databases in terms of key staff and necessary skills in epidemiology, statistics, modeling, data management, etc. as well as access to relevant and necessary computing resources such as data storage and statistical software (e.g. SAS, R, etc.).

Strategic Partnerships

- Document the existing partners with appropriate experience and expertise in climate and health, epidemiology, surveillance, evaluation, social and behavioral sciences, and communications as needed to assist in implementing and expanding the proposed strategies and activities in this NOFO.
- Describe partner's experience working directly with communities to implement evidence-based strategies to protect health.
- Describe partner's current capacity to address health disparities or health inequities related to climate change.

Communication

- Identify specific staff and other resources currently available to you for developing, producing, and disseminating educational materials for use in multiple media formats and languages.
- Identify examples of working with entities outside of your organization to coordinate message creation and dissemination.
- Identify existing mechanisms for distributing educational material to particular populations (e.g., health care providers, policy makers, and partners) and specific

websites within your control where this information is easily accessible to these audiences.

- Provide examples of communication products demonstrating staff experience with disseminating messages to a variety of audiences about climate-related hazards.

Implementation of BRACE

Applicants must describe past relevant experience and specific actions implementing the [Building Resilience Against Climate Effects \(BRACE\)](#) framework. Describe:

- Activities to anticipate climate impacts and assess vulnerabilities. Include how you identified the type and scope of climate impacts, associated potential health outcomes, and populations and locations vulnerable to these health impacts. Please list existing documents, reports, portals, surveillance systems, etc. which document the historic and projected trends in climate-related hazards, sensitivities, and disparities.
- Projected disease burden from climate change. Describe how you estimated or quantified future health impacts of climate change in your jurisdiction.
- Assessment of public health interventions. Describe how you identified the most suitable health interventions for the identified health impacts of greatest concern.
- Existing climate and health adaptation plan. Describe your existing written adaptation plan, how it was implemented, how it has been disseminated, and the process used to update it.
- Evaluation of climate and health activities. Describe how you have tracked and evaluated interventions to protect human health from the impacts of climate change.

Program Evaluation

- Describe current staff capacity to collaborate and coordinate with stakeholders to continuously engage in evaluation.
- Describe current staff capacity to design and implement rigorous evaluations appropriate for determining intervention effectiveness.
- Describe current staff evaluation capacity used to improve effectiveness and efficiency of strategies and enhance overall programming.
- Describe current staff capacity and activities that have been conducted with other climate and health programs in planning and sharing lessons learned from evaluations.

Budget Management and Administration

- Describe the existing financial management system in place that allows proper funds management and segregation of funds by program and meets the requirements stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The financial system should permit the preparation of reports required by general and program-specific terms and conditions and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.
- Describe the current capacity to write, award, and manage contracts in accordance with applicable grants regulations.

d. Work Plan

Applicant must submit separate work plans for the Core and each Optional Component that describe **major** activities and is consistent with the CDC Project Description section. The work plan(s) should include a brief overview of how the recipient plans to carry out achieving the period of performance outcomes, strategies, and activities, evaluation, and performance measurement. The work plan should describe specific, measurable, and realistic plans for the first year (9/01/2021 – 8/31/2022) of this project. The Core Component work plan is included in the Project Narrative’s page limit.

Work Plans for the Optional Components are not included in the Project Narrative's page limit and should be included as attachments with the following naming conventions:

- Component A-WorkPlan
- Component B-WorkPlan
- Component C-WorkPlan

For each major strategy, program, project, initiative, or intervention describe major work plan activities for the first year. Elements in a work plan include strategies, objectives, and their associated performance measures (with data sources, targets, and timeframes), as well as major activities and the person responsible for each activity. Identify strategies and activities uniquely (e.g., 1a, 1b, 2a, 2b). Each objective, etc. and activity must contain a performance or outcome measure that assesses the effectiveness of the project. List start and end dates (month/year) for proposed activities that will be implemented in a logical, phased order.

<u>Period of Performance Outcome:</u> Year 1 – Sept. 1, 2021 – Aug. 31, 2022		<u>Outcome Measure:</u> (From the Logic Model and CDC Project Description, ii Outcomes)	
<u>Strategies and Activities</u> (From the CDC [Project Description, iii. Strategies and Activities)	<u>Process Measure</u> (From the Logic Model)	<u>Responsible Position / Party</u>	<u>Completion Date</u>
1.			
2.			
3.			
4.			
5.			
6			

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.

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:

UE1

3. Fiscal Year:

2021

4. Approximate Total Fiscal Year Funding:

\$ 4,000,000

5. Total Period of Performance Funding:

\$ 20,000,000

This amount is subject to the availability of funds.

Approximate funding for Core Component.

Estimated Total Funding:

\$ 20,000,000

6. Total Period of Performance Length:

5

year(s)

7. Expected Number of Awards:

15

Approximate number of awards for Core Component.

8. Approximate Average Award:

\$ 400,000

Per Budget Period

Average one year award amount for Core Component.

9. Award Ceiling:

\$ 500,000

Per Budget Period

This amount is subject to the availability of funds.

An application requesting an award higher than amount listed for the Core Component budget (iv. Funding Strategy) will be considered nonresponsive and will receive no further review. Applicants may apply for up to \$1,000,000 for each of the Optional Components.

10. Award Floor:

\$ 300,000

Per Budget Period

11. Estimated Award Date:

September 01, 2021

12. Budget Period Length:

12 month(s)

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

13. Direct Assistance

Direct Assistance (DA) is available through this NOFO.

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/publichealthgateway/grantsfunding/direct_assistance.html

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:

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

00 (State governments)

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

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

Additional Eligibility Category:

Government Organizations:

State 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)

State controlled institutions of higher education

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Applicants are required to submit all of the following items to meet responsiveness requirements of this NOFO:

- A. Signed letter from the applicant organization's director that states their commitment for this program throughout the organization or agency. Name the file **Responsiveness-Director** and upload it in Grants.gov.
- B. Signed letters of commitment from partners who will be directly implementing adaptation actions (Strategy C: Compile Evidence and Best Practices to Develop Adaptation Plans). The letters should include information on the activities that the partners will be contributing to achieve the goals of this NOFO. Combine the letters into one file, name the file **Responsiveness-Partnerships** and upload it in Grants.gov.
- C. Signed letter from the principal investigator documenting implementation of the **five** areas of the Building Resilience Against Climate Effects (BRACE) framework: Activities to anticipate climate impacts and assess vulnerabilities; Projected disease burden from climate change; Assessment of public health interventions; Existing climate and health adaptation plan; and Evaluation of climate and health activities. Name the file **Responsiveness-BRACE** and upload it in Grants.gov.
- D. An Evaluation Plan that has been updated within the last 3 years. Name the file **Responsiveness-EvalPlan**
- E. A signed letter from the applicant that documents the jurisdiction's population (based on US Census data - 2018 estimates or other appropriate document if the Census data is not available). Name the file **Responsiveness-Population** and upload it in Grants.gov.
- F. Applications that include request for funding at a higher award amount for the **Core Component**, based upon population listed in the table in Funding Strategy section will be considered non-responsive and will receive no further review.

If the application is non-responsive to any of the requirements listed in this section, it will not be entered into the review process. The applicant will be notified that the application did not meet submission requirements and will not advance for further review.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

Cost sharing or matching funds are not required for this program. Leveraging other resources is strongly encouraged but it will not affect scoring.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

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

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

b. System for Award Management (SAM):

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

c. [Grants.gov](http://www.grants.gov):

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb. com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb. com/ webform) or

		number, verify & update information under DUNS number		call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to SAM.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Number Of Days from Publication 21

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

b. Application Deadline

Due Date for Applications 07/02/2021

07/02/2021

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

Application due date extended.

Due Date for Information Conference Call

Date added, website updated. 21 days from the publication date, **May 10, 2021**, 2:00 PM Eastern Time. 1-877-954-4821 Passcode: 57457322 #

A summary of questions and responses will be posted on the **following website:**

<https://www.cdc.gov/climateandhealth/whats-new.htm>

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

A Letter of Intent is requested but not required. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The LOI should include the NOFO number - EH 21-2101, the organization's name, the primary contact for the correspondence, and the component or components that the organization is considering addressing.

E-mail letter of intent to:
Dan Burrows
CDC NCEH/DEHSP/ACHB
zpc@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed

project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

Work Plans for the Optional Components are not included in the Project Narrative's page limit.

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 Mariana 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.

If applicants require software or licenses to complete activities under this program, it should be included in the budget narrative.

Applicant should include separate itemized budget narratives for the Core Component and each Optional Component.

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/subaccounts 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.

Funds under this NOFO may not be used for disease prevention and control activities that are already funded by CDC in the jurisdiction (e.g., vector-borne disease prevention and control).

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

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

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

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

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

considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

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

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

i. Approach

Maximum Points: 50

Core Component

The narrative has been streamlined but the criteria and scoring have not changed.

I. ENHANCE PROGRAM INFRASTRUCTURE

Strategy A. Enhance Program Management and Leadership (6 points)

Activity 1. Enhance Internal Capacity. The extent to which the applicant describes collaboration with partners to implement activities in this NOFO such as training on climate and health, epidemiological analysis, or evaluation-related skills.

Activity 2. Position Climate and Health as a High Priority Within the Applicant's Organization. The extent to which the applicant proposes to elevate climate and health as a priority topic within the jurisdiction's health improvement plan or other strategic plans and prioritize climate and health activities within their organization. The applicant should also describe how leadership will serve as a catalyst and champion to encourage planning, coordination, and expansion of climate and health activities; promote collaboration across

jurisdictions; and integrate health considerations into all-hazard preparedness plans.

Strategy B: Enhance and Expand Partnerships (6 points)

Activity 1. Identify and Strengthen Relationships with Existing and New Stakeholders.

The extent to which the applicant collaborates with appropriate stakeholders to identify and implement adaptation actions responsive to local needs. The applicant should describe plans to include representatives from populations disproportionately impacted by climate change in the planning and development of the adaptation actions, communications, and evaluation.

II. PLANNING & IMPLEMENTATION

Strategy C: Compile Evidence and Best Practices to Develop Adaptation Plans (32 points)

Activity 1. Create and Update Climate Impact Compendium Findings. The extent to which the applicant describes how they will identify, update, and compile data and findings concerning (1) local climate forecasting/projections; (2) current and potential climate-related health impacts, including health disparities; (3) affected systems and social determinants of health conferring health disparities; and (4) adaptive capacity, as they relate to climate hazards of interest for stakeholders.

Activity 2: Identify Specific Climate-Related Threats to Health to be Addressed. The extent to which the applicant identifies at least one or more specific climate hazards to address. Adaptation actions must address one or more of the following categories:

- Health effects from heat and cold exposure (e.g., heat waves and impacts of ambient heat)
- Health effects from impaired air quality (e.g., wildfire smoke, aeroallergens, and dust)
- Health effects from extreme events (e.g., floods, drought, wildfires, winter/ice storms, and hurricanes)

Activity 3. Identify Adaptation Actions. The extent to which the applicant proposes to implement at least two population-facing adaptation actions likely to improve health outcomes and advance health equity by addressing health disparities. Applicants should propose at least one adaptation action in Category 1 and at least one from Categories 2-4.

Activity 4. Identify Evaluation Approach for Adaptation Actions. The extent to which the applicant clearly

- Describes how the evaluation will adhere to the CDC Evaluation Framework and best practices presented through the Climate and Health Program's evaluation web series
- Provides a high-level logic model for each proposed adaptation action and plans for updating.

- Describes the evaluation design and explains how it will answer the overall evaluation questions of this NOFO.
- Discusses how the selected design and methods will address time, scale, and complexity, which are factors known to complicate evaluation of climate resilience programs.
- Describes how analysis plans will assess the degree to which positive outcomes are realized among subpopulations most at-risk to climate-related hazards targeted by the adaptation (e.g., Black community members over the age of 65) and the degree to which health equity has improved.

Activity 5 and Strategy D., Activity 1. Write and Implement an Adaptation Action and Evaluation Plans. (3 points)

The extent to which the applicant presents how they will develop Adaptation Action and Evaluation Plans for each adaptation action. (Specific elements to include are listed in the Activities Section Strategy C, Activity 5.)

Activity 6. Share Program Activities and Products with the Public. The extent to which the applicant describes how they will maintain a website where education, surveillance and evaluation information will be easily accessible to the public.

Strategy E: Identify, Use, and Disseminate Lessons Learned on Effective Adaptation Actions (3 points)

Activity 1. Use Evaluation Results to Improve Adaptation Actions. The extent to which the applicant explains how they expect to use their collected evaluation findings to improve and update their adaptation actions.

Activity 2. Disseminate Evaluation Results. The extent to which the applicant describes how they will disseminate the results of their work through a variety of methods and to a variety of stakeholders.

i. Approach

Maximum Points: 0

ii. Evaluation and Performance Measurement

Maximum Points: 25

The narrative has been streamlined but the criteria and scoring have not changed.

This section of the application will be reviewed and scored based upon the extent to which the applicant:

Core Component

Evaluation Approach (5 points)

- Presents an approach for working with partners, including CDC, to: (1) increase the efficiency, equitability, and effectiveness of the adaptation action; (2) identify evaluation strategies that are feasible and responsive to the proposed adaptation action; and (3) build and share the evidence base regarding strategies that lead to climate resilience.

Evaluation Activities (5 points)

- Describes evaluation activities performed to-date about the proposed adaptation actions, any relevant findings, and how findings have been used.

Evaluation Management (5 points)

- Explains the approach for managing the evaluation, such as responsibilities, roles, and timelines, as well as appropriate safeguards for any non-public data collected.

Capacity Building (5 points)

- Describes how they will engage internal and external partners in evaluation learning communities and other collaborative activities to build the practice base and evaluation capacity.

Performance Measures (5 points)

Willingness and ability to collect performance measures data. This should include how key program partners will participate performance measurement planning processes.

ii. Evaluation and Performance Measurement

Maximum Points: 0

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 25

Core Component

The narrative has been streamlined but the criteria and scoring have not changed.

Leadership and Program Management (3 points)

The extent to which the applicant:

- Provides documentation that the existing staff members have appropriate experience and expertise in climate and health, leadership, supervision, and program management relevant for implementing and expanding the proposed strategies and activities in this NOFO. Includes documentation of the commitment of senior managers ensuring support for proper staffing and other resources specifically for climate and health.
- Describes capacity and activities completed in the past that reached the applicant's entire state, territory, tribe, or locality that align with strategies and activities described in this NOFO.
- Describes technical assistance, training, and other resources provided to internal staff and partners implementing climate and health program and activities.

Surveillance and Epidemiology (3 points)

The extent to which the applicant:

- Describes existing climate and health surveillance systems and/or databases that have been, and are being, used to define the burden of climate-related disease and the

magnitude of certain environmental hazards and related health effects in their jurisdiction.

- Describes existing products (e.g. reports, adaptation plans, fact sheets, web tables, maps, briefs, newsletters, surveillance systems) which document findings on climate-related hazards and health effects and populations at risk.
- Describes current capacity to manage, analyze, and interpret findings from climate and health surveillance systems and/or databases in terms of key staff and necessary skills in epidemiology, statistics, modeling, and data management.

Strategic Partnerships (3 points)

The extent to which the applicant:

- Documents the existing partners with appropriate experience and expertise in climate and health, epidemiology, surveillance, evaluation, social and behavioral sciences, and communications needed to assist in implementing and expanding the proposed strategies and activities.
- Explains experience of partners that work directly with communities to implement evidence-based strategies to protect health.
- Describes current capacity of partners to address health disparities or health inequities related to climate change.

Communication (3 points)

The extent to which the applicant:

- Describes specific staff and other resources currently available for developing, producing, and disseminating educational materials for use in multiple media formats and languages.
- Describes examples of working with entities outside of their organization to coordinate message creation and dissemination.
- Describes existing mechanisms for distributing educational material to specific populations (e.g., health care providers, policy makers, and partners) and specific websites within your control where this information is easily accessible to these audiences.
- Provides examples of communication products demonstrating staff experience with disseminating messages to a variety of audiences about climate-related hazards.

Implementation of BRACE (10 points)

The extent to which the applicant:

- Describes past relevant experience and specific actions implementing the [Building Resilience Against Climate Effects \(BRACE\)](#) framework.
- Presents how the type and scope of climate impacts were identified, associated potential health outcomes, and populations and locations vulnerable to these health impacts. Provides reference to existing documents, reports, portals, surveillance systems, etc. which document the historic and projected trends in climate-related hazards, sensitivities, and disparities.
- Provides projected disease burden from climate change and how the estimate was estimated or quantified. Describes future health impacts of climate change in their jurisdiction.

- Explains how the most suitable health interventions for the identified health impacts of greatest concern were determined.
- Describes the existing written adaptation plan, how it was implemented, how it has been disseminated, and the process used to update it.
- Describes how they tracked and evaluated interventions to protect human health from the impacts of climate change.

Program Evaluation (3 points)

- Describe current staff capacity to collaborate and coordinate with stakeholders in the design and implementation of rigorous evaluations appropriate for determining intervention effectiveness.

Describes current staff capacity to share and use lessons learned to improve efficiency and effectiveness of climate and health activities.

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 0

Optional Component A - Expanded Implementation and Evaluation

Maximum Points: 100

The narrative has been streamlined but the criteria and scoring have not changed.

The narrative for this component is not included in the Project Narrative's page limit but it should not exceed five pages. This section of the application will be reviewed and scored based upon the extent to which the applicant addresses the following:

PLANNING & IMPLEMENTATION

Strategy C: Compile Evidence and Best Practices to Develop Adaptation Plans (60 points)

Activity 1. Create and Update Climate Impact Compendium Findings. The extent to which the applicant describes how they will identify, update, and compile data and findings concerning (1) local climate forecasting/projections; (2) current and potential climate-related health impacts, including health disparities; (3) affected systems and social determinants of health conferring health disparities; and (4) adaptive capacity, as they relate to climate hazards of interest for stakeholders.

Activity 2: Identify Specific Climate-Related Threats to Health to be Addressed. The extent to which the applicant identifies at least one specific climate hazard to address. Adaptation actions must address one or more of the following categories:

- Health effects from heat and cold exposure (e.g., heat waves and impacts of ambient heat)
- Health effects from impaired air quality (e.g., wildfire smoke, aeroallergens, and dust)
- Health effects from extreme events (e.g., floods, drought, wildfires, winter/ice storms, and hurricanes)

Activity 3. Identify Adaptation Actions. The extent to which the applicant proposes to implement at least two population-facing adaptation actions likely to improve health outcomes and advance health equity by addressing health disparities. Applicants should propose at least one adaptation action in Category 1 and at least one from Categories 2-4.

Activity 4. Identify Evaluation Approach for Adaptation Actions. The extent to which the applicant clearly

- Describes how the evaluation will adhere to the CDC Evaluation Framework and best practices presented through the Climate and Health Program’s evaluation web series
- Provides a high-level logic model for each proposed adaptation action and plans for updating.
- Describes the evaluation design and explains how it will answer the overall evaluation questions of this NOFO.
- Discusses how the selected design and methods will address time, scale, and complexity, which are factors known to complicate evaluation of climate resilience programs.
- Describes how analysis plans will assess the degree to which positive outcomes are realized among subpopulations most at-risk to climate-related hazards targeted by the adaptation (e.g., Black community members over the age of 65) and the degree to which health equity has improved.

Strategy D., Activity 1 - Write and Implement an Adaptation Action and Evaluation Plans and

Strategy C., Activities 5 and 6. (20 points)

Activity 5.

The extent to which the applicant presents how they will develop Adaptation Action and Evaluation Plans for each adaptation action. (Specific elements to include are listed in the Activities Section Strategy C, Activity 5.)

Activity 6. Share Program Activities and Products with the Public. The extent to which the applicant describes how they will maintain a website where education, surveillance and evaluation information will be easily accessible to the public.

Strategy E: Identify, Use, and Disseminate Lessons Learned on Effective Adaptation Actions (20 points)

Activity 1. Use Evaluation Results to Improve Adaptation Actions. The extent to which the applicant explains how they expect to use their collected evaluation findings to improve and update their adaptation actions.

Activity 2. Disseminate Evaluation Results. The extent to which the applicant describes how they will disseminate the results of their work through a variety of methods and to a variety of stakeholders.

Budget

Optional Component B - Climate Mitigation

Maximum Points: 0

Maximum Points: 100

The narrative for this component is not included in the Project Narrative’s page limit, but it should not exceed five pages. This section of the application will be reviewed and scored based upon the extent to which the applicant addresses the following:

Optional Component B - Climate Mitigation

For each strategy proposed, applicants should include the following:

- A narrative description that includes: rationale, inputs, major activities, and short-term and intermediate (if applicable) outcomes that will be achieved within the period of performance, plus a timeline (28 points)
- High-level logic model that reflects inputs, major activities, and short-term and intermediate (if applicable) outcomes that will be achieved within the period of performance (Attach and name the document MitigationLM) (4 points)
- A description of capacity, resources to implement this strategies, and feasibility of the proposed strategy (18 points)
- Approach for evaluation and reporting performance measures to CDC (20 points)
- A description of how health equity will be addressed (15 points)
- A list of proposed partners and how their role in this strategy (15 points)

Optional Component C - Data Modernization

Maximum Points: 100

Optional Component C - Data Modernization

The narrative has been streamlined but the criteria and scoring have not changed. The narrative for this component is not included in the Project Narrative’s page limit, but it should not exceed five pages.

Applicants are encouraged to focus on one or more of the data collection, storage, usability, and sharing strategies or other data modernization innovations that are responsive to the local context. For each area of focus proposed, applicants should address all the criteria for Component C below. This section of the application will be reviewed and scored based upon the extent to which the applicant:

Strategy-related Activities (50 Points)

Proposes detailed, strategy-related activities addressing data modernization (see Component C in the iii Strategies and Activities section above).

Capacity (30 Points)

Describes their current capacity or plan to enhance their workforce capacity to complete the proposed strategy and activities ((see Component C in the iii Strategies and Activities section above).

Partnerships (20 points)

List proposed partners and their role in the proposed strategy and activities

Budget

Maximum Points: 0

Core and Optional Components

Budgets are review but not scored

Core Component Only

Budget Management and Administration

- Briefly describe the existing financial management system in place that allows proper management and segregation of funds by the applicant and meets the requirements stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- Briefly describe the current capacity to write, award, and manage contracts in accordance with applicable grants regulations.

c. Phase III Review

The Core and Expanded Components applications will be assessed and scored by an objective review panel. Core Component Applications will be ranked by the scored determined by the review panel. Only those Core Component applications that score in the funding range will be eligible for funding under the Optional Components. Awards for the Core and Optional Components are contingent upon available program funding and guidelines for allowable funding.

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

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

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

- (1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

Announcement TBD with OGS. Award Date - September 1, 2021.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

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

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	Reported for the annual budget period Sept 1 – August 31 and is due to the program by October 31. The Program will provide the data fields and format for reporting at the beginning of the award period.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of project period	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later 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.

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.

The program requires the Performance Measures to be reported for the annual budget period Sept 1 – August 31 and is due to the program by October 31. The program will provide the data fields and format for reporting 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.frs.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:

Daniel

Last Name:

Burrows

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

Telephone:

Email:

ZPC3@cdc.gov

Grants Staff Contact

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

First Name:

Dawn

Last Name:

Amaker

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

2939 Brandywine Rd Cube 2222, MSTV-2 Atlanta, GA 30341

Telephone:

678-475-4530

Email:

qtr5@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

Organization Charts

Additional Eligibility Information section documentation:

- Responsiveness-Director
- Responsiveness-Partnerships
- Responsiveness-BRACE
- Responsiveness-EvalPlan
- Responsiveness-Population

If applicant applies for one or more Optional Components also include:

- Component A-WorkPlan
- Component B-WorkPlan
- Component C-WorkPlan

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements

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

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

Assistance Listings: 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. [http:// www.cdc.gov /grants /additionalrequirements /index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

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

Resilience is the ability of a social system to respond and recover from disasters and includes those inherent conditions that allow the system to absorb impacts and cope with an event, as well as post-event, adaptive processes that facilitate the ability of the social system to re-organize, change, and learn in response to a threat.