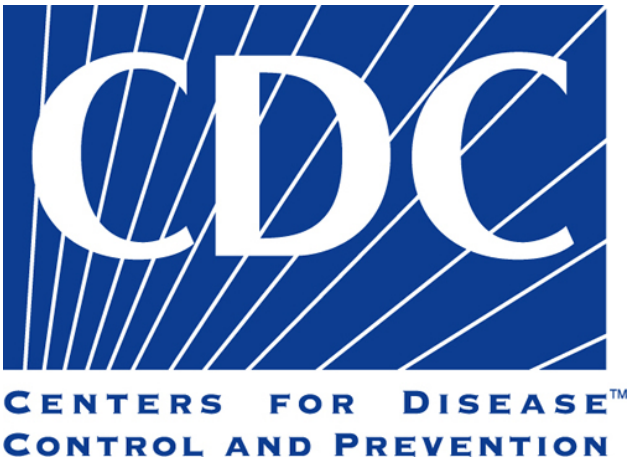

Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Tribal Epidemiology Centers Public Health Infrastructure (TECPHI)

CDC-RFA-DP22-2206

05/11/2022

Table of Contents

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-DP22-2206. 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:

Tribal Epidemiology Centers Public Health Infrastructure (TECPHI)

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP22-2206

E. Assistance Listings Number:

93.762

F. Dates:

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

N/A

2. Due Date for Applications:

05/11/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
March 16, 2022
2:30 p.m. - 4:00 p.m. EST
888-390-3412
Passcode: 9195563

If you have questions about this NOFO, you must submit them to TECPHI2206@cdc.gov. Our goal is to respond to questions within 2 working days and post them on the TECPHI DP22-2206 FAQ page. CDC cannot answer questions about eligibility other than refer you to the Additional Information on Eligibility page of the NOFO. CDC cannot discuss your proposed activities with you or answer questions about your proposed activities other than refer you to the Strategies and Activities section of the NOFO.

You can find the NOFO, the script from the information call, and links to the FAQs on the NOFO webpage.www.cdc.gov/healthytribes/tecphi/funding-opportunities/TECPHI-NOFO-2206.htm

G. Executive Summary:

1. Summary Paragraph
The purpose of this NOFO is to strengthen the public health infrastructure and capacity of 1) Tribal Epidemiology Centers (TECs) and 2) the tribes and Urban Indian Organizations (UIO) they support to meet national public health accreditation standards and deliver the 10 Essential Public Health Services. This work will support efforts to effectively identify and address underlying social determinants of health, reduce persistent health disparities, and improve the overall health and wellbeing of American Indian and Alaska Native (AI/AN) populations.

This NOFO will fund up to thirteen (13) recipients to strengthen public health capacity and infrastructure, and support a culturally informed, evidence-based, holistic, and population-level approach to disease prevention, health promotion, and wellness. □□

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
13
Up to 12 Component A awards and up to 1 Component B award.

d. Total Period of Performance Funding:
$33,999,995

e. Average One Year Award Amount:
$517,285
Average award for Component A: $510,392

Average award for Component B: $600,000

Subject to availability of funding, including both direct and indirect costs.

f. Total Period of Performance Length:
5

g. Estimated Award Date:
August 31, 2022

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
American Indian/Alaska Native (AI/AN) people have higher rates of disease, injury, and premature death than other racial and ethnic groups [1, 2]. AI/AN adults have a higher prevalence of obesity and double the prevalence of diagnosed diabetes [3]. Chronic health conditions, health behaviors, and inequities in income, education, and other social determinants of health contribute to increased morbidity and mortality from infectious diseases like influenza and COVID-19 [2, 4]. Strong public health capacity and infrastructure is critical to address disparities and improve health outcomes and is under-resourced and under-developed in Indian Country [5].

Amendments to the Indian Healthcare Improvement Act (IHCIA) in 1992 authorized the establishment of the TECs to serve each of the 12 Indian Health Service regions (Pub. L. No. 102–573, 106 Stat. 4526 § 214(a)(1). In 2010, Congress enacted the Patient Protection and Affordable Care Act (ACA), Pub. L. No. 111-148. The ACA reauthorized the IHCIA, 25 U.S.C. §§ 1601-1683, designating TECs as public health authorities under the Health Insurance Portability and Accountability Act (HIPAA) and authorizing TEC access to data held by the US Department of Health and Human Services (HHS), 5 U.S.C.A § 1621m(e)(1)). It also directs the director of CDC to provide technical assistance to TECs in performing the functions outlined in ICHIA, Id. § 1621m(c).

The purpose of this NOFO is to strengthen the public health infrastructure and capacity of 1) TECs and 2) the tribes and UIO they support to effectively identify and address underlying social determinants of health, reduce persistent health disparities, and improve the overall health and wellbeing of AI/AN populations.

Recipients will increase capacity and infrastructure of the TEC and the tribes and UIOs in their Area to:

- deliver at least 3 of the 10 Essential Public Health Services,
- plan, implement, and evaluate public health programs,

- implement data-driven, culturally relevant, practice-based public health programs,
- use evaluation data for program improvement,
- train staff on public health core competencies, and
- demonstrate program impact.

This NOFO consists of two components. The CDC will fund:

- Up to 12 Component A recipients to increase TEC capacity to strengthen the infrastructure and capacity of TECs, tribes, and UIOs to meet national public health accreditation standards and support the delivery of the 10 Essential Public Health Services to Area tribes and UIOs. CDC will fund one recipient in each IHS Area and the Urban Area, as defined in the glossary of this NOFO.
- One Component B recipient to establish a Network Coordinating Center to coordinate with CDC and collaboratively support Component A recipients.

Applicants may apply for both Component A and Component B. If applying for both Component A and Component B, a separate application must be submitted for each.

References:

1. Arias, E., et al. *Period life tables for the non-Hispanic American Indian and Alaska Native population, 2007-2009.* Am J Public Health, 2014. 104 Suppl 3: p/S312-9.
2. Espey, D.K., et al., Leading Causes of Death and All-Cause Mortality in American Indians and Alaska Natives. Am J Public Health, 2014.
3. Cobb, N., et al. Health Behaviors and Risk Factors Among American Indians and Alaska Natives, 2000-2010. Am J Public Health, 2014.
4. CDC. COVID-19 Mortality Among American Indian and Alaska Native Persons - 14 States, January–June 2020. MMWR 2020, Dec 11; 69(49): 1853–1856
5. National Indian Health Board | Public Health Indian Country Capacity Survey Project

b. Statutory Authorities

Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a).

c. Healthy People 2030

Social Determinants of Health, Public Health Infrastructure, Diabetes, Heart Disease and Stroke, Cancer, Overweight and Obesity, Oral Conditions, Nutrition and Healthy Eating, Physical Activity, Tobacco Use, Drug and Alcohol Use, Injury Prevention, Infectious Disease, Respiratory Disease, Sexually Transmitted Infections, Violence Prevention

d. Other National Public Health Priorities and Strategies

- National Public Health Accreditation Standards
- Ten Essential Public Health Services
- Core Competencies for Public Health Professionals
- Health Equity and Social Determinants of Health | State Public Health | ASTHO
- Home - TRAIN Learning Network - powered by the Public Health Foundation
- CDC Roadmap for Data Modernization

- Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations
- CDC Social Determinants of Health
- Native Diabetes Wellness Program

e. Relevant Work

2017 – 2022: Building Public Health Infrastructure in Tribal Communities to Accelerate Disease Prevention and Health Promotion in Indian Country (CDC-RFA-DP17-1704PPHF17)
2018 – 2022: Tribal Practices for Wellness in Indian Country (CDC-RFA-DP18-1812PPHF18)
2018 – 2023: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement (CDC-RFA-OT18-1803)
2019 – 2024: Good Health and Wellness in Indian Country (CDC-RFA-DP19-1903)
2022 – 2027: Tribal Practices for Wellness in Indian Country (CDC-RFA-DP22-2201)

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP22-2206 Tribal Epidemiology Centers Public Health Infrastructure (TECPHI)
Logic Model

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes (Component A and Component B Recipients)	Long-term Outcomes
Component A Strategy 1: Strengthen the Tribal Epidemiology Center's (TEC) public health capacity and infrastructure to meet national public health accreditation standards[1] and deliver the 10 Essential Public Health Services[2] Strategy 2: Strengthen Public Health Capacity and Infrastructure of tribes and Urban Indian Organizations (UIO) to meet national public health accreditation standards and deliver	Increased use of culturally relevant data collection instruments Increased access to AI/AN data to identify social determinants of health and health priorities Increased collaboration among TECs, tribes, and UIOs on planning, implementation, and evaluation of culturally relevant public health programs Increased use of national standards to assess public health infrastructure	**Increased TEC, tribal, and UIO capacity to deliver at least 3 of the 10 Essential Public Health Services[2]** **Increased use of evaluation results for program improvement** **Increased number of success stories disseminated that demonstrate the program's impact** Increased TEC, tribal, and UIO capacity to plan, implement, and evaluate culturally relevant public	Strengthened delivery of essential public health services by TECs, tribes, and UIOs to serve AI/AN communities

the 10 Essential Public Health Services	strengths and gaps Increased use of public health core competencies[3] to assess and guide training for their workforce	health programs Increased implementation of data-driven, culturally relevant, practice-based public health programs	
Component B Strategy 1: Foster peer-to-peer learning, support training, and share best- or promising-practices among Component A recipients Strategy 2: Coordinate a national evaluation approach and communication efforts with CDC and Component A recipients	Increased participation in Community(ies) of Practice Increased monitoring of program achievements	Increased TEC, tribal, and UIO staff trained in public health core competencies	

1. www.cdc.gov/publichealthgateway/accreditation
2. https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html
3. http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

i. Purpose

The purpose of this NOFO is to strengthen the public health infrastructure and capacity of 1) Tribal Epidemiology Centers (TECs) and 2) the tribes and Urban Indian Organizations (UIO) they support to meet national public health accreditation standards and deliver the 10 Essential Public Health Services. This work will support efforts to effectively identify and address underlying social determinants of health, reduce persistent health disparities, and improve the overall health and wellbeing of AI/AN populations.

ii. Outcomes

- **Increased TEC, tribal, and UIO capacity to deliver at least 3 of the 10 Essential Public Health Services**
- **Increased use of evaluation results for program improvement**
- **Increased number of success stories disseminated that demonstrate the program's impact**

iii. Strategies and Activities

Component A Only
Component A applicants must choose **at least one activity from each Focus Area under Strategy 1** (for a total of at least 3 activities) that are designed to build the capacity and infrastructure within the TEC. Component A applicants also must choose **at least one activity from Strategy 2** that are designed for the TEC to build the capacity and infrastructure of tribes and Urban Indian Organizations (UIO) in the TEC's IHS Area, including the Urban Area as defined in the glossary of this NOFO.

Strategy 1: Strengthen the Tribal Epidemiology Center's (TEC) public health capacity and infrastructure to meet national public health standards and deliver the 10 Essential Public Health Services. **Component A applicants must choose at least one activity from each focus area.**

Focus Area 1 Activities: Infrastructure building (must choose one activity)

- Conduct assessment of TEC capacity and infrastructure to meet national public health accreditation standards and deliver essential public health services, and disseminate results
- Develop and implement TEC infrastructure improvement plans based on capacity assessment results
- Support TEC workforce development and capacity building by providing on-going training and technical assistance in essential public health services and core public health competencies

Focus Area 2 Activities: Collect and use data to carry out assessments and identify local health priorities (must choose one activity)

- Collect, assess, and monitor data on health status of AI/AN populations
- Use data to identify and describe social determinants of health (SDOH) and identify health priorities, strengths, and disparities for AI/AN populations
- Develop and implement a plan to improve data quality and data systems for AI/AN populations

Focus Area 3 Activities: Plan, implement and evaluate interventions to address health priorities (must choose one activity)

- Identify opportunities and cultivate partnerships to address the social determinants of health (SDOH) in AI/AN populations
- Support planning, implementation, monitoring, and evaluation of culturally relevant practiced-based activities to address identified health priorities

Strategy 2: Strengthen Public Health Capacity and Infrastructure of Area tribes and Urban Indian Organizations (UIO) to meet national public health accreditation standards and deliver the 10 Essential Public Health Services. **Applicants must choose at least one activity in Strategy 2** to support tribes and UIOs with the development, implementation, and evaluation of plans to carry out the following activities as appropriate for individual tribe/UIO context (e.g.,

through trainings, TA, or subawards):

Activities (must choose at least one activity to support Area tribes and UIOs):

- Collect and/or use data to identify and describe social determinants of health (SDOH) and identify health priorities, strengths, and disparities for AI/AN populations
- Assess the capacity and performance of tribes' and UIOs' public health system to meet national public health accreditation standards and deliver essential public health functions
- Develop and implement infrastructure improvement plans based on capacity assessment results
- Conduct a comprehensive planning process resulting in a tribal/community health improvement plan
- Provide resources, training, and technical assistance to tribes and UIOs to support the implementation, monitoring, and evaluation of the tribal/community health improvement plan
- Support tribal and UIO public health workforce development by offering training in core public health competencies and internship/training opportunities

In addition to the strategies and activities listed above and in the Logic Model, all Component A recipients must:

- Participate in the **Community of Practice (CoP)** facilitated by the Component B recipient. The CoP will consist of monthly virtual meetings and trainings to convene all recipients to share ideas, successes, and challenges, exchange lessons learned, and establish best practices.
- Create a sustainability plan to sustain increased workforce capacity and enhanced public health infrastructure beyond the 5-year period of performance.

Component B Only

Applicants must address all activities for both Strategy 1 and Strategy 2.

Strategy 1: Foster peer-to-peer learning, support training, share best- or promising-practices, and support sustainability efforts among Component A recipients.

Activities:

- Develop and implement coordinated, collaborative Communities of Practice (CoP) to facilitate training, peer-to-peer learning, knowledge-sharing, and problem-solving among Component A recipients
- Create a data/information sharing platform to support dissemination of information among Component A recipients
- Conduct training needs assessment with Component A recipients
- Provide training and support for development of sustainability plans

Strategy 2: Coordinate a national evaluation approach and communication efforts with CDC and Component A recipients.

Activities:

- Collaborate with CDC and Component A recipients to develop a national evaluation plan for Tribal Epidemiology Centers Public Health Infrastructure (TECPHI)
- Collaborate with CDC and Component A recipients to identify and collect annual performance measures for TECPHI
- Develop and disseminate products to communicate evaluation results and findings to public health partners including Component A recipients, tribes, UIOs, CDC, and external partners

1. Collaborations

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

Recipients are encouraged to collaborate with each other, and other programs funded by CDC, particularly those that are working to mitigate risk factors associated with diabetes, heart disease, stroke, cancer, obesity, and other chronic disease conditions, and partners working on public health infrastructure and capacity building initiatives such as national public health accreditation standards, public health core competencies, and Essential Public Health Services.

National initiatives, guidelines, and policies have been identified from The Community Guide and CDC's Division of Nutrition, Physical Activity, and Obesity; Division of Diabetes Translation; Division for Heart Disease and Stroke Prevention; Division of Cancer Prevention and Control, Division of Oral Health and the Office on Smoking and Health that may complement and build on effective, culturally grounded activities. In addition, CDC's Center for Surveillance, Epidemiology, and Laboratory Services is a valuable resource for support for epidemiology, surveillance, health communication, and public health training. Examples of CDC programs that may provide collaboration opportunities to support achievement of NOFO outcomes include Good Health and Wellness in Indian Country, Tribal Practices for Wellness in Indian Country, the National Native Network for Tobacco Control, the WISEWOMAN (Well-Integrated Screening and Evaluation for WOMen Across the Nation) program, Racial and Ethnic Approaches to Community Health (REACH), the High Obesity Program, Tribal Capacity Building, and Capacity Building Assistance-Partnerships .

Component A recipients will be required to collaborate with and participate in the Community of Practice (CoP) facilitated by the Component B recipient. The CoP will consist of monthly virtual meetings and trainings to convene all recipients to share ideas, successes, and challenges, exchange lessons learned, and establish best practices.

NOTE: If a Component A recipient is not a Tribal Epidemiology Center (TEC), it is expected and required that the recipient will collaborate with the TEC in their IHS area or the Urban Area to carry out the strategies and activities described in this NOFO. As described in the Organizational Capacity section of this NOFO, Component A applicants who are not a TEC

must provide a Letter of Support outlining how the TEC in the applicant's IHS area or the Urban Area will collaborate with the applicant to achieve the NOFO outcomes.

b. With organizations not funded by CDC:
Recipients are encouraged to collaborate with Indian Health Service's (IHS) Health Promotion Disease Prevention, IHS's Special Diabetes Program for Indians, National Council for Urban Indian Health (NCUIH), Healthy Native Communities Partnership, National Indian Health Board (NIHB), Public Health Accreditation Board (PHAB), National Network of Public Health Institutes (NNPHI)

2. Target Populations
Target populations include Tribal Epidemiology Center staff and partners, tribal and Urban Indian Organization staff, and AI/ANs, including urban Indians.

As described in the work plan narrative section, applicants are expected to describe the target population served by specifying the tribes or UIOs to be served and generally describing the AI/AN population, including anticipated number of tribes and tribal members (including urban Indians, as appropriate) reached by strategies and activities.

a. Health Disparities
This work will support efforts to effectively identify and address underlying social determinants of health, reduce persistent health disparities, and improve the overall health and wellbeing of AI/AN populations.

iv. Funding Strategy
This NOFO will fund recipients to serve each Indian Health Service (IHS) Area, including the Urban IHS Area as defined in the glossary of this NOFO. CDC expects to fund up to 12 Component A recipients and only one (1) Component B recipient. Only one Component A recipient will be selected per IHS Area and the Urban Area. The IHS Areas include the following: Alaska Area, Albuquerque Area, Bemidji Area, Billings Area, California Area, Great Plains Area, Nashville Area, Navajo Area, Oklahoma City Area, Portland Area, and Phoenix/Tucson Area. There is also an Urban Area for the purposes of and defined in the glossary of this NOFO.

Component A award amounts will be based, in part, on the number of federally recognized Indian tribes or villages or Urban Indian Organizations in the applicant's IHS Area. Applicants must serve their entire IHS Area, or if proposing to serve the Urban Area, the applicants must serve all Urban Indian Organizations that currently receive funding from the IHS under Title V of the Indian Health Care Improvement Act.

Component A Applicants: Number of tribes served	**Maximum funding amount**
One tribe	$300,000
2 to 19 tribes	$464,420
20 to 49 tribes	$539,715
50+ tribes	$596,577

	Maximum funding amount
Component B Applicants	$600,000

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and Performance Measurement: 1) help demonstrate achievement of program outcomes; 2) build a stronger evidence base for specific program interventions; 3) clarify applicability of the evidence base to different populations, settings, and contexts; and 4) drive continuous program improvement. Evaluation and performance measurement can also determine whether program strategies are scalable and effective at reaching the target or intended populations.

CDC Evaluation and Performance Management Strategy
Throughout the five-year project period, CDC will use a participatory process to work individually and collectively with recipients for Components A and B to answer the following evaluation questions based on the program Logic Model and activities.

Component A Recipients:
Question 1: To what extent has the Tribal Epidemiology Centers' (TECs) public health capacity and infrastructure been strengthened to meet national public health accreditation standards and deliver the 10 Essential Public Health Services?
Question 2: To what extent has the public health capacity and infrastructure of tribes and Urban Indian Organizations (UIO) been strengthened to meet national public health accreditation standards and deliver the 10 Essential Public Health Services?

Component B Recipient:
Question 1: To what extent has the Component B recipient supported training and fostered peer-to-peer learning and sharing of best- or promising-practices among Component A recipients?
Question 2: To what extent has the Component B recipient identified promising practices, developed success stories, and in other ways demonstrated the program's impact?

To answer these questions, CDC will use a three-pronged evaluation approach. Recipients will be required to: 1) report on performance measures, 2) develop and implement recipient-specific evaluation plans and report the findings of the evaluations, and 3) participate as requested in national evaluation studies.

The Component B recipient, in collaboration with Component A recipients and with CDC, will develop and finalize a national evaluation plan within the first 12 months of the program. This national evaluation plan, which may be periodically updated, will contain, at minimum, a final set of performance measures, a timeline and methods for annual data collection, role and responsibilities for the national evaluation, and a communication and dissemination plan.

The Component B recipient, in collaboration with CDC and Component A recipients, will

identify performance measures that align with their chosen activities, define the performance measures, and assist with identification of available and feasible data sources for these measures. Recipients are responsible for gathering and analyzing the data for the performance measures and recipient-specific evaluations.

Recipients will be required to propose baseline and target performance measures for their planned activities within the first 6 months of the award. Applicants may choose to submit baseline and targets with the application, if known. CDC will work with recipients in the first 6 months of the award to finalize these measures, if needed. Though performance measures will be finalized in the first year of the program, a sample of proposed process and outcome measures for Components A and B are listed below:

Component A:

- Proportion of recipients consistently participating in the Network Coordinating Center's CoPs
- Proportion of recipients that use the Core Competencies in continuing education /training plans for their workforce
- Number of recipients whose capacity to collect or enhance tribal health data was improved (e.g., new surveillance systems, established linkages)
- Number of TECs/ tribes/UIOs that have collaboratively developed tribal/community health assessments and plans that summarize community assets and health needs, and identify tribal/community health priorities
- Number of TECs/ tribes/UIOs who use culturally relevant public health communication tools and resources to disseminate public health information to partners (e.g., health education materials, success stories)
- Number of TECs/tribes/UIOs who implement health promotion and disease prevention activities
- Number of TECs/tribes/UIOs reporting progress towards meeting national public health accreditation standards

Component B:

- Proportion of Component A recipients consistently participating in Communities of Practice
- Increased number of promising practices identified, and success stories developed, demonstrating the program's impact

In collaboration with the Component B recipient, CDC will assist Component A recipients to develop evaluation plans. Component A recipients will draft evaluation plans by the 6th month of the NOFO award. In collaboration with CDC, the Component B recipient will develop reports yearly on the aggregate annual performance measure and recipient evaluation plan results to be disseminated by multiple methods to recipients and other key partners. These aggregate findings

may also be presented during site visits and recipient meetings.

As resources permit, and in collaboration with CDC, the Component B recipient will identify and conduct additional national evaluation projects to evaluate program activities and outcomes. A DMP is required if the activity involves the collection or generation of public health data ("Public health data" means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation. Public health data includes those from research and non-research activities). Recipients collecting public health data will be required to submit a DMP that will provide at a minimum:

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

Applicants may not be able to provide all this information when applying; in these instances, applicants should include a DMP that is as complete as possible. An OMB-approved DMP template for this program is available here.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data;

data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

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

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

Recipients are encouraged to budget up to 10% of the total funding award to evaluation activities.

At the end of the five-year period of performance, CDC, in collaboration with the Component B recipient, will report relevant outcome data from the analyses of performance measures. Reports will be disseminated to key partners as noted above through multiple methods. CDC will use the overall evaluation findings from the five-year period of performance to establish key recommendations on program impact, sustainability, and continued program improvement upon completion of the award. CDC intends information from this project to further inform the evolving evidence base of strategies and approaches that are most likely to be successful in Indian Country.

c. Organizational Capacity of Recipients to Implement the Approach

The ideal applicant would be a recognized leader and partner providing public health support to and with tribes or UIOs in their IHS Area or the Urban Area. They would demonstrate previous experience providing public health leadership, surveillance, epidemiology, public health program design, implementation, evaluation, and technical assistance and training in their IHS Area. Applicants should have the critical understanding or experience of working in AI/AN communities and sovereign tribal governments where cultural sensitivity, an awareness of history, and establishing trust are critical for success.

General Capacity (Component A and Component B): Applicants should describe their organizational capacity to carry out the activities, strategies, performance measurement, and evaluation requirements, as outlined in this NOFO, including the following:

- Provide CV/resumes for the Project Director/Principal Investigator (PD/PI), Program Coordinator and evaluator or position descriptions (if positions are vacant). Upload the documentation as a single PDF file titled "CV/resumes" under "other attachments/mandatory other attachments."

- Applicants should have systems for fiscal management that will ensure funds are used appropriately.

In addition to the General Capacity requirements above, **Component A** applicants should:

- Provide a letter of support from the TEC in the applicant's IHS Area or Urban Area, if the applicant is not a TEC. The letter of support must be signed by the current TEC director, or equivalent acting official, as indicated in the letter's signature block. The letter should state the TEC's intent to work with the applicant on all NOFO requirements. Upload the documentation as a single PDF file titled "TEC Letter of Support" under "other attachments/mandatory other attachments."
- Demonstrate a service population of at least 60,000 AI/AN persons. The number of AI/AN people served must be substantiated by documentation describing IHS user populations, U.S. Census Bureau data, clinical catchment data, or any method that is scientifically and epidemiologically valid. Upload the documentation as a single PDF file titled "Documentation of Service Population" under "other attachments/mandatory other attachments."
- Provide an organizational chart and indicate titles of staff who will be responsible for key tasks, including leadership of project (program coordinator), monitoring of the project's ongoing progress, preparation of reports, conduct program evaluation, and communicate with partners and CDC. Upload the documentation as a single PDF file titled "Organizational chart" under "other attachments/mandatory other attachments."
- Describe experience and expertise in providing public health leadership, surveillance, epidemiology, public health program design, implementation, evaluation, and technical assistance and training to and with tribal and/or urban AI/AN communities in the applicant's IHS or Urban area.
- Describe experience and expertise partnering with tribes or UIOs in the applicant's IHS Area or Urban Area to provide public health leadership and technical assistance and training to support surveillance, epidemiology, public health program design, implementation, and evaluation.
- Provide organization mission statement that describes how the applicant's mission aligns with the following activities: provide public health leadership and technical assistance and training to support surveillance, epidemiology, public health program design, implementation, and evaluation to and with tribal and/or urban AI/AN communities. Upload the documentation as a single PDF file titled "Mission Statement" under "other attachments/mandatory other attachments."
- Provide an adequate staffing plan, including an organizational chart and indicates titles of staff, to carry out the project and identifies a program coordinator dedicated to this program, an experienced evaluator, other staff with expertise in the areas of work, as appropriate, including surveillance, epidemiology, training, and program planning and implementation. Upload the documentation as a single PDF file titled "Staffing Plan" under "other attachments/mandatory other attachments."

- Provide documentation that describes support from the applicant's tribes or UIOs within the IHS Area or Urban Area to be served. Documentation of support may be demonstrated by Tribal Resolutions, blanket Tribal Resolutions, Tribal letters of support or a letter of support from urban Indian clinic directors and/or Chief Executive Officers (CEOs). Upload the documentation as a single PDF file titled "Tribal/UIO LOS" under "other attachments/mandatory other attachments."

In addition to the General Capacity requirements above, **Component B** Applicants should:

- Provide an organizational chart and adequate staffing plan, including a program coordinator for, necessary to establish and maintain a robust network of Component A recipients to collaborate on program implementation and evaluation, communication knowledge-sharing and problem-solving. Upload the documentation as a single PDF file titled "Staffing Plan" under "other attachments/mandatory other attachments."
- Describe previous experience developing and supporting Communities of Practice and collaborative networks to establish and maintain a robust network of Component A recipients to collaborate on program implementation and evaluation, communication, knowledge-sharing, and problem-solving.
- Describe previous experience collaborating with all Tribal Epidemiology Centers.
- Describe the capacity to develop and maintain a data/information sharing platform to support dissemination of information among Component A recipients or contract for such services.
- Describe previous experience developing national evaluation plans.

d. Work Plan
Component A and Component B applicants are required to provide:

- A detailed, descriptive year-one work plan (example below) including intended outcomes, strategies and activities, timelines, and assigned staff to support the achievement of NOFO outcomes. Strategies must be in alignment with the NOFO Logic Model.
- Identification of staff, contractors, and/or consultants, sufficient in number and expertise to carry out the proposed activities.
- A work plan narrative describing:
- The Component for which the applicant is applying. **If applying for both Component A and Component B, two separate applications must be submitted.**
- Details for each strategy/activity included in the work plan.
- A high-level overview of years 2 – 5.

In addition to these requirements, the following additional information is required for each Component.

Component A Applicants:
Work plans for Component A applicants must include, at a minimum:

- For Strategy 1, **at least one activity in each of the three focus areas** listed in the "Strategies and Activities" section.
- For Strategy 2, **at least one activity** from the activities listed in the "Strategies and Activities" section.
- Activities to create a sustainability plan to sustain increased workforce capacity and enhanced public health infrastructure beyond the 5-year period of performance.

Work plan narrative for Component A applicants should include:

- Description of the target population served. The work plan narrative should specify the tribes or UIOs to be served and generally describe the AI/AN population to be served by the applicant, including anticipated number of tribes and tribal members (including urban Indians, as appropriate) reached by strategies and activities.
- Description of how the applicant will effectively participate in and support the Community of Practice(s) established by the Network Coordinating Center, including routine monthly virtual engagements and other collaborative efforts.

Component B Applicants:
Work plans for Component B applicants must include, at a minimum:

- For Component B Strategy One, all activities listed in the Component B "Strategies and Activities" section.
- For Component B Strategy Two, all activities listed in the "Strategies and Activities" section.

Work plan narrative for **Component B** applicants should include:

- Description of how the applicant will engage with all TECs to create a network for peer-to- peer learning and information sharing.
- Description of how the applicant will work with TECs to develop a national evaluation plan and performance measures.
- Description of how the applicant will work with TECs to develop and disseminate communication products.

An example work plan is provided below. If another format is used for the application, the work plan must include all information contained in the example work plan. Applicants should refer to the Logic Model when developing the work plan. CDC will provide feedback and technical assistance to recipients to finalize the work plan activities post-award.

Example Work Plan (optional)

Component (A or B)

Strategy:				
Focus Area: (Component A applicants only)				
Period of Performance (5-year) Intermediate Outcome: (from Logic Model)				
Activity Description	Short-term (1-year) Outcome (from the Logic Model)	Performance Measure	Responsible Position/Party	Due Date
Example: Assess the capacity and performance of tribes' and UIOs' public health system to meet national public health accreditation standards and deliver essential public health services				

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

f. CDC Program Support to Recipients

In a Cooperative Agreement, CDC and recipients share responsibility for successfully implementing the award and meeting identified outcomes. The following areas of substantial involvement will be provided by CDC:

I. Technical Assistance

- Serve as a member, technical consultant, and advisor to the Component B recipient.
- Provide scientific and programmatic technical assistance and advice as needed to assist recipients in achieving the project objectives.
- Facilitate distribution and dissemination of information and outcomes.
- Contribute to analyses, publications, technical reports, and other products as co-authors within the CDC authorship guidelines, as helpful.
- Work with recipients to identify the best solutions and innovations to support effective, culturally relevant, and respectful program implementation.
- Provide professional development and training opportunities – either in person or through virtual web-based training formats – for the purpose of sharing best practices, success stories, and program models.

II. Information Sharing between Recipients

- Assist the Component B recipient in establishing learning communities to facilitate the sharing of information among all recipients.

III. Additional Support

- Coordinate communication and program linkages with other CDC programs.
- Coordinate communication and program linkages with other Federal agencies, such as Health Resources and Services Administration (HRSA), Centers for Medicare and Medicaid Services (CMS), United States Department of Agriculture (USDA), Food and Drug Administration (FDA), Indian Health Service (IHS), and the National Institutes of Health (NIH).
- Translate and disseminate lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base.

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:

U58

3. Fiscal Year:
2022

4. Approximate Total Fiscal Year Funding:
$6,799,999

5. Total Period of Performance Funding:
$33,999,995
This amount is subject to the availability of funds.

Estimated Total Funding:
$33,999,995

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

7. Expected Number of Awards:
13
Up to 12 Component A awards and up to 1 Component B award.

8. Approximate Average Award:

$517,285
Per Budget Period

Average award for Component A: $510,392

Average award for Component B: $600,000

Subject to availability of funding, including both direct and indirect costs.

9. Award Ceiling:
$600,000
Per Budget Period

This amount is subject to the availability of funds.

Component A ceiling: $596,577
Component B ceiling: $600,000

10. Award Floor:
$300,000
Per Budget Period

Component A award floor: $300,000
Component B award floor $600,000

11. Estimated Award Date:
August 31, 2022

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 not available through this NOFO.

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

23 (Small businesses)

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

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

22 (For profit organizations other than small businesses)

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

The intent of this Notice of Funding Opportunity Announcement is to support Tribal Epidemiology Centers (TECs) that have been established to serve each IHS or Urban Area Urban Indian Organizations | Office of Urban Indian Health Programs (ihs.gov).

Applications submitted will be considered non-responsive and will not receive further review if the following criteria is not met:

1. Applicants must identify the component they will be applying for in the project abstract. If the applicant does not identify the component in the project abstract, the application will be deemed non-responsive.

Component A applicants:

1. Must be physically located and operate within the IHS Area or Urban Area for which the work is proposed. Applicants must identify the IHS Area or Urban Area in which they will do the proposed work in the project abstract. If the IHS Area or Urban Area is not identified in the project abstract the application will be deemed non-responsive.
2. Must identify if they are a TEC or not a TEC in the project abstract. If not identified in the project abstract the application will be deemed non-responsive.
3. If the applicant is not a TEC, the applicant must provide a Letter of Support from the current TEC director (or equivalent acting official) as described in the General Capacity section of this NOFO. The letter should be titled "TEC Letter of Support" and uploaded as a "other attachments/mandatory other attachments." If the letter of support is not provided the application will be deemed non-responsive.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number and a Unique Entity Identifier (UEI). All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is

submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS) (Required until April 4, 2022)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM)	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ 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)	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	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		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	before applying on grants.gov)	

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

b. Application Deadline

Due Date for Applications 05/11/2022

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

Due Date for Information Conference Call
March 16, 2022
2:30 p.m. - 4:00 p.m. EST
888-390-3412
Passcode: 9195563

If you have questions about this NOFO, you must submit them to TECPHI2206@cdc.gov. Our goal is to respond to questions within 2 working days and post them on the TECPHI DP22-2206 FAQ page. CDC cannot answer questions about eligibility other than refer you to the Additional Information on Eligibility page of the NOFO. CDC cannot discuss your proposed activities with you or answer questions about your proposed activities other than refer you to the Strategies and Activities section of the NOFO.

You can find the NOFO, the script from the information call, and links to the FAQs on the

NOFO webpage.www.cdc.gov/healthytribes/tecphi/funding-opportunities/TECPHI-NOFO-2206.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 not requested or required as part of the application for this NOFO.

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data

requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies

- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

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

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

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

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

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

Applicant's budget should:

- Provide a detailed budget and narrative justification consistent with, and reasonable for, planned activities and provide justification for how proposed items will support the intended outcomes.
- Include all contract and consultant required elements.
- Include travel funds sufficient for the Project Director or designee to attend one recipient kick-off meeting in the first year. Atlanta, GA should be used for the purpose of travel estimates.
- Itemize all costs.
- Recipients are encouraged to budget up to 10% of the total funding award to evaluation activities.

Applicants should follow the CDC Budget Preparation Guidance when preparing the budget narrative justification.

13. Funds Tracking

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

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

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

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

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

16. Funding Restrictions

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

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

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

- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may not use funds to purchase giveaway items for the purpose of promoting their program, e.g., pens, bags, clothing.

17. Data Management Plan

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

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

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

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

i. Approach **Maximum Points:** 40

Component A
The extent to which the **Component A** applicant:

- Identifies the component for which the applicant is applying (2 points)
- Describes the Area tribes or Urban Indian Organizations and AI/AN populations to be served by the applicant (including number of tribes or tribal members reached by proposed activities) to be served by the applicant (6 points)
- Presents a detailed descriptive year-one work plan and narrative, including intended outcomes, strategies and activities, staff roles, milestones, and a timeline to support the NOFO outcomes (5 points)
- Includes at least one of the required activities for each Focus Areas under Strategy One and at least one of the required activities for Strategy Two (5 points)
- Provides a work plan narrative with details for each strategy/activity (15 points)
- Provides a high-level overview for years 2-5 in the narrative description (5 points)
- Provides description of how they will participate in Communities of Practice (1 point)
- Includes description of plan to develop a sustainability plan (1 point)

Component B
The extent to which the **Component B** applicant:

- Identifies the component for which the applicant is applying (2 points)
- Provides a plan for establishing a collaborative Community of Practice among Component A recipients (10 points)
- Provides a plan for developing and maintaining a data/information sharing platform (13 points)
- Provides a plan to collaborate with CDC and Component A recipients to develop a national evaluation plan for the Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) program (15 points)

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

Component A
The extent to which the **Component A** applicant:

- Provides a draft plan that describes how the applicant will meet the evaluation and performance measurement requirements outlined in this NOFO for Component A (15 points)
- Describes how they will participate in the development of the national evaluation plan in collaboration with NCC (5 points)
- Describes how key program partners will be engaged in the evaluation and performance measurement planning process (5 points)

Component B
The extent to which the **Component B** applicant:

- Provides a draft plan that describes how the applicant will meet the evaluation and performance measurement requirements outlined in this NOFO for Component B (15 points)
- Describes how key program partners will be engaged in the evaluation and performance measurement planning process (10 points)

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

Component A
The extent to which the **Component A** applicant:

1. Is not a TEC, provides a letter of support from the TEC in the applicant's IHS Area or Urban Area, that is signed by the current TEC director, or equivalent acting official, as indicated in the letter's signature block, stating the TEC's intent to work with the applicant on all NOFO requirements. (10 points)

   OR

   Is a TEC. (10 points)
2. Provides examples of experience and expertise in providing public health leadership, surveillance, epidemiology, public health program design, implementation, evaluation, and provision of technical assistance and training **to tribal and/or urban AI/AN communities in the applicant's IHS or Urban Area** (5 points)
3. Provides documentation that demonstrates a service population of at least 60,000 AI/AN persons. The number of AI/AN people served must be substantiated by documentation describing IHS user populations, U.S. Census Bureau data, clinical catchment data, or any method that is scientifically and epidemiologically valid (4 points)
4. Submits documentation that demonstrates support from the applicant's tribes or UIOs within the IHS Area or Urban Area to be served. Documentation of support may be demonstrated by Tribal Resolutions, blanket Tribal Resolutions, Tribal letters of support or a letter of support from urban Indian clinic directors and/or Chief Executive Officers (CEOs) (3 points)

5. Describes experience and expertise **partnering with tribes or Urban Indian Organizations** in the applicant's IHS Area or Urban Area to provide public health leadership and technical assistance and training to support surveillance, epidemiology, public health program design, implementation, and evaluation (6 points)
6. Provides organization mission statement that describes how the applicant's mission aligns with the following activities: provide public health leadership and technical assistance and training to support surveillance, epidemiology, public health program design, implementation, and evaluation to and with tribal and/or urban AI/AN communities (3 points)
7. Provides an adequate staffing plan, including an organizational chart and indicates titles of staff, to carry out the project and identifies a program coordinator dedicated to this program, an experienced evaluator, other staff with expertise in the areas of work, as appropriate, including surveillance, epidemiology, training, and program planning and implementation (2 points)
8. Describes systems for fiscal management that will ensure funds are used appropriately (2 points)

Component B
The extent to which the **Component B** applicant:

- Describes the capacity to develop and maintain a data/information sharing platform to support dissemination of information among Component A recipients or contract for such services (9 points)
- Describes previous experience developing and supporting Communities of Practice and collaborative networks to establish and maintain a robust network of Component A recipients to collaborate on program implementation and evaluation, communication, knowledge-sharing, and problem-solving (9 points)
- Describes previous experience collaborating with all Tribal Epidemiology Centers (5 points)
- Provides an organizational chart and adequate staffing plan, including a program coordinator, necessary to establish and maintain a robust network of Component A recipients to collaborate on program implementation and evaluation, communication knowledge-sharing and problem-solving (5 points)
- Describes previous experience developing national evaluation plans (5 points)
- Describes systems for fiscal management that will ensure funds are used appropriately (2 points)

Budget **Maximum Points:** 0
The extent to which the applicant (unscored):

- The extent to which the applicant (unscored):
- Provides a detailed budget and narrative justification consistent with planned activities

- Proposes a reasonable budget for planned activities and considering available resources; and provides justification for how proposed items will support the intended outcomes
- Includes all contract and consultant required elements per CDC budget preparation guidelines.
- Includes travel funds sufficient for the Project Director or designee to attend one recipient kick-off meeting in the first year. Atlanta, GA should be used for the purpose of travel estimates
- Itemizes all costs

c. Phase III Review

CDC may fund out of rank order to achieve geographic diversity.

Applications for Components A and B will be funded separately.

The following factor will affect funding decisions for Component A:

- Only one Component A recipient will be selected per IHS Area and the Urban Area as defined in the glossary of this NOFO (for a total of up to 12 Component A recipients). The IHS Areas include the following: Alaska Area, Albuquerque Area, Bemidji Area, Billings Area, California Area, Great Plains Area, Nashville Area, Navajo Area, Oklahoma City Area, Portland Area, and Phoenix/Tucson Area.

For Component B, CDC will fund in score and rank order. Only 1 Component B recipient will be selected.

CDC will provide justification for any decision to fund outside of ranked order of scores.

Review of risk posed by applicants.

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

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

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a

Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

August 31, 2022

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

- *AR-9: Paperwork Reduction Act Requirements*
- *AR-10: Smoke-Free Workplace Requirements*
- *AR-11: Healthy People 2030*
- *AR-12: Lobbying Restrictions*
- *AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities*
- *AR-14: Accounting System Requirements*
- *AR-16: Security Clearance Requirement*
- *AR-21: Small, Minority, And Women-owned Business*
- *AR-24: Health Insurance Portability and Accountability Act Requirements*
- *AR-25: Data Management and Access*
- *AR-27: Conference Disclaimer and Use of Logos*
- *AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009*
- *AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973*
- *AR-31: Research Definition*
- *AR-32: Enacted General Provisions*
- *AR-34: Accessibility Provisions and Non-Discrimination Requirements*
- *AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020* *(NOTE: AR-37 is required on all NOFOs).*

Organization-specific ARs:

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

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

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

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

• For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

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

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

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes

Interim Federal Financial Report (SF-425)	With the APR	Yes
Data on Performance Measures	90 days after the end of the budget period	Yes
Interim Evaluation Reports	90 days after the end of the budget period	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance, Evaluation, Performance Measures, and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

CDC seeks to maximize the benefit of reporting by requiring high-impact data, while streamlining reporting to minimize the burden on recipients. Reporting allows for continuous program monitoring and identifies successes and challenges encountered throughout the award. Reporting is also necessary for recipients to apply for yearly continuation of funding

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.

NOFO-specific instructions on performance measures and evaluation results:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed. Note, as indicated in the table above, performance measures are due 90 days after the end of the budget period, not within the APR.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations). Note, as indicated in the table above, evaluation reports are due 90 days after the end of the budget period, not within the APR.

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.

Performance Measures: Recipients must report on performance measures for each budget period and update measures, if needed. Note, as indicated in the table above, performance measures are due 90 days after the end of the budget period, not within the APR.

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.

Interim Federal Financial Reports are due with each Annual Progress Report/Continuation Application.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

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

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

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

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

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

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

and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

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

Address:
4770 Buford Hwy NE, 107-6
Atlanta, GA 30341

Telephone:
770-488-6572
Email:
gpk9@cdc.gov

Grants Staff Contact

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

First Name:

Darryl V.
Last Name:
Mitchell
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2920 Brandywine Road
Atlanta, GA 30341

Telephone:
770-488-2747
Email:
dvm1@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:
Position descriptions

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Letters of Support

Resumes / CVs

Additional attachments required for **both Component A and Component B** applicants include:

- Staffing Plan
- Non-profit organization IRS status forms, if applicable

Additional attachments required for Component A Applicants Only include:

- TEC Letter of Support, if applicable
- Letters of Support from Tribes or Urban Indian Organizations
- Documentation of Service Population
- Mission Statement
- Organizational Chart

I. Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic

Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

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

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Intertribal Consortium: An Intertribal Consortium or Indian organization as defined by 25 U.S.C. 1621m(d)(2) as: (A) incorporated for the primary purpose of improving Indian health; and (B) representative of the Indian Tribes or Urban Indian communities residing in the area in which the Intertribal consortium is located.

Indian Tribe: Federally recognized Indian Tribe as defined by 25 U.S.C. 1603(14). The term "Indian Tribe" means any Indian Tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Indian Organization: An Intertribal Consortium or Indian organization as defined by 25 U.S.C. 1621m(d)(2) as: (A) incorporated for the primary purpose of improving Indian health; and (B) representative of the Indian Tribes or Urban Indian communities residing in the area in which the Intertribal consortium is located.

Tribal Organization: The recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities.

Urban Area: For the purposes of this NOFO, the Urban Area includes the 41 Urban Indian Organizations nationwide that make up the IHS Urban Indian Health Program.

Urban Indian Organization: Organizations that have current Title V Indian Health Care Improvement Act contracts with the Indian Health Service and serve Urban AI/AN populations. Indian Health Service maintains and publishes the list of Urban Indian Organizations.