Centers for Disease Control and Prevention

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Advancing Surveillance of Violent Deaths Using the National Violent Death Reporting System (NVDRS)

CDC-RFA-CE22-2201

05/23/2022

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-CE22-2201. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Advancing Surveillance of Violent Deaths Using the National Violent Death Reporting System (NVDRS)

C. Announcement Type: New - Type 1:

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

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CE22-2201

E. Assistance Listings Number:

93.136

F. Dates:

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

04/22/2022

2. Due Date for Applications:

05/23/2022

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

3. Due Date for Informational Conference Call:

April 14, 2022

2-3 pm ET

Microsoft Teams meeting

Join on your computer or mobile app

Click here to join the meeting

Or call in (audio only)

+1 404-718-3800,,861138763# United States, Atlanta

(888) 994-4478,,861138763# United States (Toll-free)

Phone Conference ID: 861 138 763#

G. Executive Summary:

1. Summary Paragraph

CDC's National Center for Injury Prevention and Control (NCIPC), Division of Violence Prevention (DVP) announces the availability of funds to collect and disseminate surveillance data on homicides, suicides, deaths from legal intervention, deaths of undetermined intent, and unintentional firearm deaths for 2023-2027 to improve the planning, implementation, and evaluation of violence prevention programs and other "data to action" efforts to reduce violence.

Eligible applicants include U.S. state governments, U.S. territorial governments, and political subdivisions of states, which include counties, cities, townships, and special districts or their bona fide agents. Only one application will be funded from each eligible state or territory. The funded entity must have access to state or territory-wide sources.

Recipients will be required to collect standard data elements provided by CDC on all violent deaths in their target area(s) and submit this information in de-identified form to CDC using a CDC web-based data entry system. Data elements must be collected from three sources: death certificates, coroner/medical examiner reports, and law enforcement reports. Recipients will disseminate data to partners in their jurisdiction, working to prevent violence and injuries resulting from violence, and the public. The collection and use of these data are designed to support the national goal of preventing violent death across all states, the District of Columbia, and U.S. territories.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

52

d. Total Period of Performance Funding:

$84,166,465

e. Average One Year Award Amount:

$323,717

f. Total Period of Performance Length:

5

g. Estimated Award Date:

September 01, 2022

h. Cost Sharing and / or Matching Requirements:

No

Cost sharing or matching funds are not required for this 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

Violence is a major public health problem. Over 70,000 people died violently in the U.S. in 2020 . These deaths included 45,979 suicides and 24,576 homicides. Violent deaths have been estimated to cost more than $90 billion in medical care and lost productivity in the U.S. To reduce violent deaths, it is critical to monitor violence-related behaviors, injuries, and deaths and to conduct research on the factors that place people at risk for violence.

Violence is preventable. Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the U.S. However, we must first know the facts about violent deaths in order to continue to develop and improve strategies, policies, and interventions to prevent violence. This NOFO builds on previous and current work within NCIPC's DVP to conduct surveillance of violent deaths.

In 2002, CDC began implementing the National Violent Death Reporting System (NVDRS, OMB No. 0920-0607). NVDRS is a state-based surveillance system that uses CDC guidelines and a CDC web-based data entry system to link data from death certificates, coroner/medical examiner reports including toxicology reports, and law enforcement reports to provide data for violence prevention in all participating areas (See https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html). Recipients collect data for their target area(s) while CDC provides standardized guidance and supplies access to a web-based data entry system. Recipients analyze the data to inform the prevention activities within the jurisdictions that collect and report these data. All recipients share their de-identified data with CDC. CDC combines recipient data into a multi-state database that informs national partners. NVDRS summary data from 2003 to 2019 are available at: http://www.cdc.gov/injury/wisqars /nvdrs.html. NVDRS data are also available for analysis by eligible researchers through the NVDRS restricted access database, which is a de-identified, multi-state, case-level data set comprising hundreds of unique variables from the system (See

https://www.cdc.gov/violenceprevention/datasources/nvdrs/dataaccess.html).

NVDRS collects information on the characteristics of victims of violent deaths, suspects involved (if known), when and where victims are killed, and circumstances perceived to contribute to the death. A violent death is defined as a death resulting from the intentional use of force or power (e.g., threats or intimidation) against oneself, another person, or against a group or community. This includes all homicides, suicides, and deaths occurring when law enforcement exerts deadly force while acting in the line of duty. In addition, NVDRS collects information on unintentional firearm injury deaths and deaths where the intent cannot be determined ("undetermined deaths") that might be due to violence.
In summary, NVDRS: 1) provides detailed information on circumstances precipitating all types of violent deaths including brief narratives that summarize what happened in the incident, 2) combines information across multiple data sources, and 3) links multiple deaths that are related to one another (e.g., multiple victim homicides, suicide pacts, and cases of homicide followed by the suicide of the suspect). Through this new funding cycle, CDC seeks to improve the collection of complete, timely, and high-quality data through the NVDRS that can be used to inform violence prevention efforts and ultimately reduce violent deaths through data to action.

b. Statutory Authorities

This program is authorized under sections 392(a)(1) of the Public Health Service Act, as amended (42 USC § 280b-0(a)(1)).

c. Healthy People 2030

NVDRS supports the Healthy People 2030 objectives of violence and injury prevention and reducing its consequences (See http://healthypeople.gov).

d. Other National Public Health Priorities and Strategies

By providing comprehensive descriptions of violence-related deaths that can be used to prioritize, select, and evaluate violence prevention initiatives, NVDRS supports the National Strategy for Suicide Prevention to reduce suicide (See http://actionallianceforsuicideprevention.org/nssp).

e. Relevant Work

NVDRS is part of DVP’s approach to reducing violence: http://www.cdc.gov/violenceprevention/ that includes monitoring violence-related behaviors, injuries, and deaths. By doing so, NVDRS provides data that can be used to conduct research on risk factors for violence and inform and evaluate prevention programs, practices, and policies at national, state, and local levels.

See DVP’s Strategic Priorities and Guiding Principles: www.cdc.gov/violenceprevention/pdf/dvpStrategicVision.pdf

See also NOFOs CDC-RFA-CE14-1402, CDC-RFA-CE16-1607, CDC-RFA-CE18-1804, CDC-RFA-CE19-1905 and CDC-RFA-CE21-2105: Collecting Violent Death Information Using the

National Violent Death Reporting System (NVDRS).

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-CE22-2201 Logic Model: Collecting Violent Death Information Using the National Death Reporting System

Strategies and Activities	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
1. Collect NVDRS data • Systematically collect complete, quality, and timely data on violent deaths from death certificates, coroner/medical examiner reports including toxicology, and law enforcement reports • Continue to build and leverage strong relationships with key partners to facilitate data sharing and timely acquisition • Ensure data security, confidentiality, and sharing • Strengthen or develop innovative methods to improve data collection	**Improved completeness, quality, and timeliness of violent death surveillance data** **Stronger relationships with key partners** Enhanced data security, confidentiality, and sharing procedures Improved integration of applicant data into a multi-state database maintained by CDC to inform national partners	Improved and innovative strategies for streamlining data collection	Increased use of NVDRS data by key partners to inform, design, and implement effective violence prevention programs Reduced violence-related health disparities Reduced morbidity and mortality due to violence

2. Analyze, interpret, and disseminate NVDRS data annually to characterize trends in violence mortality, understand disparities, and inform violence prevention efforts • Build partnerships to use data for violence prevention • Develop data dissemination plan and routinely disseminate violent death data to partners and the public using multiple methods • Implement innovative methods for sharing and reporting data	**Increased access to data by the public and partners to inform violence prevention activities** Increased availability of violent death data on populations at highest risk	**Increased use of violent death surveillance data by partners to inform violence prevention, programmatic, and policy decisions** Improved monitoring of trends in violent death Increased ability to understand the violence-related health disparities for populations at highest risk	
3. Conduct data-driven planning, monitoring and evaluation to support continuous surveillance improvement	Improved surveillance program effectiveness and functioning	Increased capacity to sustain violent death surveillance system	
4. Build capacity for epidemiologic science, geocoding, and conducting linkage to data with information on social determinants of health or other relevant data	Increased availability of violent death data linked to social determinants of health data or other relevant data	**Increased ability to describe the geographic distribution of violent death and understand the social determinants of health in relation to violent death-related heath disparities**	

• Assess capacity building needs for epidemiologic science, geocoding, and data linkage • Develop and implement capacity building plan for epidemiologic science, geocoding, and data linkage • Enhance geocoding and data linkage capacity			
Bolded outcomes are key outcomes to accomplish during the project years			

i. Purpose

The purpose of NVDRS is to collect and disseminate accurate, timely, and high quality surveillance data on all violent deaths using CDC guidelines and the CDC web-based data entry system to inform violence prevention efforts and to ultimately reduce morbidity and mortality related to violence through data to action.

ii. Outcomes

As displayed in the logic model, the key outcomes for this project by the end of the period of performance are:

1. Improved completeness, timeliness, and quality of violent death surveillance data (e.g., decedent sexual orientation, gender identity, firearm-related information).
2. Stronger relationships with key partners.
3. Increased access to NVDRS data by the public and partners to inform their violence and possibly injury prevention activities. The increased access to violent death data is expected to contribute to outcome 4.
4. Increased use of violent death surveillance data by partners to inform violence prevention programmatic and policy decisions.
5. Increased ability to describe the geographic distribution of violent deaths and understand the social determinants of health in relation to violent death-related health disparities.

Over time these outcomes, coupled with resources, are intended to reduce violence by increasing the ability of violence prevention partners to inform, design, and implement effective violence prevention programs and policies.

iii. Strategies and Activities

The most critical components of this NOFO are to establish and maintain a surveillance system that collects complete, timely, and high quality violent death information that complies with

CDC guidelines. Recipients shall engage in the following four strategies and related activities:

1. Collect NVDRS Data

Recipients shall:

- Systematically collect complete, quality, and timely data on all violent deaths occurring during years one through five (2023–2027) of funding in their state or jurisdiction from death certificates, coroner/medical examiner reports including toxicology reports, and law enforcement reports using the web-based data entry program and data standards provided by CDC.

- Recipients must select one of two options for targeting and implementing data collection efforts. Each option is considered equally responsive to the NOFO. However, the goal is that data will eventually be collected statewide in the full jurisdiction by year 3 of funding (2025).
    - Option 1: This option is available to all states/jurisdictions.
        - All years: Collect data on all violent deaths occurring in their state/jurisdiction during years one through five of the period of performance.
    - Option 2: This option is ONLY available to large states/jurisdictions that have at least 4,000 violent deaths occurring in their state/jurisdiction per year (California, Florida, and Texas).
        - All years: Collect death certificate data for all violent deaths within their state/jurisdiction.
        - Budget Year 1 (2023 Data Year): Collect data from the three required data sources: death certificates, coroner/medical examiner reports (including toxicology reports), and law enforcement reports on all violent deaths occurring in selected counties (i.e., target areas) that represent at least 60% of all violent deaths in the state/jurisdiction occurring January 1, 2023 through December 31, 2023. Collectively, the selected counties must capture a minimum of 60% of suicides and 60% of homicides that occurred in their entire state in 2020, according to the National Center for Health Statistics (NCHS). Applicants are expected to list the counties that will be included in the 2023 Data Year.
        - Budget Year 2 (2024 Data Year): Collect data from the three required data sources: death certificates, coroner/medical examiner reports (including toxicology reports), and law enforcement reports on all violent deaths occurring in selected counties (i.e., target areas) that represent at least 70% of all violent deaths in the state/jurisdiction occurring January 1, 2024 through December 31, 2024. Collectively, the selected counties must capture a minimum of 70% of suicides and 70% of homicides that occurred in their entire state/jurisdiction in 2020, according to NCHS.
        - Budget Years 3–5 (2025-2027 Data Years): Collect data from the three required data sources: death certificates, coroner/medical examiner reports (including toxicology reports), and law enforcement reports on all violent

deaths in their state/jurisdiction occurring January 1, 2025 through August 31, 2027* per the budget period end date.

- Use the CDC case definition for NVDRS cases, which include deaths coded on the death certificate as suicide (ICD-10 X60-X84, Y87.0), homicide (ICD-10 X85-X99, Y00-Y09, Y87.1), death of undetermined intent (ICD-10 Y10-Y34, Y87.2), death from legal intervention (ICD-10 Y35.0-Y35.4, Y35.6-Y35.7, Y89.0), death related to terrorism (ICD-10 U01-U03), "accidental" death from a firearm (ICD-10 W32-W34, and those cases coded Y86 where a firearm is the source of injury), and cases coded Y89.9 where the death is later determined to be due to violence or unintentional firearm injury. Note that the defining code ranges explicitly include the sequelae or "late effects" of violent injuries.

- Collect and abstract timely data within 16 months of the end of the calendar year in which the violent death occurred (e.g., April 30, 2025 for 2023 data). Recipients must also initiate reporting of violent deaths occurring in 2023 through 2027 in the CDC web-based data entry system within 90 days of the date of the victim's death.
- Collect and abstract complete and high-quality data.
    - Surveillance data collection efforts should maximally leverage existing tools and systems and should adhere to national data and technology standards. For more information on the specific data elements captured within NVDRS, please see the NVDRS Coding Manual (https://www.cdc.gov/violenceprevention/pdf/nvdrs/nvdrsCodingManual.pdf).
    - Recipients will be expected to establish clear quality assurance procedures to verify the accuracy and completeness of NVDRS data and implement a comprehensive strategy to ensure data quality based on rigorous training of abstractors and ongoing assessment and training throughout the data collection cycle (e.g., periodically review the coding of a subset of incidents to assess for coding accuracy, discuss abstractions as a group, etc.).
    - Recipients must link violent deaths that are related and occur within 24 hours of each other, such as multiple victim homicides or a homicide followed by the suicide of the suspect.
    - A current gap/barrier is the ascertainment and completeness of decedent sexual orientation and gender identity (SOGI) data in NVDRS. Recipients will be expected to identify issues related to the ability of the system to collect data on sexual orientation and gender identity. This information will help to improve the ascertainment and completeness of the data in the system. It will also help contribute to understanding violent deaths among this population and will help inform prevention efforts.

- Continue to build and leverage strong relationships with key partners to facilitate data sharing and timely acquisition of data. This shall include forming an advisory committee that includes partners who provide data and use data to prevent violence, meeting with the advisory committee, and utilizing feedback for program improvement (see strategy 3). Recipients are encouraged to increase the diversity of their advisory committee to include members from groups that are addressing health, racial/ethnic, and economic inequities and to include members with a demonstrated history and success working with

populations disproportionately affected by violence. Recipients are encouraged to work closely with partners to ensure that data relevant to populations disproportionately affected by violence are captured.

To demonstrate their ability to access information from the three required sources (death certificates, coroner/medical examiner reports, law enforcement reports), applicants will be required to obtain Letters of Support (LOS) from vital statistics as well as local, regional, and/or state coroner/medical examiner agencies and law enforcement agencies. These documents verify that the applicant has access to data, including circumstance information, and can acquire this information in a timely manner, if funded. A copy of each signed LOS must accompany the application. For the minimum requirements for LOS, see Section C. Eligibility Information, 2. Additional Information on Eligibility.

- Ensure data security, confidentiality, and sharing.

  Recipients shall:

  - Ensure that adequate hardware and software systems adhering to local security and confidentiality standards are in place to support surveillance system activities, including data collection, database management, quality assurance, data analysis, and reporting.
  - Ensure that security and confidentiality procedures and policies are in place, including implemented and documented local security policies and procedures and documented data release policies and procedures that include both access and disclosure information.
  - Ensure that all local/state/territorial/tribal staff and contractors funded through CDC's National Center for Injury Prevention and Control (NCIPC) that have access to or maintain confidential public health data have been trained in security and confidentiality procedures and policies.
  - Ensure that all sites where applicable public health data are maintained are informed about the security and confidentiality procedures and policies.
  - Share data with CDC by required deadlines in order to support multi-state analysis and release of public and restricted access datasets.
  - Develop and implement secure procedures for data sharing, within the context of existing laws (e.g., implementation of restricted access database procedures or secure file transfer technologies).

- Strengthen or develop innovative methods to improve completeness, timeliness, and quality of data collection. Recipients must monitor and assess the data collection process and implement improvements based on findings. Activities shall include:

  - Explore innovative strategies for improving the timeliness, completeness, and quality of data collection (e.g., decedent sexual orientation, gender identity, firearm-related information).

- Test and implement strategies to collect complete data more quickly from data providers.
- Test and implement strategies to abstract and enter data more quickly.

Recipients may consider linking data from additional optional data sources, such as Supplemental Homicide Reports, Child Fatality Review Reports, Emergency Medical Services, and electronic health records. Although not required, data from optional sources may provide a more complete picture of the circumstances surrounding the death.

2. Analyze, interpret, and disseminate NVDRS data annually to characterize trends in violence mortality, understand disparities, and inform violence prevention efforts

Recipients shall:

- Build partnerships to strengthen data to action for violence prevention.
- Develop a data dashboard.
- Develop a data dissemination plan and routinely disseminate violent death data to partners and the public using multiple methods (e.g., responses to data requests, brief reports, presentations, data dashboards, depictions of data from multiple years, and other publications). Dissemination plans should support data use through the development of surveillance reports and other products and tools (e.g., data dashboard) that identify and report on violent deaths and trends (i.e., using 2 or more years of data) by age, gender, and/or race/ethnicity. Dissemination products should support health equity initiatives, improve our understanding of health disparities, and inform violence prevention programs and policies. Recipients are encouraged to share data with partners and community organizations including those working with populations disproportionately affected by violence.
- Implement innovative methods for sharing and reporting data. Activities shall include:
    - Explore innovative strategies for disseminating and visualizing data for action (e.g., factsheets, publications, newsletters, VDRS website, presentations, webinars) to support violence prevention activities.
    - Test and implement new ways of disseminating and visualizing data, such as through assessing web metrics (e.g., open rates, visitors, downloads), article citations, social media metrics (e.g., reach, engagement).
    - Maintain, develop, and implement new and diverse partnerships to enhance use of data to prevent violence by engaging health care organizations, health departments, policymakers, nonprofit organizations, businesses, community-based organizations (including the faith community), researchers, and educators.

3. Conduct data-driven planning, monitoring and evaluation to support continuous surveillance improvement (e.g., Work Plan, Evaluation and Performance Measurement Plan)

Recipients shall:

- Develop a NOFO-specific Work Plan, including program strategies, activities and outcomes aligned with program strategies and activities (refer to the Work Plan section of this NOFO).
- Develop a NOFO-specific Evaluation and Performance Measurement Plan that includes the following:
    - Monitor and evaluate program processes and outcomes;
    - Conduct activities to ensure data quality; and
    - Explore, test, and implement innovative methods for data collection and data dissemination (refer to strategy 1 and 2).
- Conduct data quality assurance at the local level at least annually. It is encouraged that feedback on completeness, timeliness, and data quality may be provided to data providers (vital records, coroners/medical examiners, law enforcement) as needed.
- Use CDC surveillance evaluation criteria to assess the recipient's surveillance system and make improvements, including improvements related to obtaining quality and timely data (See http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm).

4. Build capacity for epidemiologic science, geocoding, and conducting linkage to data with information on social determinants of health or other relevant data

Conducting epidemiologic science, geocoding, and linking surveillance data to data with information on social determinants of health or other relevant data may provide further information on the epidemiologic patterns, geographic analyses, and assessments of the social determinants of violent death (e.g., socioeconomic status, poverty, and education). Increased use of geocoded data linked to Census and social determinants of health datasets could be used to guide prevention and intervention efforts, monitor violent deaths, develop policy, allocate resources, and plan and implement services, which correspond to key outcome 4 of this NOFO.

Recipients shall:

- Assess their own needs for building capacity to conduct epidemiologic science, geocoding, and data linkage.
- Develop and implement a plan for enhancing capacity to conduct epidemiologic science, geocoding, and linking of surveillance data to social determinants of health data (e.g., Census data) or other relevant data.
- Enhance geocoding and data linkage capacity by:
    - Strengthening capacity for geocoding annually (e.g., training in entering geocoded data).
    - Strengthening capacity to link surveillance data to social determinants of health data or other relevant data (e.g., training in data linkage methodologies, development and implementation of secure methods to electronically link surveillance data to external data sets consistent with local laws and policies).
- **Optional Activity:**
    - Recipients may create a public-facing data dashboard to promote data access and dissemination. The proposed dashboard will present mortality data for fatal

injuries due to homicide, suicide, deaths of undetermined intent that may have been due to violence, legal intervention deaths, and unintentional firearm deaths. If an applicant already has a data dashboard, funds can be used to update, improve, and/or maintain the existing data dashboard.

- **Recipients choosing to implement this optional activity will receive up to $100,000 to support implementation, based upon availability of federal funding.** Refer to section iv. Funding Strategy for more information.
- If pursuing this optional activity, applicants must clearly indicate this in the application's Project Narrative and Budget Narrative by including the following text, **"Optional Data Dashboard".**

- Recipients may consider conducting other activities to complement the activities above, such as:
    - Conduct analysis of geocoded surveillance data and produce maps that identify patterns between violent deaths and social determinants of health for prioritizing intervention and prevention activities. All maps should be reviewed carefully to avoid the potential for individual decedents to be identified.
    - Link surveillance data to social determinants of health data to identify communities that are disproportionately affected by violent death and to share findings with partners to reduce or eliminate these inequities. Inequities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions such as tribal communities may be considered.
    - Link surveillance data to other data such as criminal justice system data, emergency department data, hospital discharge data, education-focused data (e.g., truancies, missing school), and other relevant local data to identify missed opportunities for prevention and intervention.
    - Use machine learning, natural language processing, or other efficient, innovative methods to improve the completeness, timeliness, and quality of the data or to analyze or visualize the data.

1. Collaborations

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

CDC funds a variety of violence and injury prevention activities whose efforts could be informed, supported, or coordinated with NVDRS. Building collaborations with these and other CDC-funded programs is encouraged and can enhance the ability of the recipient to disseminate NVDRS data. These programs include, but are not limited to:

- DVP Funded Programs and Initiatives

  (See https://www.cdc.gov/violenceprevention/about/fundedprograms/index.html)

- Overdose Data to Action

(Seehttps://www.cdc.gov/drugoverdose/states/state_prevention.htmlhttps://www.cdc.gov/drugoverdose/states/state_prevention.html and https://www.cdc .gov/drugoverdose/foa/state-opioid-mm.html)

- Core State Violence and Injury Prevention program

(Seehttp://www.cdc.gov/injury/stateprograms/index.htmlhttp://www.cdc.gov/injury/stateprograms/index.html)

- (Injury Control Research Centers

(Seehttp://www.cdc.gov/injury/erpo/icrc/http://www.cdc.gov/injury/erpo/icrc/)

- National Institute for Occupational Safety and Health

(Seehttps://www.cdc.gov/niosh/oep/statesurv.htmlhttps://www.cdc.gov/niosh/oep/statesurv.html and https://www.cdc.gov/niosh/oep /ercportfolio.html)

- Firearm Injury Surveillance Through Emergency Rooms

(See https://www.cdc.gov/injury/fundedprograms/faster/index.html)

- Emergency Department Surveillance of Non-Fatal Suicide Related Outcomes

(See https://www.cdc.gov/suicide/programs/ed-snsro/)

- Preventing Adverse Childhood Experiences: Data to Action

(See https://www.cdc.gov/injury/fundedprograms/preventing-adverse-childhood-experiences/index.html)
Building collaborations with CDC-funded organizations is also encouraged, as it can enhance the ability of the recipient to disseminate NVDRS data. Applicants are encouraged to describe plans to collaborate with local representatives from these organizations. These organizations include, but are not limited to:

- American Public Health Association (See https://apha.org/)
- National Association of Medical Examiners (See https://www.thename.org/)
- National Association for Public Health Statistics and Information Systems (See https ://www.naphsis.org/)
- National Sheriffs' Association (See https://www.sheriffs.org/)
- International Association of Chiefs of Police (See https://www.theiacp.org/)
- Council of State and Territorial Epidemiologists (See https://www.cste.org/)

b. With organizations not funded by CDC:
Recipients will be expected to collaborate with programs and organizations not funded by CDC and should include the following information in their application:

- Describe the involvement of essential data providers (i.e., vital records office, coroners/medical examiners, and law enforcement).
- Describe if and how the applicant will provide monetary assistance to collect data.
- Describe involvement of partners who could use NVDRS to support prevention activities. Recipients are encouraged to expand collaborations with partners who work with populations disproportionately affected by violence.
- Develop and/or maintain an advisory committee that will provide advice regarding 1) data collection issues, 2) data collection strategies, and 3) efficient

collection and dissemination of required data to partners working to prevent violence. For more information on forming an advisory committee, see the NVDRS Implementation Manual: https://www.cdc.gov/violenceprevention/pdf/2014-NVDRS-Implementation-Manual-and-Appendix_Combined.pdf

- Recipients are encouraged to increase the diversity of their advisory committee to include members from groups that are addressing health, racial/ethnic, and economic inequities and to include members with a demonstrated history and success working with populations disproportionately affected by violence. In collaboration with partners and appropriate sectors of the community, recipients should consider social determinants of health in the development, implementation, and evaluation of program specific efforts.

2. Target Populations

Recipients are required to collect data on all violent deaths in their target area(s) in order to provide data on fatal violence affecting all populations in those target area(s).

a. Health Disparities

This NOFO supports efforts to improve the lives of populations disproportionately affected by violence by monitoring and tracking trends in violent deaths to inform violence prevention efforts and promoting health equity. While all segments of society are affected by violence, there are certain populations that are disproportionately affected by violence or have experienced social or economic disadvantage that increase their likelihood of experiencing violence. Recipients should seek to contribute to the achievement of health equity by prioritizing efforts on populations disproportionately affected by violence. Recipients are encouraged to use social determinants of health data to identify populations disproportionately affected by violence (See https://www.cdc.gov/minorityhealth/Publications/health_equity/index.html). Disproportionately affected populations may be defined by sex, race, ethnicity, age, disability, sexual orientation, gender identity, geographic location, or socioeconomic status. The populations that may be disproportionately affected by violence include, but are not limited to: African Americans, Alaska Natives, American Indians, Asian Americans, Pacific Islanders, and Hispanics; youth (aged 10 to 24 years); non-English speaking populations and those with limited English proficiency; culturally isolated persons; tribal populations; incarcerated or institutionalized persons or persons re-entering society after incarceration or institutionalization; people who experience homelessness, who are medically underserved, or live in rural areas and other geographically underserved communities; people with disabilities; sexual and gender minorities; and people with limited health literacy.

iv. Funding Strategy

Funding to recipients is determined by the number of violent deaths for which data are to be collected. The number of violent deaths is estimated using data from the National Center for Health Statistics. NVDRS state budget estimates are provided below in Table 1. The base funding column includes the estimated budget for all required activities outlined in the NOFO. The estimated budget for the optional activity outlined earlier (i.e., creating/maintaining a public-facing data dashboard) is also provided below in Table 1. **All budget estimates are based upon availability of federal funding.**

Table 1: NVDRS State Budget Estimates (Based on collecting data for all violent deaths in the state)		
State/Jurisdiction	Base Funding (required activities)	Optional Funding (optional activity: data dashboard)
Alabama	$326,224 - $334,224	up to $100,000
Alaska	$200,513 - $208,513	up to $100,000
Arizona	$366,210 - $374,210	up to $100,000
Arkansas	$269,123 - $277,123	up to $100,000
California	$958,085 - $966,085	up to $100,000
Colorado	$329,405 - $337,405	up to $100,000
Connecticut	$230,676 - $238,676	up to $100,000
Delaware	$179,314 - $187,314	up to $100,000
District of Columbia	$180,398 - $188,398	up to $100,000
Florida	$705,468 - $713,468	up to $100,000
Georgia	$428,712 - $436,712	up to $100,000
Hawaii	$191,908 - $199,908	up to $100,000
Idaho	$208,021 - $216,021	up to $100,000
Illinois	$465,526 - $473,526	up to $100,000
Indiana	$348,671 - $356,671	up to $100,000
Iowa	$236,432 - $244,432	up to $100,000
Kansas	$250,240 - $258,240	up to $100,000
Kentucky	$284,180 - $292,180	up to $100,000
Louisiana	$326,086 - $334,086	up to $100,000
Maine	$191,056 - $199,056	up to $100,000
Maryland	$455,044 - $463,044	up to $100,000
Massachusetts	$262,816 - $270,816	up to $100,000
Michigan	$430,523 - $438,523	up to $100,000
Minnesota	$275,049 - $283,049	up to $100,000
Mississippi	$261,229 - $269,229	up to $100,000
Missouri	$365,064 - $373,064	up to $100,000
Montana	$199,175 - $207,175	up to $100,000
Nebraska	$198,245 - $206,245	up to $100,000
Nevada	$273,984 - $281,984	up to $100,000
New Hampshire	$192,896 - $200,896	up to $100,000
New Jersey	$284,454 - $292,454	up to $100,000

New Mexico	$251,091 - $259,091	up to $100,000
New York	$465,614 - $473,614	up to $100,000
North Carolina	$419,840 - $427,840	up to $100,000
North Dakota	$178,151 - $186,151	up to $100,000
Ohio	$446,824 - $454,824	up to $100,000
Oklahoma	$308,737 - $316,737	up to $100,000
Oregon	$276,256 - $284,256	up to $100,000
Pennsylvania	$473,710 - $481,710	up to $100,000
Puerto Rico	$278,935 - $286,935	up to $100,000
Rhode Island	$176,387 - $184,387	up to $100,000
South Carolina	$315,523 - $323,523	up to $100,000
South Dakota	$188,173 - $196,173	up to $100,000
Tennessee	$359,681 - $367,681	up to $100,000
Texas	$776,508 - $784,508	up to $100,000
Utah	$261,822 - $269,822	up to $100,000
Vermont	$174,505 - $182,505	up to $100,000
Virginia	$350,585 - $358,585	up to $100,000
Washington	$327,969 - $335,969	up to $100,000
West Virginia	$234,720 - $242,720	up to $100,000
Wisconsin	$307,848 - $315,848	up to $100,000
Wyoming	$177,687 - $185,687	up to $100,000

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC Evaluation and Performance Measurement Plan will collect and track indicators during the period of performance for key outcomes depicted in the logic model and described earlier in this announcement. Applicants are required to identify strategies for evaluating their projects that are explicitly linked to project objectives and can be used to determine whether identified goals and objectives are being met. Their strategies must include a valid evaluation plan and identify specific qualitative and/or quantitative evaluation measures for each objective and activity. Applicants must describe their strategies for collecting complete, timely, and high quality surveillance information. Applicants must also describe their data analysis, data dissemination plan, and how data will be reported to CDC. Also, collection of timely, complete, and high quality surveillance information requires strong collaboration with partners, which is a key outcome of the project.

Performance indicators are listed and grouped by the following strategies described in the logic model:

1. Collect NVDRS data
2. Analyze, interpret, and disseminate NVDRS data annually to characterize trends in violence mortality, understand disparities, and inform violence prevention efforts
3. Conduct data-driven planning, monitoring, and evaluation to support continuous surveillance improvement
4. Build capacity for epidemiologic science, geocoding, and conducting linkage to data with information on social determinants of health or other relevant data

1. Collect data

Two key outcomes relate to the data collection strategy: 1) improved completeness, timeliness, and quality of violent death surveillance data, and 2) stronger relationships with key partners.

Improved Completeness, Quality, and Timeliness of Violent Death Surveillance Data will be measured in the following ways:

- **Data Completeness:** Three measures are used to assess the extent to which the data are complete. One measure examines the percent of descriptive information from a set of core variables that is completed for each death. Two of the measures examine the extent to which circumstance data related to each violent death are abstracted. Previous experience has found that coroner/medical examiner and law enforcement investigations will not be able to identify circumstances on a subset of violent deaths (e.g., unsolved homicides that occurred with no witnesses). The data completeness measures are:

1. Percent of deaths that have core descriptive information including, but not limited to: victim demographic information and description of the time, location, and cause of injury and death. This performance measure will be assessed by tracking the completion rates of at least five variables including victim demographics (sex, race/ethnicity, age), type of location where the victim was fatally injured, and weapon type used to inflict fatal injuries.
2. Percent of deaths with circumstances from a coroner/medical examiner report.
3. Percent of deaths with circumstances from a law enforcement report.

- **Data Quality:** Data quality will be assessed through CDC summary reports that will be produced at least once a year. Each recipient will be provided a summary data quality report of the data collected for its target area(s). CDC will also present a summary report of performance across all recipients. Further, periodic reviews of a random selection of violent death incidents will be used to check compliance with CDC guidelines and the quality of narratives abstracted by recipients. For more focused issues (e.g., missing values for abstractor-assigned manner of death, not indicating a weapon type) identified by CDC during the data closeout process, recipients should work to address the problems within two weeks of receiving the error report from CDC. For more ongoing or systematic data quality problems, recipients should work to address the problem or create a plan to address the problem within one month and should contact their CDC project officer and science officer for technical assistance as needed. Failure to address data quality problems may lead CDC to exclude data from multi-state reports. Periodic site

visits and site-specific evaluations will be performed when resources are available. Finally, CDC relies on surveillance programs to perform data quality assessments at the local level at least annually. It is encouraged that feedback on completeness, timeliness, and data quality may be provided to data providers (vital records, coroners/medical examiners, law enforcement) as needed.

- **Data Timeliness:** Collecting data across multiple sources (vital statistics, coroner/medical examiner agencies, and law enforcement agencies) and jurisdictions can be a labor-intensive process that requires substantial time. However, data must be collected within a reasonable amount of time to ensure its utility. Thus, indicators of timeliness assess how long it takes to initiate data entry on a violent death and how long it takes to complete data collection. Entry of violent deaths should be initiated within 3 months (90 days) from the victim's date of death, and data entry must be complete within 16 months of the end of the calendar year in which the death occurs. The timeline for the initiation and completion of data collection on violent deaths is also listed in Table 2 by the year the violent death occurred and the date the information is due. Definitions and minimum standards for initiation and data completeness are also provided.

Table 2: Timeline for Initiating and Completing Entry of Violent Deaths by Year of Violent Deaths

Data Collection Year	Initiate Entry of Violent Deaths*	Complete Data Entry of Violent Deaths
2023	3 months after date of death (rolling date)	April 30th, 2025
2024		April 30th, 2026
2025		April 30th, 2027
2026		**
2027		**

*A violent death is considered initiated when a record is created in the CDC NVDRS web-based system.
**Data collection and entry of 2026 and 2027 violent death data must continue until the end of the period of performance. Complete collection of the 2026 and 2027 data are anticipated to be within 16 months of the end of the calendar year in which the death occurred if funding is extended.

Performance Indicators to Assess Data Collection: Data collection indicators assess whether the data were complete (e.g., % of cases with circumstance information from law enforcement and/or coroner/medical examiner reports), were of high quality (e.g., % of cases with complete

information on key variables such as core descriptive variables and circumstances), were collected in a timely manner (e.g., % of cases initiated within 3 months of the victim's date of death), and complied with CDC guidelines. Recipients must meet inclusion criteria communicated by CDC in order to be part of the national NVDRS data set and included in all analytic products that result from these data. Data meeting these and other minimum standards will be added to CDC's multi-state database. CDC reserves the right to exclude data not meeting these or other data standards.
Stronger Relationships with Key Partners: The second key outcome of the project is maintaining and strengthening relationships with key partners who provide data to the NVDRS and partners who will use the data to inform violence prevention activities.

Performance Indicators to Assess Relationships with Key Partners: Indicators of data completeness, described above, will be used to track participation of key data providers in the recipient's data collection efforts. Indicators of data dissemination, described below, will be used to track partners' receipt and interest in the recipient's data. Other indicators may include key partners' use of data, involvement in ongoing or collaborative projects, or advisory committee participation.

2. Analyze, interpret, and disseminate NVDRS data annually to characterize trends in violence mortality, understand disparities, and inform violence prevention efforts

Two key outcomes relate to data dissemination activities. The first outcome is increased access to violent death surveillance data by the public and partners to inform violence prevention activities. This will lead to the second outcome of increased use of violent death surveillance data by partners to inform violence prevention, programmatic, and policy decisions. CDC will monitor whether dissemination achievements match the goals of the recipient's application and/or Annual Performance Report and/or their data dissemination plan. Recipients will be required to maintain a data dissemination plan and to document data dissemination efforts and requests for data.

Recipients will be required to create a public facing data dashboard to promote data access and dissemination. The proposed dashboard will present NVDRS data for homicide, suicide, deaths of undetermined intent that may have been due to violence, legal intervention deaths, and unintentional firearm deaths. If an applicant already has a data dashboard, funds can be used to update, improve, and/or maintain the existing data dashboard.

Recipients will receive up to $100,000 to support implementation, based upon availability of federal funding. Refer to section iv. Funding Strategy for more information. Applicants must clearly indicate this in the application's Project Narrative and Budget Narrative by including the following text, **"Data Dashboard".**

Other activities recipients may consider to complement data dissemination efforts above include the following:

- Use machine learning, natural language processing, or other efficient, innovative methods to improve the completeness, timeliness, and quality of the data or to analyze the data.

- Conduct analysis of geocoded surveillance data and produce maps that identify patterns between violent deaths and social determinants of health for prioritizing intervention and prevention activities. All maps should be reviewed carefully to avoid the potential for individual decedents to be identified.
- Link surveillance data to social determinants of health data to identify communities that are disproportionately affected by violent death and to share findings with partners to reduce or eliminate these inequities. Inequities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions such as tribal communities may be considered.
- Link surveillance data to other data such as criminal justice system data, emergency department data, hospital discharge data, education-focused data (e.g., truancies, missing school), and other relevant local data to identify missed opportunities for prevention and intervention.

Recipients will follow reporting requirements of CDC, which may be updated annually. To improve the timeliness of data available to inform prevention and intervention efforts, recipients will be expected to be prepared for preliminary reporting of their data by year 3 of funding. Completion of coroner/medical examiner reports and law enforcement reports may take several months. However, some recipients may find that counts and certain characteristics of violent deaths may be obtained earlier. Recipients are encouraged to collaborate with their data providers (vital records, coroners/medical examiners, law enforcement) to collect data as soon as they are available and to expeditiously share their surveillance data with partners.

Copies of any materials disseminated shall include the following acknowledgement and disclaimer:

"This project is/was supported by funds from the National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS) under grant number and title for grant amount (specify grant number and title). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the NCIPC, CDC, DHHS or the U.S. Government."

Performance Indicators to Assess Data Dissemination:
Data dissemination indicators will measure if the recipient successfully achieved data dissemination efforts indicated in the application, Annual Performance Reports, and data dissemination plans by examining outputs (e.g., factsheets, publications, newsletters webinars, presentations, speaking engagements, etc.), number of data requests, and/or reach of data dissemination activities (e.g., # of partners who received data products), web and social media metrics. Additional indicators may be assessed by success stories utilizing surveillance data to inform violence prevention, programmatic, and policy decisions.

3. <u>Conduct data-driven planning, monitoring and evaluation to support continuous surveillance improvement:</u> Recipients are encouraged to utilize process and outcome measures to improve the functioning and effectiveness of their surveillance system. Development and implementation of innovative methods to improve data collection (under strategy 1) and sharing

and reporting data (under strategy 2) support this objective. CDC relies on surveillance programs to perform data quality assessments at the local level at least annually. Feedback on completeness, timeliness, and data quality should be provided to data providers (vital records, coroners/medical examiners, law enforcement) as needed. Additionally, the recipient's NOFO-specific Work Plan and Evaluation and Performance Measurement Plan support this objective.

Performance Indicators to Assess Continuous Surveillance Program Improvement: Innovative methods for improving data collection will be assessed by reviewing strategies and trends in data completeness, timeliness, and quality. Innovative methods for sharing data that support greater utilization for violence prevention efforts will be assessed by outputs (e.g., factsheets, webinars, presentations, speaking engagements, web metrics, etc.) and tracking the number of requests for data. Additional indicators may be assessed by success stories utilizing surveillance data to inform violence prevention, programmatic, and policy decisions. Adherence to the recipient's stated goals in their Work Plan and Evaluation and Performance Measurement plan will be monitored.

4. Build capacity for epidemiologic science, geocoding, and conducting linkage to data with information on social determinants of health or other relevant data

Two key outcomes relate to building capacity for epidemiologic science, geocoding, and conducting linkage to data with information on social determinants of health and or relevant data. The first outcome is to build capacity to link social determinants of health data or other relevant data with VDRS data. The second outcome is increased ability to describe the geographic distribution of violent death.

Performance Indicators to Assess Building Capacity for Epidemiologic Science, Geocoding, and Conducting Data Linkage: Indicators will include evidence that the recipient conducted the following: (1) an assessment of their capacity to conduct epidemiologic science, geocoding, and linkage to data with information on social determinants of health or other relevant data; (2) if the recipient does not have these capabilities, development and implementation of a plan to conduct such activities; and 3) enhancement of their capacity to conduct these activities. CDC recognizes that the capacity of recipients to conduct epidemiologic science, geocoding, and data linkage may vary. Some states have relatively limited capacity while other states have experience in these areas. To this end, strengthening and enhancing the capacity of recipients to complete these activities will meet the expectations of this strategy. Recipients may collaborate with internal or external partners to build or enhance their capacity for epidemiologic science, geocoding, and conducting data linkage.

Table 3 provides a quick reference to the four key strategies outlined above and their corresponding process measures:

Table 3: Key Strategies and Corresponding Process Measures

Key Strategy	Process Measures

Data Collection	• Assess whether the data were collected in a complete, timely, and high-quality manner. • Assess how long it takes to initiate data entry on a violent death and how long it takes to complete data collection. • Assess the percentage of deaths that have basic descriptive information including, but not limited to, victim demographic information and description of the time, location, and cause of injury and death. • Assess the completeness of core descriptive variables, including abstractor manner of death, demographics (sex, race/ethnicity, age), type of location where the victim was fatally injured, and weapon type used to inflict fatal injuries. • Assess the percentage of deaths with circumstances from a coroner/medical examiner report. • Assess the percentage of deaths with circumstances from a law enforcement report. • Assess data quality using annual Data Quality Reports generated by CDC. • Assess relationships with key partners, such as participation of data providers in data collection efforts, partners' use of data, partner involvement in ongoing or collaborative projects, or advisory committee participation.
Data Dissemination	• Assess with outputs (e.g., factsheets, publications, newsletters, webinars, presentations, speaking engagements) generated. • Assess with web metrics (e.g., open rates, visitors, downloads, etc.) and social media metrics (e.g., reach, engagement). • Assess with number and type of data requests and/or reach of data requests (i.e., to help identify gaps or needs). • Assess with qualitative success stories utilizing surveillance data to inform violence prevention, programmatic, and policy.

Continuous Surveillance Program Improvement	• Assess with review of strategies and trends in data completion, timeliness, and data quality, including improvement in data quality measures that are tracked by CDC. • Assess with review of the completeness, timeliness, and quality of the data that are provided by data providers (vital records, coroners/medical examiners, law enforcement) as needed. • Assess with outputs (e.g., factsheets, webinars, presentations, speaking engagements, etc.). • Assess with number of data requests and/or reach of data requests. • Assess with adherence to stated goals in Work Plan and Evaluation and Performance Measurement Plan.
Build capacity for epidemiologic science, geocoding, and data linkage	• Assess capacity for epidemiologic science, geocoding, and linkage to data with information on social determinants of health or other relevant data. • Assess with the development and implementation of a capacity building plan for epidemiologic science, geocoding, and linkage to data with information on social determinants of health or other relevant data if the recipient does not have these capabilities. • Assess with evidence that the recipient has enhanced their capacity to geocode and conduct linkage to data with information on social determinants of health or other relevant data.

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.

In addition to the above minimum requirements, the applicant must include the following information in their Evaluation and Performance Measurement Plan.

Applicants must provide a jurisdiction-specific Evaluation and Performance Measurement Plan that is consistent with the CDC strategies described in the language above. At a minimum, the plan must include the information above and the following information:

- Describe how the applicant plans to monitor and verify data quality including completeness, accuracy, and timeliness.
- Describe how the applicant will monitor data requests, data dissemination, and partner engagement, including maintenance of a tracking sheet.
- Describe how evaluation findings will be used for continuous program/quality improvement.
- Describe who will be responsible for conducting evaluation activities.
- Describe how the applicant will work with partners on the evaluation such as consulting the advisory committee on key topics and findings.
- Use CDC surveillance evaluation criteria (See http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm) to assess the system and make improvements.

Applicants must also provide a Data Management Plan (DMP). The DMP should provide plans for each of the following:

- A brief description of the data that will be collected using these NOFO funds (e.g., timeframe for collection, from where the data are collected [death certificates, coroner/medical examiner reports, law enforcement reports]).
- Standards used for collecting the data (e.g., methods and procedures for receiving the data and ensuring data quality).
- Statement of the use of data standards that ensure all released data have documentation describing methods of collection, what the data represent, and data limitations (e.g., indication that CDC standards will be followed).

- Archival and long-term data preservation plans (e.g., description of any state-specific plans). This section should address archiving and preservation of identifiable and de-identified data. Plans for updating the DMP for accuracy throughout the lifecycle of the project. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html

Recipients may work with CDC to update the DMP throughout the life cycle of the award. Note, NVDRS has received OMB approval (#0920-0607).

c. Organizational Capacity of Recipients to Implement the Approach

In order to ensure successful execution of the project, applicants are encouraged to have the following skills and resources:

- Experience conducting mortality surveillance of public health problems.
- Experience performing injury or violence mortality surveillance is preferred.
- Experience managing and conducting quality assurance activities on large databases.
- Experience accessing, collecting, linking, editing, managing, and analyzing surveillance information from more than one source. It is preferred that the applicant has experience working with one or more of the following types of information: death certificates, coroner/medical examiner records including toxicology reports, and law enforcement reports.
- Experience building and sustaining collaborative relationships with key data providers (e.g., coroners, medical examiners, law enforcement, and vital statistics) across levels and jurisdictions such as state, county, and city.

The NVDRS uses a web-based data entry system that has the following minimal requirements:

- Computer workstations (already owned or acquired) running the current version of a modern internet browser such as Microsoft Internet Explorer version 10.0 or higher, Microsoft Edge release 25 or higher, Google Chrome release 47 or higher, or Mozilla Firefox release 43 or higher.
- A computing environment that supports required technologies for the CDC web-based application, including Java Script for all workstations.
- Reliable high-speed internet connection capable of supporting download speeds of at least 10 megabits per second and upload speeds of at least 10 megabits per second. Network latency, as measured by a ping test to a local server, should be at most 30 milliseconds. This information should be obtained using a speed diagnostic service and testing should be done during standard work hours. Examples of speed diagnostic services are www.speedtest.net, www.att.com/speedtest; or www.speakeasy.net/speedtest

In order to analyze and disseminate data to the public and partners working to prevent violence, applicants are encouraged, but not required to have:

- Experience using and generating data reports using statistical software such as SAS, SPSS, STATA, or R.
- Experience disseminating data to support the reduction and prevention of public health problems.
- Experience in disseminating injury or violence data is preferred.

- Experience conducting epidemiologic science, geocoding, and data linkage to data with information on social determinants of health or linkage to other relevant local data is preferred.

The applicant should comment on any relevant experience and skills on their part or the part of their organizations/agencies within the following domains:

- Roles and responsibilities of project staff and their qualifications.
- Evidence of staff with experience in building collaborations with required data providers (e.g., death certificates, coroners/medical examiners, law enforcement).
- Evidence of staff with experience devising and implementing plans for complex surveillance system(s). It is preferred, but not required, that this experience involves integrating data from multiple data sources and/or across jurisdictions such as state, county, and city.
- Evidence of staff with experience using statistical programs (e.g., SAS, STATA, SPSS, R, etc.), database management and quality assurance, especially involving large complex databases.
- Evidence of staff with the technical skills to analyze and disseminate the data.
- Evidence of staff with experience conducting epidemiologic science, geocoding, and data linkage. Applicants with limited experience are expected to describe plans to support capacity building assessment needs in these areas.
- Applicants should include resumes or curricula vitae for key personnel (i.e., Principal Investigator, Program Manager, Data Abstractor etc.).

(Please provide curriculum vitaes [CVs] and/or resumes as evidence of experience. Additionally, please name the file "CVs/Resumes" and upload it at www.grants.gov.)
CDC recommends that applicants have separate individuals assume the roles of principal investigator and program manager. If the same individual serves both roles, the applicant must include the name of the supervisor of this person in the application.

d. Work Plan

Applicants must provide a detailed Work Plan that covers the period of performance. At a minimum, the Work Plan must demonstrate how the strategies, activities, outputs, timelines, and staffing/collaborations work together. Additional information on performance measures, data sources, and data collection can also be included. Please use the template below when describing your Work Plan.

Expected Outcomes(s) for the Period of Performance (i.e., Goal)
• A continually improving surveillance system that collects high quality and comprehensive violent death information in a timely manner that complies with CDC guidelines. To accomplish this goal, the applicant will need to **collect and abstract the required data.** • Stronger relationships with key partners

<table>
<tr><td colspan="5">• Increased access to and use of violent death surveillance data by partners and the public to inform violence prevention</td></tr>
<tr><td colspan="5">• Enhanced capacity for epidemiologic science, geocoding, and linking surveillance data to social determinants of health data or other relevant data</td></tr>
<tr><td colspan="5">• Applicant may add other outputs/outcomes here</td></tr>
<tr><td>Program Strategies and Activities (i.e., what are the key parts of your program)</td><td>Performance Measures (i.e., how will you measure whether the strategy was successful)</td><td>Data Sources (i.e., where are you going to get the information for the performance measure)</td><td>Target (i.e., what level of the performance measure are you trying to achieve. For example, “collect data from 100% of coroners.”)</td><td>Timeline (i.e., when will the strategy be implemented and what are the timing of key milestones)</td></tr>
<tr><td>•</td><td>•</td><td>•</td><td>•</td><td>•</td></tr>
<tr><td colspan="2">Activities (i.e., what specific actions are you going to take to achieve your program strategy)</td><td>Program Strategy (Note: the activity links to this program strategy which should also be described above)</td><td>Person/Group Responsible</td><td>Estimated Activity Completion Dates</td></tr>
<tr><td colspan="2">•</td><td>•</td><td>•</td><td>•</td></tr>
</table>

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.

Other activities deemed necessary to monitor the award:
The following activities include 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 recipients:

- A minimum of one monthly call with recipients to discuss program implementation. The structure of the monthly call can be modified at any time to the format that best meets the needs of the program (e.g., webinar or having calls with a subset of states instead of all states).
- Recipients will be required to file standard progress and end of the year reports which include successes and challenges. Progress and annual performance reports will be reviewed to ensure the plans are feasible and address the requirements of the NOFO.
- Periodic site visits or reverse site visits conducted on an as needed basis and as funding is available. The visits will assess the progress of the recipient and identify challenges as well as opportunities to meeting the NOFO requirements.
- Conference calls initiated by either the recipient or CDC to discuss emerging challenges or opportunities.
- Summary reports on data quality will be provided by CDC to recipients at least once every year.
- Each recipient will be assigned a project officer and a science officer who will be responsible for monitoring and answering programmatic and technical questions on an as needed basis.

If resources are available, CDC will conduct enhanced assessments such as providing successful recipients with interim data quality reports assessing timeliness, data completeness, and data entry errors.

f. CDC Program Support to Recipients

CDC will provide technical assistance to recipients through a variety of mechanisms described below.
CDC will:

- Provide case definitions as well as documentation and descriptions of how to collect required data elements;
- Provide a web-based system to enter data, export data to the recipients, and share data with CDC. The web-based data entry system will also support data quality by providing data summaries and implementing data entry rules, including restricting data entry to valid values;
- Provide training on how to use the web-based data entry system;
- Provide recipient results from CDC monitoring and evaluation activities including updates on key performance measures, CDC Data Quality Reports, CDC case reviews, and observations from CDC site and reverse site visits when resources are available;
- Work with recipients to solve challenges identified in evaluation and monitoring activities such as problems of missing or inaccurate data; and

Maintain a help desk for abstraction questions and questions about the web-based data entry system.

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:
U17

3. Fiscal Year:
2022

4. Approximate Total Fiscal Year Funding:
$16,833,293

5. Total Period of Performance Funding:
$84,166,465
This amount is subject to the availability of funds.

Estimated Total Funding:
$84,166,465

6. Total Period of Performance Length:
5

year(s)

7. Expected Number of Awards:
52

8. Approximate Average Award:

$323,717
Per Budget Period

9. Award Ceiling:
$962,085
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$178,505
Per Budget Period

11. Estimated Award Date:
September 01, 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)

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

2. Additional Information on Eligibility

State governments
County governments
City or township governments
Special district governments

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)

Eligible applicants include: U.S. state governments or their bona fide agents; U.S. territorial governments or their bona fide agents; and political subdivisions of states, which includes local governments such as counties, cities, townships, and special districts or their bona fide agents. If applying as a bona fide agent of a state, territory, or local government, a legal binding agreement from the state, territory, or local government as documentation of the status is required. Only one application will be funded from each eligible state or territory. Funded recipient must have access to state or territory-wide data sources.

This program is authorized under sections 392(a)(1) of the Public Health Service Act, as amended (42 USC § 280b-0(a)(1)).

Applicants must provide evidence of their ability to collect data from all three required data sources (death certificates, coroner/medical examiner reports including toxicology reports, and law enforcement reports) by obtaining Letters of Support (LOS). These documents verify that the applicant has access to data, including circumstance information, and can acquire this information in a timely manner, if funded. The following documents are required to be included as part of the application:

- LOS from the state agency or department in charge of **statewide** death certificates
- LOS from coroners/medical examiners in **a minimum of three counties** within the applicant's state or jurisdiction (i.e., a total of three LOS are required from coroner/medical examiner agencies working in three different counties/jurisdictions)
- LOS from law enforcement agencies in **a minimum of three counties** within the applicant's state or jurisdiction (i.e., a total of three LOS are required from law enforcement agencies working in three different counties/jurisdictions)

Applicants submitting LOS from coroner/medical examiner or law enforcement agencies that cover multiple counties will be evaluated based on the number of counties for which data will be provided (e.g., an application containing a LOS from a centralized medical examiner covering ten counties within the applicant's state or jurisdiction will be viewed as having met the minimum requirement of coroners/medical examiners working in a minimum of three counties

within their state or jurisdiction).

A copy of each signed LOS must accompany the application. Each signed LOS must note the most recent year for which data are available to the applicant, whether the data are available electronically, how the applicant can access the data, how often data will be provided (e.g., weekly, monthly, or quarterly), and the target area(s) for which data will be provided (e.g., name of counties/jurisdictions).

Applicants must upload the LOS as PDF files at www.grants.gov under "Other Attachment Forms" and name the file "Letters of Support."

If any of the above required documents are missing, CDC will view the application nonresponsive. Non-responsive applications will not advance for further review.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

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

		4. This authorizes the AOR to submit applications on behalf of the organization		

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)

Due Date for Letter Of Intent 04/22/2022

04/22/2022

b. Application Deadline

Due Date for Applications 05/23/2022

05/23/2022

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

Due Date for Information Conference Call
April 14, 2022
2-3 pm ET
Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting

Or call in (audio only)
+1 404-718-3800,,861138763#   United States, Atlanta
(888) 994-4478,,861138763#   United States (Toll-free)
Phone Conference ID: 861 138 763#

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award

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

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. Letter of intent should include the applicant's interest in applying for the cooperative agreement. LOI must be sent via email to:

Gabraelle Lane
Email: XKP4@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

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.

Applicants must include at least one trip per year at least two staff members to attend the Reverse Site Visit in Atlanta, GA. If the applicant plans to participate in the optional activity, please include the Optional Data Dashboard in the budget narrative.

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.

17. Data Management Plan

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent

by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

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

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

i. Approach **Maximum Points:** 50

Background (5 points) •Does the applicant describe the magnitude of the violent death problem in their state/jurisdiction?

•Does the applicant describe how NVDRS could be used to support violence prevention efforts in its state/jurisdiction?

Data Collection Plan (25 Points)
•Does the applicant identify which data collection option (Option 1 or 2) they will use? Please see the outline of data collection options under the following section of the NOFO: Strategies and Activities.

•Does the applicant define the target population/area?

- If the applicant is collecting data on a subset of counties (**Option 2 only**), does the applicant clearly identify the target counties?
- **Option 2 only**: Does the applicant provide evidence that at least 60% of homicides and 60% of suicides that occurred in their entire state are captured in the target counties for year 1? At least 70% of homicides and 70% of suicides for year 2? And all violent deaths for years 3 through 5?

•Does the applicant provide a feasible plan to collect data?

- Does the applicant describe how they will gain access and integrate data on violent deaths from the three required data sources: death certificates, coroner/medical examiner reports including toxicology reports, and law enforcement reports?
- Does the applicant describe how they will link violent deaths that are related (e.g., multiple homicides or homicides followed by suicides)?
- Does the applicant describe how they will train and supervise data abstractors to enter data using CDC guidelines?
- Does the applicant describe how they will increase the timeliness of data collection over time?
- Does the applicant describe how they will ensure data quality?
  - Do they describe quality assurance procedures to verify the accuracy and completeness of the data?
  - Do they describe training of abstractors and staff, including ongoing assessment and training throughout the data collection cycle?

•Does the applicant provide a feasible timeline that meets the data collection requirements outlined in Table 2 listed in the CDC Evaluation and Performance Measurement Strategy section?

- Does the applicant discuss how they will initiate data entry in a timely manner (i.e., start entering any information on a violent death no later than 3 months from the date of death) and complete all data entry within 16 months of the end of the calendar year in which the death occurred for each year of the project period?
- Does the applicant describe how often and when they will request/obtain data from the three required data sources (e.g., perform death certificate downloads every 2 months and request law enforcement reports 3 months after date of death)?

• Does the application include a Data Management Plan (DMP)? Does the applicant describe how they will ensure data security, confidentiality, and sharing of their data in the DMP?

Data Enhancement and Dissemination (10 points)
•Does the applicant provide a feasible plan for disseminating violent death data to partners using multiple methods (e.g., data requests, publications, reports, presentations, web-based resources, etc.)?

- Will the plan provide data to partners working to prevent violence?
- Will the plan report on trends in violent deaths?

•Does the applicant provide a feasible plan for building capacity for epidemiologic science, geocoding, and conducting linkage to data with information on social determinants of health or other relevant data?

- Will the plan assess capacity building needs for epidemiologic science, geocoding, and data linkage?
- Will the applicant develop and implement a capacity building plan for epidemiologic science, geocoding, and data linkage?
- Will the plan enhance geocoding and data linkage capacity?

Please note that the optional activity to create, update, improve, or maintain a public-facing data dashboard or the activities to conduct analysis of geocoded surveillance data, link surveillance data to social determinants of health data or other relevant data, or use machine learning or natural language processing should not be scored as these are not required activities for this NOFO.

Collaboration (10 points)
•Does the applicant provide strong evidence that required data providers (e.g., vital statistics, coroner/medical examiner agencies, law enforcement agencies) will supply data in a timely and consistent manner? Evidence may be demonstrated by the applicant's identification of data providers with whom to partner with in each of the required sectors (vital statistics, coroner/medical examiner agencies, law enforcement agencies) or the applicant's prior experience working with providers in these sectors.

- How many Letters of Support (LOS) does the applicant include? How detailed are the LOS?

•What other activities and support will partners provide to the applicant through the proposed collaboration?
•Does the applicant describe a plan to support data providers?
•Does the applicant provide a plan for forming and maintaining a diverse advisory committee to support data collection and dissemination?

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

Strategies and Outcomes (15 points)
•Are the strategies/activities relevant and align with the purpose of the NOFO?
•Does the applicant provide descriptions of their access to the required data sources (e.g., Will the data provider supply the applicant access to all required information including narratives)?

- How often will the data provider supply data to the applicant (e.g., monthly)? Will this schedule enable them to meet data collection requirements?

- How will the data provider supply the information to the applicant (e.g., transmitted electronically or provided in a format that can be imported into NVDRS) or in hard-copy form?

•Does the applicant provide a Data Management Plan (DMP) that addresses the DMP elements listed in the Applicant Evaluation and Performance Measurement Plan section?

- Does the applicant indicate a plan to update the DMP for accuracy throughout the lifecycle of the project?

•Are the outputs and outcomes specific, measurable, assigned to specific staff, realistic, and time-phased?
•Is the frequency that evaluation and performance data are to be collected described?

Evaluation (10 points)
•Does the applicant provide a plan for evaluating their surveillance system? The plan should include standard surveillance evaluation measures described in the "Updated guidelines for evaluating public health surveillance systems," RR-13, vol.50, 07/27/2001, found at: http://www.cdc.gov/mmwr/PDF/RR/RR5013.pdf

•Does the applicant describe how they will monitor and verify data quality including completeness, accuracy, and timeliness?
•Does the applicant describe how data dissemination and partner engagement will be monitored?
•Does the applicant describe how evaluation findings will be used for continuous program/quality improvement?
•Does the applicant describe who will be responsible for conducting evaluation activities?
•Does the applicant describe how they will assure the quality of these data through the data's lifecycle and plans to make the data accessible in the CDC NVDRS web-based system in a timely manner?
•Does the applicant describe how/when prevention partners will receive data briefs and/or reports?

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

Experience (10 points)
•What is the applicant's experience in developing and implementing plans for complex surveillance systems?
•What is the applicant's experience in conducting mortality surveillance?

- Does the applicant have experience collecting and analyzing death certificates, coroner/medical examiner reports including toxicology, and/or law enforcement reports?
- Does the applicant have experience in conducting injury or violence surveillance?

•What is the applicant's experience in building successful collaborations with key partners such as vital statistics, coroner/medical examiner agencies, and LE agencies?
•What is the applicant's experience in disseminating surveillance data to support prevention

activities?
•What is the applicant's experience in generating data reports using statistical software such as SAS, SPSS, STATA, or R?
•What are the applicant's experiences in conducting epidemiologic science, geocoding, and conducting data linkage? If the applicant's experiences are limited, do they describe plans to support capacity building assessment needs for epidemiologic science, geocoding, and data linkage?

Capacity and Staffing (15 points)
•Staffing

- Is there a clear delineation of the roles and responsibilities of project staff and their qualifications?
- Does the applicant provide evidence of staff with experience in building collaborations with required data providers (e.g., death certificates, coroners/medical examiners, law enforcement)?
- Does the applicant provide evidence of staff with the technical skill to analyze and disseminate the data?
- What experience do the staff have with statistical programs (e.g., SAS, STATA, SPSS, R, etc.), database management and quality assurance, especially involving large complex databases? Resumes or curricula vitae must be included for key personnel (i.e., Principal Investigator, Program Manager, Data Abstractor etc.).

•Capacity

- Does the applicant own or have plans to access computer workstations capable of running a modern internet browser such as Microsoft Internet Explorer version 10.0 or higher, Microsoft Edge release 25 or higher, Google Chrome release 47 or higher, or Mozilla Firefox release 43 or higher?
- Does the applicant have or detail plans to access a computing environment that supports required technologies for the CDC web-based application, including Java Script for all workstations?
- Does the applicant have or detail plans to access a reliable high-speed internet connection capable of supporting download speeds of at least 10 megabits per second and upload speeds of at least 10 megabits per second? Network latency, as measured by a ping test to a local server, should be at most 30 milliseconds. This information should be obtained using a speed diagnostic service and testing should be done during standard work hours. Examples of speed diagnostic services are www.speedtest.net, www.att.com/speedtest, or www.speakeasy.net/speedtest.

The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

Budget **Maximum Points:** 0

Does the applicant include at least one trip per year for at least two staff members to attend a Reverse Site Visit for recipients?

Does the applicant plan to engage in the optional activity of creating, updating, improving, or maintaining a public-facing data dashboard?

c. Phase III Review

Recipients will be determined by an objective review panel. Only one award will be given per state to avoid duplication of data submission. We may fund out rank order to ensure only one applicant per state.

If applicants do not follow the narrative format (e.g., line spacing and margin specifications) there will be a maximum 10-point reduction to the overall evaluation score of the application. Applicants who do not follow the narrative format will have the following point reductions to their overall evaluation score:

- 5 points for use of a font smaller than 12-point;
- 5 points for margins less than that specified.

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

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, and the total period of performance for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant’s Authorized Organization Representative and Principal Investigator and reflects the only authorizing document. It will be sent prior to the start date of September 01, 2022 by email notification.

F. Award Administration Information

1. Award Notices

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

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

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

Not more than 30 days after the Phase II review is completed, each applicant will receive written notification of the outcome of the objective review process, including a summary of the CDC reviewers' assessment of the strengths and weaknesses of the application, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to conditions placed on their award within a specified timeframe as noted in the Terms and Conditions of the Notice of Award.

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.

Recipients should be advised that any activities involving information collection (i.e., posing similar questions or requirements via surveys, questionnaires, telephonic requests, focus groups, etc.) from 10 or more non-Federal entities/persons, including States, are subject to Paperwork Reduction Act (PRA) requirements and may require CDC to coordinate an Office of Management and Budget (OMB) Information Collection Request clearance prior to the start of information collection activities. This would also include information sent to or obtained by CDC via forms, applications, reports, information systems, and any other means for requesting information from 10 or more persons; asking or requiring 10 or more entities/persons to keep or retain records; or asking or requiring 10 or more entities/persons to disclose information to a third-party or the general public. For cooperative agreements, PRA applicability will depend on the level of CDC involvement with the development, collection, dissemination, and management of information/data. Note, NVDRS has received OMB approval (#0920-0607).

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	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	N/A	No
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must

submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).

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

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

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

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

information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Gabraelle

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

Address:
4770 Buford Highway NE, S106-10
Atlanta, GA 30341

Telephone:
770.488.7744

Email:
xkp4@cdc.gov

Grants Staff Contact

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

First Name:

Pamela L.
Last Name:
Render
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2920 Brandywine Road
Atlanta, GA 30341

Telephone:
770.488.2712

Email:
plr3@cdc.gov

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

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Letters of Support

I. Glossary

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

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

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

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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

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

Budget Period or Budget Year: The duration of each individual funding period within the 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.

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

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

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

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

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

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

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

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These

activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

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

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

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

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

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

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

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

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

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

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

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties

expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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

NOFO-specific Glossary and Acronyms

Capacity Building: Activities that strengthen the core competencies of an organization and contribute to its ability to develop, implement, and sustain the infrastructure and resource base necessary to support and maintain the program.

Health Disparity: A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other

characteristics historically linked to discrimination or exclusion.

Health Equity: The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Social Determinants of Health: Conditions in the environments where 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.