Centers for Disease Control and Prevention

CSTLTS - Center for State, Tribal, Local, and Territorial Support

Strengthening Public Health Systems and Services in Indian Country

CDC-RFA-TO-23-0001

06/06/2023

Table of Contents

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-TO-23-0001. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Strengthening Public Health Systems and Services in Indian Country

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-TO-23-0001

E. Assistance Listings Number:

93.772

1. Due Date for Letter of Intent (LOI):
05/05/2023

2. Due Date for Applications:
06/06/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
CDC encourages all eligible entities interested in applying for this opportunity to participate in one of the two applicant informational conference calls:

Option 1: Tuesday, April 11, 2023, 1:00 – 2:30 PM Eastern Time

Join ZoomGov Meeting

- https://cdc.zoomgov.com/j/1616800329?pwd=NjVEaEx1dm42SzJEcitwdUkvbFRUZz09
- Meeting ID: 161 680 0329
- Passcode: pKVY243.

Dial by your location

- Find your local number: https://cdc.zoomgov.com/u/aFwOnqRpy
- Meeting ID: 161 680 0329
- Passcode: 73081736

Join by SIP via 1616800329@sip.zoomgov.com

Join by H.323

- 161.199.138.10 (US West)
- 161.199.136.10 (US East)
- Meeting ID: 161 680 0329
- Passcode: 73081736

Join by Skype for Business at https://cdc.zoomgov.com/skype/1616800329

Option 2: Thursday, April 13, 2023, 3:00-4:30 PM Eastern Time

Join ZoomGov Meeting

- https://cdc.zoomgov.com/j/1617616633?pwd=bWNmRzhYVjVtaEU1VVl4NU5hNFRIZz09
- Meeting ID: 161 761 6633
- Passcode: dk5.%fNU

Dial by your location

- Find your local number: https://cdc.zoomgov.com/u/azD81bGPp

- Meeting ID: 161 761 6633
- Passcode: 16848470

Join by SIP via 1617616633@sip.zoomgov.com

Join by H.323

- 161.199.138.10 (US West)
- 161.199.136.10 (US East)
- Meeting ID: 161 761 6633
- Passcode: 16848470

Join by Skype for Business at https://cdc.zoomgov.com/skype/1617616633

Due to the volume and variety of questions anticipated during the informational conference call, applicants are encouraged to submit questions before the call to CSTLTSTribalCoAg@cdc.gov.

G. Executive Summary:

1. Summary Paragraph

CDC announces a new five-year cooperative agreement for eligible American Indian and Alaska Native (AI/AN) federally recognized Tribal governments (i.e., Tribes) and regional tribally designated organizations. This Program's purpose is to strengthen the quality, performance, and infrastructure of tribal public health systems, including workforce, data and information systems, and programs and services. The ultimate outcome is to improve public health outcomes and health inequities in Indian Country.

Applicants must identify the following within their Project Narrative: (Please note the updated instruction for Indian Health Service Area selection.)

- Entity Type (**List only one**.)
  - Federally recognized AI/AN Tribe
  - Regional tribally designated organization

- HHS Region (**List all that apply.**)
- Indian Health Service (IHS) Area **(List all that apply.)**
- **Up to two** of the following Strategies: 1) foundational public health capabilities, 2) data modernization, 3) public health programs and services, and 4) workforce
- **At least one** of the bold Outcomes found on the logic model (see Section A.2a: Approach)

a. Eligible Applicants:
Limited

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
25
At least one applicant from each HHS Region will be awarded.

d. Total Period of Performance Funding:

$75,000,000

e. Average One Year Award Amount:
$200,000

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

g. Estimated Award Date:
August 01, 2023

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
AI/AN tribal health systems provide public health services across the United States and are central to reducing health disparities in tribal communities. Historically, these systems have been separated from the national public health system, which has led to limited strategic partnerships with federal, state, and local partners; underdeveloped infrastructure; data access barriers; and a diminished public health workforce. Building tribal public health infrastructure enhances Indian Country's capacity to prevent disease, promote health, and prepare for and respond to emerging threats and chronic disease challenges.

AI/AN tribal public health infrastructure disparities and cultural sensitivity are best and most effectively addressed by the Tribes themselves. When Tribes have been given the support to direct their programs, they have made substantial success in improving the health of the populations they serve. Public health throughout Indian Country may look different across federally recognized Tribes. They are positioned to understand and know what works best within their communities and existing infrastructure. Tribes hold the traditional and cultural understanding, and the inherent trust of populations they serve, to adequately address their public health needs and provide services.

b. Statutory Authorities
Section 317(k)(2) of the Public Health Service Act [42 USC 247b(k)(2), as amended].

c. Healthy People 2030
- Community - https://health.gov/healthypeople/objectives-and-data/browse-objectives/community
- Health communication - https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-communication
- Health infrastructure technology (Health IT) - https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-it
- Public health infrastructure - https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure

- Workforce - https://health.gov/healthypeople/objectives-and-data/browse-objectives/workforce

d. Other National Public Health Priorities and Strategies

- Foundational Public Health Services Framework (https://phnci.org/transformation/fphs)
- Public Health Accreditation Standards & Measures (https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf)
- HHS Health Equity Action Plan (https://www.hhs.gov/sites/default/files/hhs-equity-action-plan.pdf)

e. Relevant Work

- CDC-RFA-DP22-2206: Tribal Epidemiology Centers Public Health Infrastructure (https://www.cdc.gov/healthytribes/tecphi.htm)
- CDC-RFA-OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems (https://www.cdc.gov/infrastructure/index.html)
- CDC-RFA-DP22-2201: Tribal Practices for Wellness in Indian Country (https://www.cdc.gov/healthytribes/tribalpractices.htm)
- CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement (https://www.cdc.gov/tribal/cooperative-agreements/tribal-capacity-building-OT18-1803.html)
- CDC-OT18-1802: Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health (https://www.cdc.gov/publichealthgateway/partnerships/capacity-building-assistance-OT18-1802.html)

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-TO-23-0001: Strengthening Public Health Systems and Services Logic Model			
Strategies (Identify up to two to address.)	**Short-Term Outcomes (Identify at least one to address.)**	**Intermediate Outcomes**	**Long-Term Outcome**

	Improved capacity to develop public health programs and services to address prioritized public health activities in AI/AN communities.	Improved public health organizational and systems capacity in Indian Country.	
Strategy 1: Foundational Public Health Capabilities		Increased availability of/access to public health programs, services, and resources that address health disparities and/or social determinants of health in AI/AN communities.	
Strategy 2: Data Modernization	**Improved capacity to implement public health programs and services to address prioritized public health activities in AI/AN communities.**		Improved public health outcomes and reduced health inequities.
Strategy 3: Public Health Programs and Services	**Improved capacity to evaluate public health programs and services to address prioritized public health activities in AI/AN communities.**		
Strategy 4: Workforce			

i. Purpose

To strengthen the quality, performance, and infrastructure of tribal public health systems, including workforce, data and information systems, and programs and services. This Program's ultimate goal is to improve public health outcomes in Indian Country. Recipients will work toward improving the quality, performance, and infrastructure of tribal public health systems and increasing health equity within AI/AN communities.

ii. Outcomes

During the period of performance, recipients are expected to carry out the selected strategy(ies) and activities to achieve the selected outcome(s) and document additional outcomes accomplished. Applicants should identify **at least one** of the following outcomes:

1. Improved capacity to develop public health programs and services to address prioritized public health activities in AI/AN communities.
2. Improved capacity to implement public health programs and services to address prioritized public health activities in AI/AN communities.

3. Improved capacity to evaluate public health programs and services to address prioritized public health activities in AI/AN communities.

iii. Strategies and Activities

Within the Project Narrative, applicants must clearly identify and address **one or two** of the following strategies. Examples of activities for each strategy are listed below and include Public Health Accreditation Board (PHAB) standards/measures and Healthy People (HP) 2030 objectives.

1. Foundational Public Health Capabilities implemented to strengthen the ability to conduct assessments/surveillance; prepare for and respond to public health emergencies; develop and support policies, communications, community partnership, organizational competencies, and accountability and performance management. These activities may include, but are not limited to, the following:

- Assessments/Surveillance
  - o Collect foundational data to develop and maintain electronic information systems to guide tribal public health planning and decision-making
  - o Lead or participate in a collaborative process resulting in a comprehensive community health assessment (PHAB Standard 1.1)
  - o Increase questions in assessments/surveillance that identify the needs of people with disabilities (HP 2030: People with Disabilities)
  - o Increase questions in assessments/surveillance that identify the needs LGBTQIA+ or "Two-Spirit" persons (HP 2030: LGBT)

- Public Health Emergencies
  - o Develop, exercise, and maintain preparedness and response strategies and plans
  - o Prepare for and respond to public health emergencies (PHAB Standard 2.2)
  - o Strengthen ability to activate emergency response staff and communications systems in event of a public health crisis
  - o Maintain and execute continuity of operations plan that includes plan to access financial resources for response and recovery activities
  - o Establish and promote basic, ongoing community readiness, resilience, and preparedness

- Policy Development and Support
  - o Establish and maintain public health policy recommendations that are evidence-based/informed
  - o Assist in developing public health policy
  - o Analyze, cost out, and articulate the impact of policies and rules
  - o Identify and implement improvement opportunities to increase compliance (PHAB Measure 6.1.7 A)
  - o Examine and contribute to improving public health policies and laws (PHAB Measure 5.1.2 A) (As a reminder, recipients are required to comply with Additional Requirement -12: Lobbying Restrictions.)

- Communications

- o Write and implement a routine communication plan that articulates the public health mission, role, and responsibility within the community served
- o Support tribal leadership in communicating these messages
- o Provide information on public health issues and public health functions through multiple methods to a variety of audiences (PHAB Standard 3.1)
- o Establish and maintain a plan with policies and procedures for urgent and non-urgent communications
- o Use health communication strategies to support prevention, health, and well-being (PHAB Standard 3.2)
- o Increase use of social marketing in health promotion programs (HP 2030: Health Communication/Health Information Technology)

- Community Partnership
  - o Create, convene, and/or support strategic partnerships
  - o Develop and implement community health improvement strategies collaboratively (PHAB Standard 5.2)
  - o Identify successful practices to inform the public and private sectors (e.g., transportation agencies, law enforcement agencies, fire departments, school systems, colleges, and universities) in collaborative efforts to move toward a healthier population
  - o Facilitate community-based participatory approach
  - o Engage with the public health system and the community in promoting health through collaborative processes (PHAB Standard 4.1)
  - o Establish and maintain diverse public health partnerships for meaningful cooperation and achievement of evidence-based and evidence-informed public health strategies and interventions
  - o Engage community members in community health improvement process

- Organizational Administrative Competency
  - o Develop and implement a health department organizational strategic plan
  - o Directly engage in health policy development, discussions, and adoptions with tribal governments
  - o Define strategic direction of public health initiatives
  - o Strategically coordinate health equity programming
  - o Have proper systems in place to keep health and human resources data confidential
  - o Support, use, and maintain communication technologies needed to interact with the community
  - o Serve as a primary and expert resource for establishing and maintaining health policies and laws (PHAB Standard 5.1) (As a reminder, recipients are required to comply with Additional Requirement -12: Lobbying Restrictions.)
  - o Establish and maintain effective financial management systems
  - o Access and appropriately use legal services in planning and implementing public health initiatives

- o Maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data

- Accountability/Performance Management
  - o Assess and address gaps in organizational performance using tools such as national standards
  - o Build and foster an organization-wide culture of quality improvement using nationally recognized frameworks and quality improvement tools and methods
  - o Identify and use evidence-based and/or promising practices when implementing new or revised processes, programs, and/or interventions at the organizational level
  - o Maintain a performance management system to monitor achievement of organizational objectives

2. Data Modernization activities to develop and deploy scalable, flexible, and sustainable technologies, policies, and methods to implement data and analytical capabilities to support the Essential Public Health Services. These activities may include, but are not limited to, the following:

- Enhance the use and capabilities of informatics in public health (HP 2030: Public Health Infrastructure)
- Collect and share data that provide information on conditions of public health importance and health status of the population (PHAB Standard 1.2)
- Analyze public health data and use results to improve population health
- Identify opportunities for collaboration on data processing, tracking, analysis, and surveillance
- Enhance organizational capacity to collect and use public health data through conducting a capacity assessment
- Identify, access, and integrate data sources into current data analysis and visualization processes
- Engage partners in identifying and refining data set access points, permissions, and available analysis tools
- Support enhancements that enable interoperability and bidirectional data exchange between tribal public health and partners in state and local public health departments and clinical care

3. Public Health Programs and Services implemented to strengthen the ability to comprehensively meet tribal public health needs. These activities may include, but are not limited to, the following:

- Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy (PHAB Domain 7)

- Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness
- Assist intended population with identifying and prioritizing programs that efficiently maximize effectiveness in lowering disease rates, preventing injuries, and improving health
- Assess healthcare service capacity and access to healthcare services
- Engage with partners in the health care system to assess and improve health service availability (PHAB Standard 7.1)
- Assist in building public health and healthcare linkage models
- Evaluate the health effects and costs of legislation, regulations, and policies
- Connect the population to services that support the whole person (PHAB Standard 7.2)
- Facilitate the intended population's cultural adoption of evidence-based and evidence-informed initiatives that promote health and prevent disease and injury
- Identify and use the best available evidence for making informed public health practice decisions

4. Workforce activities to develop and maintain a diverse workforce with cross-cutting skills and competencies. These activities may include, but are not limited to, the following:

- Encourage the development, recruitment, and retention of qualified public health workers (PHAB Standard 8.1)
- Select or develop culturally informed training, educational materials, and process evaluation tools to build workforce capacity
- Identify and address continuing education for core and discipline-specific competencies and leadership development needs
- Expand practice-based continuing education for public health professionals (HP 2030: Public Health Infrastructure)
- Incorporate core and discipline-specific competencies for public health professionals into job descriptions and performance evaluations (HP 2030: Public Health Infrastructure)
- Use core and discipline-specific public health competencies, individual training and professional development, and provisions of a supportive work environment to ensure a competent workforce
- Implement culturally appropriate evidence-based and evidence-informed strategies to develop and sustain supportive work environments
- Promote the use of internships, fellowships, post-graduate programs, etc., to recruit and strengthen the public health workforce (HP 2030: Public Health Infrastructure)
- Inform and educate health officials and other governing leaders on public health issues and functions and their role in strategic workforce development

1. Collaborations

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

Recipients will collaborate with other CDC centers, institutes, and offices (CIOs) to ensure that activities and funding do not duplicate work but instead are coordinated with and complementary

to efforts supported under other CDC programs. In addition, collaboration across CDC CIOs is anticipated to improve program guidance, implementation, and evaluation. Recipients are expected to participate in recipient meetings and provide expert consultation to CDC/CSTLTS and other CDC CIOs (as requested). Recipients will also collaborate with other CDC-funded public health partners and CDC to identify and address public health infrastructure needs across Indian Country.

b. With organizations not funded by CDC:

Recipients will be encouraged to build and sustain strategic partnerships and collaborations with organizations that have a role in achieving this Program's strategies, activities, and outcomes. Applicants are encouraged to submit letters of support to demonstrate collaborations with other organizations. File should be named "Letters of Support" and uploaded as a PDF at www.grants.gov.

2. Target Populations

American Indian and Alaska Native people

a. Health Disparities

AI/AN tribal public health infrastructure disparities and cultural sensitivity are best and most effectively addressed by Tribes and tribally designated organizations. When Tribes have been given the support to direct their programs, they have made substantial progress in improving the health of the populations they serve. This NOFO will directly fund federally recognized Tribes and regional tribally designated organizations to strengthen their public health infrastructure to better plan, deliver, evaluate, and improve the health of the tribal populations they serve. Recipients are strongly encouraged to collaborate with their partners to provide public health services to people with disabilities; non-English-speaking people; "Two-Spirit" or lesbian, gay, bisexual, transgendered, queer, intersex, asexual, and more (LGBTQIA+) people; and people with limited health literacy.

iv. Funding Strategy

This NOFO will use a two-part funding strategy.

Funding Strategy 1: Initial Funding - Responsive applications submitted under this funding opportunity will be reviewed objectively as described in the Review and Selection Process section of this NOFO. Awards under Funding Strategy 1 will support strengthening tribal public health systems and services. Applicants selected for Funding Strategy 1 will become part of a group of organizations that are eligible for funding under Funding Strategy 2.

Funding Strategy 2: CDC Centers, Institute, and Offices (CIO) Project Plans - The second funding strategy is subject to the availability of appropriated funds and agency priorities. To maximize CDC's program priorities and health system needs in Indian Country, applicants funded under Funding Strategy 1 will be eligible to apply for additional funding under Funding Strategy 2. Under Funding Strategy 2, CDC will publish and compete CIO project plans according to entity type, HHS region, and/or IHS area. The plans will be published on www.grants.gov as a supplement to CDC-RFA-TO-23-0001. Organizations will submit "Work Plans in Response to CIO Project Plans" that are relevant to the entity type, HHS region, and/or IHS area, for which they were awarded funding under Funding Strategy 1.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurements will monitor the extent to which planned activities are completed successfully, show the effectiveness of strengthening public health systems and services, and demonstrate achievement of program outcomes. CDC uses evaluation findings to ensure continuous program quality improvement, help create an evidence base for culturally informed public health infrastructure strategies, and assess which strategies are scalable.

CDC's strategy for monitoring and evaluating recipient and program performance will be consistent with the logic model and approach presented earlier in this NOFO. Recipients are expected to 1) track the implementation of strategies and activities and 2) determine the progress made in achieving outcomes.

CDC will use the information collected from recipients' progress reports (frequency of reporting to be determined) and annual performance reports to document project status and completion. Conference calls (frequency to be determined) between CDC and recipients will include project updates, discussion of technical assistance needs, and challenges around and solutions for completing activities.

At times specified by the Program, all recipients will be required to complete a basic assessment about their public health infrastructure and success stories about their project. This assessment will help both the recipients and CDC with program evaluation.

Process measures will track the implementation of strategies and activities, while outcome measures will determine progress in achieving the period of performance (5-year) outcomes. The strategies, activities, and outcomes will depend on the identified public health infrastructure needs. The Program will work with recipients to determine which process and outcome measures are most appropriate for them. Proposed measures of effectiveness must be:

1. Objective
2. Quantitative
3. Measure the selected program outcomes
4. Indicate meaningful change over time (e.g., increase or decrease)
5. Clarify the unit of measurement (e.g., number or percentage of)

The table below provides examples of process and outcome measures for each strategy and outcome listed in the logic model:

Strategy	Process Measures	Outcomes	Outcome Measures
1. Foundational Public Health Capabilities	Number of public health programs or organizations conducting self-assessments against national public health		

Strategy	Process Measures	Outcomes	Outcome Measures
	standards (Assessments/Surveillance) Percent of staff who have completed public health emergency response training (Public Health Emergencies) Number of public health policies reviewed for gaps and relevance (Policy Development and Support) Number of public health messaging products shared through more than one media outlet (Communications)	Improved capacity to develop public health programs and services to address prioritized public health activities in AI/AN communities.	Increase in the percentage of human resources policies revised to meet national standards. (Strategy #1) Increase in the number of formal partnerships that result in co-sponsoring community health events. (Strategy #1)
	Number of organizations reporting partnerships that have been formalized (e.g., new MOUs/MOAs and collaborative relationships) (Community Partnership) Number of policies/practices developed to promote health equity (Organizational Administrative Competency) Percent of staff trained in quality improvement methodology and tools (Accountability/Performance Management)	Improved capacity to implement public health programs and services to address prioritized public health activities in AI/AN communities.	Increase in the number of quality improvement efforts undertaken by trained staff. (Strategy #1) Increase in the use of health equity science in public health programs and services. (Strategy #3) Increase in the number of staff reporting improved knowledge, skills, or abilities after continuation education. (Strategy #4)
2. Data Modernization	Number of staff trained to use of data analysis and/or visualization software for public health reporting		

Strategy	Process Measures	Outcomes	Outcome Measures
3. Public Health Programs and Services	Number of programs and/or services developed using evidence-based and/or promising practices Number of public health programs and/or services incorporating [health equity science](#) Number of inter-agency partnerships developed	Improved capacity to evaluate public health programs and services to address prioritized public health activities in AI/AN communities.	Increase number of organizations using data analysis for public health decision-making. (Strategy #2)
4. Workforce	Number of staff whose training plans were developed using core- or discipline-specific competencies Number of staff who received discipline-specific continuing education		

ii. Applicant Evaluation and Performance Measurement Plan

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

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.

- How key program partners will participate in the evaluation and performance measurement planning processes.

- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)

- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data

preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

- Describe the type of evaluations (i.e., process, outcome, or both).

- Describe key evaluation questions to be addressed by these evaluations.

- Describe other information (e.g., measures, data sources).

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

Applicants must provide a statement of commitment to provide a DMP post award when specific data generation and collection activities are defined. Recipients will describe how they intend to manage, preserve, and make accessible data generated or collected with CDC funds in a DMP. The funding program will define the details of how the DMP is to be provided (e.g., as a narrative, table format). DMPs will be submitted, evaluated, and approved before beginning data collection.

c. Organizational Capacity of Recipients to Implement the Approach
Applicants must identify the following within their Project Narrative:

- Entity Type (**List only <u>one</u>.**)
  - o Federally recognized AI/AN Tribe
  - o Regional tribally designated organization

- HHS Region (**List <u>all</u> that apply.**)
- IHS Area (**List all that apply.**)

General Capacity: Applicants must describe their organizational capacity to carry out the selected strategy(ies), activities, and evaluation requirements outlined in the NOFO. Day-to-day responsibilities for key tasks—such as project leadership, monitoring of the project's ongoing progress, preparation of reports, program evaluation, and communication with partners and CDC—should be outlined. Applicants must submit an organizational chart, name this file "Organizational Chart", and upload it as a PDF at www.grants.gov.

Current and Recent Programs: Applicants must demonstrate adequate expertise in planning and implementing the selected strategy(ies) with the intended population. Expertise in these areas should be demonstrated in descriptions of current or recent programmatic work.

Procurement Activities: Applicants must be fully capable of managing the required deliverables in accordance with 45 C.F.R, including executing subcontracts if applicable. Applicants must demonstrate expertise in writing, negotiating, executing, and monitoring contractual and consulting agreements; financial reporting; and budget management and administration. Applicants must submit a CV/resume for staff who will be involved in procurement activities and describe the organization's capacity to execute contractual and consulting agreements.

Staffing and Partnerships: Applicants must demonstrate staffing capacity, expertise, and planning to carry out the proposed project. Documentation to show staffing plan and project management structure includes organizational charts, defined staff roles and responsibilities, position descriptions for vacant positions, CVs/resumes for current staff assisted to the project should be included with your application. If applicants submit letters of support from partners and key collaborators, the letter should highlight ability to build and maintain partnerships.

Relationship with Intended Population (i.e., Target Population): Applicants must also describe the nature of their relationship and history (including number of years) of serving or working with the intended population selected for this cooperative agreement. The history should also include examples of previous public health infrastructure building and/or strengthening efforts and the results of those efforts.

- Federally recognized AI/AN Tribe must provide an official letter from a currently elected tribal leader or a tribal resolution to demonstrate support from the Tribe
- Regional AI/AN tribally designated organizations must demonstrate support in the form of tribal resolutions or letters of support from currently elected tribal leaders from at least half of the Tribes within the organization's service area

Official email correspondence from elected leaders will be accepted. File should be named "Tribal Support" and uploaded as a PDF at www.grants.gov.

If applicants submit letters of support from members of the intended population and related key collaborators, the letters should outline the intended population's interest in the tribal public health infrastructure, the current relationship with the applicant, and previous examples of public health infrastructure building and/or strengthening activities received from the applicant.

Current CDC Funding: If applicable, applicants must provide a description of their current CDC-funded capacity-building projects, including the name of the funding mechanism (CDC-RFA-number), intended population, type of capacity-building or public health infrastructure provided and delivery method, and outcomes achieved.

d. Work Plan

Development of the work plan should be based on the "Average One Year Award Amount", which is supported under Funding Strategy I. Work plans for applicants must include, at a minimum, the following:

- Identification of the following for which the applicant is applying:
    - **Up to two** of the following Strategies: 1) foundational public health capabilities, 2) data modernization, 3) public health programs and services, and 4) workforce
    - **At least one** of the bold Outcomes found on the logic model (see Section A.2a: Approach)

- A descriptive, detailed Year 1 plan with specific, measurable, achievable, realistic, and timely (S.M.A.R.T.) objectives to support achievement of the chosen outcomes. The activities must align with the cooperative agreement's logic model and should have appropriate performance measures or milestones for accomplishing tasks. More

information about S.M.A.R.T. is available at
https://www.cdc.gov/publichealthgateway/phcommunities/resourcekit/evaluate/develop-smart-objectives.html.

- A high-level five-year work plan that addresses how progress will continue.
- Intended outcomes for the first year of the period of performance and how they will be measured.
- Program strategies to be used during the first year of the period of performance.
- Mechanisms to address selected program strategies.
- Timeline for the first year of the period of performance.

A sample work plan template is provided below. Applicants are required to include all the elements listed within the sample work plan. CDC will provide feedback and technical assistance to recipients to finalize the work plan activities post-award.

Period of Performance Outcome: *[from Outcomes section and/or logic model]*		Outcome Measure: *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position/Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			

e. CDC Monitoring and Accountability Approach

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

- Tracking recipient progress in achieving the desired outcomes.

- Ensuring the adequacy of recipient systems that underlie and generate data reports.

- Creating an environment that fosters integrity in program performance and results.

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

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

- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.

- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.

- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

f. CDC Program Support to Recipients

In a cooperative agreement, CDC and recipients share responsibility for successfully implementing the award and meeting identified outcomes.

The following are CDC's additional activities to recipients for this program:

- Provide technical assistance to understand and implement the cooperative agreement requirements and meet program outcomes;
- Collaborate to ensure coordination and implementation of strategies;
- Identify and implement appropriate activities that CDC can undertake to uniquely support and strengthen tribal public health systems and services;
- Provide guidance on monitoring and evaluation strategies and collaboration with other recipients and CDC-funded organizations;
- Facilitate sharing of successes and lessons learned;
- Serve as a conduit for information exchange, including fostering collaboration with other areas of CDC and other CDC-funded organizations;
- Provide recipient networking opportunities; and
- Review and provide feedback on products developed in whole or in part with CDC program funds*.

*CDC clearance is required for products using the official CDC logo or co-authored by CDC staff. Review of such products is part of CDC's substantial involvement to maximize the quality and effectiveness of products and services developed with federal funding and to ensure consistency with applicable federal laws and regulations. Products developed with funding under this Program must include certain funding acknowledgment and appropriate disclaimers as outlines in the General Terms and Conditions for Non-Research Grant and Cooperative Agreements.

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:

3. Fiscal Year:

2023

4. Approximate Total Fiscal Year Funding:

$5,000,000

5. Total Period of Performance Funding:

$75,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:

$75,000,000

6. Total Period of Performance Length:

5 year(s)

year(s)

7. Expected Number of Awards:

25

At least one applicant from each HHS Region will be awarded.

8. Approximate Average Award:

$200,000

Per Budget Period

9. Award Ceiling:

$0

Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:

$0

Per Budget Period

11. Estimated Award Date:

August 01, 2023

12. Budget Period Length:

12 month(s)

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

government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is available through this NOFO.

Consistent with the cited authority for this cooperative agreement, direct assistance is available in the form of federal personnel to meet staffing and training needs, equipment, and supplies/materials. If request for DA is approved as a part of your award, CDC will reduce the funding amount provided directly to the recipient. The amount by which the award is reduced will be used to provide DA; the funding shall be deemed part of the award and as having been paid to the recipient. For more information about how to request direct assistance personnel, types of direct assistance positions that can be requested, timeline, etc. please visit CDC - Home - Direct Assistance for Assigning CDC Staff to Health Agencies - STLT Gateway.

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:
07 (Native American tribal governments (Federally recognized))

Additional Eligibility Category:

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

To be eligible for funding, an applicant must be in one of the following:

- Federally recognized AI/AN tribal governments (i.e., Tribes) must provide an official letter from a currently elected tribal leader or a tribal resolution to demonstrate support from the Tribe
- Regional AI/AN tribally designated organizations must demonstrate support in the form of tribal resolutions or letters of support from currently elected tribal leaders from at least half of the Tribes within the organization's service area

Official email correspondence from elected leaders will be accepted. File should be named "Tribal Support" and uploaded as a PDF at www.grants.gov.

Any application that does not include this documentation will be considered non-responsive and it will not receive further review.

3. Justification for Less than Maximum Competition

This Program will provide resources for federally recognized American Indian (AI) and Alaska Native (AN) Tribes and tribally designated organizations to strengthen the quality, performance, and infrastructure of public health systems and services throughout Indian County. This funding opportunity recognizes the right of federally recognized AI/AN Tribes to self-determination and self-governance over their citizens, as well as culturally appropriate public health services. Federally recognized AI/AN Tribes and tribally designated organizations have unique understanding of AI/AN cultures, fluency in Native languages, knowledge of Indigenous history and traditional practices. These entities are best qualified to address tribal public health needs in an efficient, effective, and culturally informed manner. Limiting eligibility enables CDC to provide support directly to tribal recipients increasing chances for success in meeting programmatic outcomes and achieving the best public health impact. The Program supports recommendations to CDC from elected tribal officials and public health professionals for addressing AI/AN public health needs and health disparities.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

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 4. This authorizes the AOR to	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.

		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 05/05/2023

05/05/2023
b. Application Deadline

Due Date for Applications 06/06/2023

06/06/2023
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
CDC encourages all eligible entities interested in applying for this opportunity to participate in one of the two applicant informational conference calls:

Option 1: Tuesday, April 11, 2023, 1:00 – 2:30 PM Eastern Time

Join ZoomGov Meeting

- https://cdc.zoomgov.com/j/1616800329?pwd=NjVEaEx1dm42SzJEcitwdUkvbFRUZz09
- Meeting ID: 161 680 0329
- Passcode: pKVY243.

Dial by your location

- Find your local number: https://cdc.zoomgov.com/u/aFwOnqRpy
- Meeting ID: 161 680 0329
- Passcode: 73081736

Join by SIP via 1616800329@sip.zoomgov.com

Join by H.323

- 161.199.138.10 (US West)
- 161.199.136.10 (US East)
- Meeting ID: 161 680 0329
- Passcode: 73081736

Join by Skype for Business at https://cdc.zoomgov.com/skype/1616800329

Option 2: Thursday, April 13, 2023, 3:00-4:30 PM Eastern Time

Join ZoomGov Meeting

- https://cdc.zoomgov.com/j/1617616633?pwd=bWNmRzhYVjVtaEU1VVl4NU5hNFRIZz09
- Meeting ID: 161 761 6633
- Passcode: dk5.%fNU

Dial by your location

- Find your local number: https://cdc.zoomgov.com/u/azD81bGPp
- Meeting ID: 161 761 6633
- Passcode: 16848470

Join by SIP via 1617616633@sip.zoomgov.com

Join by H.323

- 161.199.138.10 (US West)
- 161.199.136.10 (US East)
- Meeting ID: 161 761 6633
- Passcode: 16848470

Join by Skype for Business at https://cdc.zoomgov.com/skype/1617616633

Due to the volume and variety of questions anticipated during the informational conference call, applicants are encouraged to submit questions before the call to CSTLTSTribalCoAg@cdc.gov.

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. An LOI is requested but not required. It should include the following information:

- Entity Type (**List only one**.)
  - Federally recognized AI/AN Tribe
  - Regional Tribally designated organization

- HHS Region (**List all that apply**.)
- IHS Area (**List all that apply.**)
- **Up to two** of the following Strategies: 1) foundational public health capabilities, 2) data modernization, 3) public health programs and services, and 4) workforce
- **At least one** of the bold Outcomes found on the logic model (see Section A.2a: Approach)

LOI should be sent via email to:
Alleen Weathers
Email address: CSTLTSTribalCoAg@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.

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:

    o 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

- o 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:** 40

Develops a complete and comprehensive plan for the budget period that describes: 1) how the applicant will adequately achieve the selected Program outcome(s), and 2) how the plan will focus on strengthening public health systems and services needs of the intended population (i.e., Target Population)

The extent to which the applicant:

1. Demonstrates an ability to build and/or access specific organizations or entities that are appropriate for accomplishing the outlined project objectives (10 points)
2. Presents specific, measurable, achievable, realistic, and time-bound objectives that address the intended population's needs and are consistent with outcomes described in the CDC project description and logic model (10 points)
3. Describes activities that are achievable, able to build capacity, and likely to lead to the attainment of the proposed objective (10 points)
4. Shows that the proposed use of funds is an effective and efficient way to attain outcomes (10 points)

ii. Evaluation and Performance Measurement   **Maximum Points:** 30

The extent to which the applicant:

1. Demonstrates ability to collect performance management data (5 points)
2. Describes clear monitoring and evaluation procedures including outputs/deliverables that thoroughly represent the direct results of the activities (10 points)
3. Describes how performance measurement and evaluation findings will be reported (5 points)
4. Describes how evaluation and performance measurement will contribute to the evidence-based or evidence-informed practices (5 points)
5. Discusses data management (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach   **Maximum Points:** 30

The extent to which the applicant:

1. Describes a relationship with the intended population (5 points)
2. Demonstrates relevant experience and capacity to achieve project outcomes (10 points)

3. Demonstrates experience and capacity to implement the evaluation plan (10 points)
4. Provides a staffing plan and project management structure that clearly defines staff roles and will be sufficient to achieve project outcomes (5 points)

Budget   **Maximum Points:** 0

The Budget and Budget Narrative are reviewed but not scored. The extent to which the proposed budget is allowable, reasonable, and consistent with the stated objectives and activities will be considered.

c. Phase III Review

A group of objective reviewers will review and score all eligible and responsive applications. Reviewers will apply the specified Review Criteria to score applications based on their merit. Reviewer comments on the strengths and weaknesses will be documented in summary statements for all applicants. Applications will then be put into rank order list according to average scores. Program will use the rank order list (plus any criteria found in Phase III) to determine which applications to fund.

CDC may fund out-of-rank order. The following factor may affect the funding decision:

- Preference may be given to achieve geographic diversity.

Review of risk posed by applicants.

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

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

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

August 30, 2023

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at https://www.cdc.gov/grants/additional-requirements/index.html.

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

AR-11: Healthy People 2030
AR-12: Lobbying Restrictions

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 will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. 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.

- 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 to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

- Helps target support to recipients;

- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;

- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and

- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

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

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**

    o Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.

    o Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.

    o Recipients must describe success stories.

- **Challenges**

- o 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.

- o 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**

  - o 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)

  - o SF-424A Budget Information-Non-Construction Programs.

  - o Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.

  - o 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:
Alleen
Last Name:
Weathers
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
Telephone:
Email:
CSTLTSTribalCoAg@cdc.gov

Grants Staff Contact

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

First Name:
Rose
Last Name:
Mosley
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
Telephone:
770.488.2450
Email:

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

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

Position descriptions

Letters of Support

Organization Charts

Indirect Cost Rate, if applicable

Bona Fide Agent status documentation, if applicable

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

- 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.
- Federally Recognized Tribal Governments: Indian Tribes with whom the federal government maintains an official government-to-government relationship; usually established by a federal treaty, statute, executive order, court order, or a Federal Administrative Action. The Bureau of Indian Affairs (BIA) maintains and regularly publishes the list of federally recognized Indian Tribes (Ref. HHS Tribal Consultation Policy, section 17).
- Health Equity Science: Examines patterns and factors that contribute to health inequities. It builds evidence to guide programs, surveillance, policy, communications, and future scientific study focused on eliminating inequities.
- Tribally Designated Organization: The recognized governing body of any Indian Tribe; any legally established organization of AI/AN persons which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult

members of the AI/AN community to be served by such organization and which includes the maximum participation of AI/AN persons in all phases of its activities.

- Public Health Infrastructure includes the systems, competencies, relationships, and resources that enable public health agencies to perform their core functions and essential services in every community. Categories include human, organizational, informational, and fiscal resources. (Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009)