Centers for Disease Control and Prevention

National Center for STLT Public Health Infrastructure and Workforce

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

CDC-RFA-PW-24-0080

04/01/2024

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-PW-24-0080. 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 through National Partnerships to Improve and Protect the Nation's Health

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For purposes of this NOFO, research is defined as set forth in 45 CFR 75.2 and, for further clarity, as set forth in 42 CFR 52.2 (see eCFR :: 45 CFR 75.2 -- Definitions and *https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf*. In addition, for purposes of research involving human subjects and available exceptions for public health activities, please see 45 CFR 46.102(l) (*https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46/subpart-A/section-46.102#p-46.102(l)*).

Modification: The intent of this modification is to attach the following supporting materials:

- the "CDC-RFA-PW-24-0080 FAQs" document, which includes answers to questions posed by applicants during the NOFO informational webinars; and

- the "CDC-RFA-PW-24-0080 Population of Focus Considerations" document, which includes questions to consider when determining a population of focus.

In addition, minor edits were made to the Category B & C descriptions (see highlighted portions on p. 9 of NOFO) to fix typos to clarify:

- Category B "meets the priority CBA needs of one workforce segment across two or more health department types…"; and
- Category C "meets the priority CBA needs of one type of organization or workforce…".

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PW-24-0080

E. Assistance Listings Number:

93.421

F. Dates:

1. Due Date for Letter of Intent (LOI):
03/13/2024

2. Due Date for Applications:
04/01/2024
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
The Informational Conference Calls will be held Tuesday, March 5, 2024, 10-11:30am ET and Wednesday, March 6, 2024, 4:30-6pm ET. Use one of the following links to register for either call:

- **March 5** call registration:
  https://cdc.zoomgov.com/webinar/register/WN_O10L6mACSjmBmPrBgT1F2Q#/registration
- **March 6** call registration:
  https://cdc.zoomgov.com/webinar/register/WN_lPRm2SKlT7qZionAeJotog#/registration

To facilitate appropriate timely responses, CDC encourages proactive written inquiries concerning this announcement to be submitted prior to the Informational Conference Calls. Due to the volume and variety of questions anticipated during the Informational Conference Calls, applicants are encouraged to submit questions to NationalPartnersCoAg@cdc.gov or via the Informational Conference Call registration link by Thursday, February 22, 2024.

G. Executive Summary:

1. Summary Paragraph
The public health system represents a complex and broad range of agencies, organizations, and individuals in which each plays a significant role in affecting the health of the nation. The purpose of this NOFO is to announce a capacity-building assistance (CBA) program to improve the overall performance of the public health system. Key program outcomes are to improve organizational and systems infrastructure and performance across the public health system to

improve health outcomes and reduce health inequities. The program will fund organizations with demonstrated capability, expertise, resources, national reach, and a track record of providing CBA. CBA is defined as the activities that strengthen and maintain the necessary structures, systems, processes, and competencies to more effectively and efficiently operate and sustain programs or ensure organizational strength. Under this mechanism, CBA should be delivered through technical assistance, training, information sharing, technology transfer or materials development. Recipients are expected to provide CBA in the following areas: organizational capacity and performance improvement; workforce; data modernization, informatics and information technology; partnership development and engagement; and policy and programs. CDC and recipients will evaluate and measure completion of activities and demonstrate achievement of program outcomes. The CBA program has a two-part funding strategy-this NOFO details the first funding strategy.

a. Funding Instrument Type:

CA (Cooperative Agreement)

b. Approximate Number of Awards

45

Up to 45 organizations will be funded under the NOFO. The expected number of awards will vary by population of focus category. Estimated number per category are listed below. Final awards by category depends on outcomes of the Phase II and Phase III reviews.

Category A: 6 awards
Category B: 16 awards
Category C: 23 awards

c. Total Period of Performance Funding:

$62,000,000

Funding amounts reflected throughout this NOFO represent approximate funding provided by the Public Health Infrastructure Center (PHIC) for Funding Strategy 1. Additional funding from other CDC centers, institutes, and offices (CIOs) may be available under Funding Strategy 2.

d. Average One Year Award Amount:

$200,000

Estimated average award for Funding Strategy 1 will vary by population of focus category as outlined below.

Category A: $500,000
Category B: $300,000
Category C: $200,000

e. Total Period of Performance Length:

5 year(s)

f. Estimated Award Date:

August 01, 2024

g. Cost Sharing and / or Matching Requirements:

No

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

This program's intent is to address persistent public health challenges such as underfunding, fragmented programs, workforce declines, health disparities and inequities, and emerging health threats that continue to strain today's public health capacity, resources, and impact. Decades of research and numerous landmark national reports highlight the continued need for critical investments strengthening public health infrastructure. These include three Institute of Medicine (now the National Academy of Medicine) reports, *The Future of Public Health (1988), The Future of the Public's Health in the 21st Century (2003), and For the Public's Health: Investing in a Healthier Future (2012)*; the National Academy of Science's *Emerging Stronger from COVID-19: Priorities for Health System Transformation (2022),* Trust for America's Health's *The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations (2023),* the President's Council of Advisors on Science and Technology's *Supporting the U.S. Public Health Workforce*, the Bipartisan Policy Center's *Public Health Forward: Modernizing the U.S. Public Health System,* and The Commonwealth Fund's *Meeting America's Public Health Challenge*. In addition, national initiatives such as *Healthy People 2030, Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure*, the Essential Public Health Services (EPHS) framework, and the Foundational Public Health Services (FPHS) framework address these critical public health imperatives. The public health system represents a complex and broad range of agencies, organizations, and individuals in which each plays a significant role in affecting the health of populations. The COVID-19 pandemic reiterated the importance of partnerships to fill key gaps, expand public health services, promote equity, innovate, and protect the nation's health.

The purpose of this NOFO is to announce a capacity-building assistance (CBA) program to improve the overall performance of the public health system. The cooperative agreement will fund organizations with demonstrated capability, expertise, resources, national reach, and a track record of providing CBA. Program outcomes are to improve organizational and systems infrastructure and performance across the public health system to ultimately improve health outcomes and reduce health inequities. Applicants must address CBA needs for a population of focus in one of three population categories: A) Governmental Public Health Departments; B) Workforce Segments in Governmental Public Health Departments; or C) Public Health System Components.

The CBA program has a two-part funding strategy—this NOFO details the first funding strategy. Under the second funding strategy, supplemental projects may be announced annually during the performance period. These supplemental projects are for successful applicants (recipients) of CDC-RFA-PW-24-0080 (funding strategy 1) and are subject to the availability of funds and

agency priorities. The supplemental projects will be detailed in supplements to CDC-RFA-PW-24-0080 and published for recipients of funding strategy 1 to submit work plans and budgets.

b. Statutory Authorities
- Sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 242(1) and 247b(k)), as amended
- Sections 4002 of the Patient Protection and Affordable Care Act

c. Healthy People 2030
Work funded under this mechanism supports Healthy People 2030 objectives that align with the following:

- Public Health Infrastructure
- Health Care Access and Quality
- Health IT
- Workforce
- Health Communication
- Health Policy

d. Other National Public Health Priorities and Strategies
This program addresses the following national public health priorities and strategies:

- National Voluntary Accreditation for Public Health Departments
- National Health Security Strategy and Implementation Plan
- National Stakeholder Strategy for Achieving Health Equity
- HHS Strategic Plan FY 2022–2026
- HHS Health Workforce Strategic Plan
- 2022-2027 CDC Strategic Plan

e. Relevant Work
CDC has previously collaborated with national, nonprofit organizations to coordinate wide-ranging public health initiatives and priorities, and to provide CBA to an array of public health stakeholders under CDC-RFA-HM08-805, CDC RFA-OT13-1302, CDC-RFA-OT16-1601, CDC-RFA-OT18-1802, CDC-RFA-OT18-1803, and CDC-RFA-OT21-2101.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

TITLE: Strengthening Public Health systems and Services through National Partnerships to Improve and Protect the Nation's Health

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Capacity-building assistance (CBA) providers will:	Development and implementation of quality CBA	Use of CBA services and	Implementation of processes, policies,

• Support the CBA* needs of the populations of focus** related to the following strategic areas:
  o Organizational Capacity and Performance Improvement
  o Workforce
  o Data modernization, Informatics, and Information Technology
  o Partnership Development and Engagement
  o Policy and Programs
 	
CBA services and products may include, but not be limited to, technical assistance, training, information sharing, technology transfer, and/or materials development
 	
**For a description of the population of focus, see section 2*
	services and products will result in:
	
	Increased availability of and access to CBA services and products that address the strategic areas
	
	Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products
	
	Increased use of CBA services and products by populations of focus
		products will result in:
		
		Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
		
		Enhanced skill and ability to support decision-making toward processes, policies, programs, and practices within the strategic areas
		
		Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas
			programs, and practices will result in:
			
			Improved organizational and systems capacity and capability to address equity focused public health priorities
			
			Improved effectiveness of organizational and systems infrastructure and performance
			
			Improved health outcomes and reduced health inequities

i. Purpose

The purpose of this NOFO is to announce a capacity-building assistance (CBA) program to improve the overall performance of the public health system.

ii. Outcomes

During the period of performance, recipients are expected to carry out the activities to achieve the program outcomes among the populations of focus as noted in the logic model and document additional outcomes accomplished. Applicants should identify <u>at least one</u> of the following outcomes they plan to achieve:

- Increased availability of and access to CBA services and products that address the strategic areas
- Increased awareness of best/promising practices and/or tools by populations of focus of CBA services and products

- Increased use of CBA services and products by populations of focus
- Increased awareness and understanding of recommended processes, policies, programs, and practices within the strategic areas
- Enhanced skill and ability to support decision-making toward applying recommended processes, policies, programs, and practices within the strategic areas
- Increased implementation and sharing of recommended processes, policies, programs, and practices within the strategic areas

iii. Strategies and Activities

Recipients are expected to provide capacity-building assistance through this program to a specific population of focus. Applicants should select the population of focus category and population of focus whose capacity will be built as a result of funding. Populations of focus are organized into three categories as outlined in the "population(s) of focus" section of this NOFO.

The applicant should address work to be done in the 5 strategic areas (and related activities) as outlined in strategies and activities column of the logic model. Within the project narrative submitted, applicants must clearly identify and address one or more of the strategic areas, as they describe the CBA to be provided to their selected population of focus. The activities listed below serve as <u>examples</u> and the lists are not exhaustive. Applicants should propose activities based on priority needs of the selected population of focus and the applicant's organizational capacity and experience to address those needs. Recipients of this funding are expected to complement and leverage, but not duplicate, activities and funding from other federal awards.

1. Organizational Capacity and Performance Improvement – Activities to improve and strengthen capacities that are needed for stronger agency infrastructure and to support basic public health protections. CBA provided may address needs, such as:
   o Strengthening organizational capacity and competencies (i.e., human resources, financial management)
   o Prioritizing and implementing diversity, equity, inclusion, and accessibility within the organization, including support for organizational policies and practices to strengthen health equity
   o Supporting communications efforts, including communications planning, risk communication, social marketing, public information officer support, etc.
   o Using and implementing quality improvement, performance management, accreditation, and strategic planning
   o Supporting change management and efforts to sustain, improve, or modify organizational structures or processes to meet needs or address efficiencies, including restructuring and cross-jurisdictional sharing.

2. Workforce – Activities to develop and maintain a diverse workforce within the public health system with cross-cutting skills and competencies. CBA provided may address needs, such as:
   o Recruiting, developing, and retaining qualified workers (building and sustaining the workforce)
   o Identifying and assessing workforce gaps, training, and education needs
   o Developing and ensuring access to quality training and education that addresses identified needs.

- o Developing and facilitating use of standards, competencies, and best practices for public health training and workforce development programs.
- o Implementing culturally-appropriate, evidence-based, or evidence-informed strategies to develop and sustain supportive work environments.

3. Data Modernization, Informatics, and information technology – Activities to develop and deploy scalable, responsive and sustainable technologies, policies, and methods to implement high-quality data and analytical capabilities to support the Essential Public Health Services (EPHS). CBA provided may address needs, such as:
   - o Enhancing the use and capabilities of informatics in public health
   - o Collecting, accessing, analyzing, interpreting, and using data from a variety of sources to guide public health planning and decision-making
   - o Developing and carrying out processes to manage data modernization activities that are step-wise, adaptive, and oriented to the overall success of organizations
   - o Identifying and reporting current capacity, gaps, and opportunities to modernize data systems and infrastructure

4. Partnership Development and Engagement – Activities to improve development and maintenance of results-driven partnerships at various levels. CBA provided may address needs, such as:
   - o Conducting health assessment and improvement planning to address specific public health issues, population health needs, and determinants of health
   - o Engaging with community populations, partners, and multiple sectors (transportation agencies, academic institutions, law enforcement, healthcare and others) in identifying and addressing health problems through collaborative processes
   - o Establishing and maintaining trust with community members and populations most impacted by key public health decision-making
   - o Engaging community members and populations using community-driven, culturally-informed approaches to improve health outcomes
   - o Identifying successful practices and developing new mechanisms to inform, mobilize, and engage the public and private sectors in collaborative efforts

5. Policy and Programs— Activities to develop, improve, and use evidence-based and promising practices in policies, processes, and programs aimed at improving the health of the community, addressing disparities, and increasing equity. CBA provided may address needs, such as:
   - o Developing, implementing, scaling up, maintaining, and evaluating programs, policies, and processes to support prevention and wellness.
   - o Engaging community populations, partners, and multiple sectors in activities that contribute to informing, evaluating, and providing evidence related to programs, laws, and policies that affect public health.
   - o Developing and supporting tools and technical assistance to equitably advance evidence-based or evidence-informed laws, policy, and programs.
   - o Facilitating knowledge and adoption of evidence-based and evidence-informed policy, programs, and initiatives.

- o Identifying and promoting innovations and models of excellence that can contribute to new approaches.

1. Collaborations

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

Once awarded, recipients will collaborate with CIOs to ensure activities and funding do not duplicate work but instead are coordinated with and complementary to efforts supported under other CDC programs. Additionally, collaboration across the CDC CIOs is anticipated to improve program guidance, implementation, and evaluation. Recipients will also collaborate with other CDC-funded public health partners and CDC to identify and address emerging CBA needs.

Opportunities to collaborate with other CDC programs and CDC-funded organizations are numerous and will vary within and across the individual projects funded within a recipient's portfolio under this program. Recipients will be expected to communicate and coordinate with one another, as appropriate, to leverage reach of CBA activities (e.g., sharing materials developed with award dollars, partnering with each other to broaden reach of trainings).

Applicants should propose how their collaborations with other CDC programs and organizations or entities, including American Indian and Alaska Native tribes, funded by CDC to implement activities will achieve the NOFO outcomes. The application should identify potential collaborators and demonstrate commitment from these organizations or entities, including American Indian and Alaska Native tribes, to collaborate with the applicant. Documentation may include letters of support. Applicants should also propose how they collaborate with other organizations or entities funded under this mechanism once awards are issued. Such collaborations should be used to increase reach and impact of program activities.

Where appropriate, applications should demonstrate commitment to collaborate with organizations or entities that will help them achieve the proposed outcomes, including recognition of tribal sovereignty and self-determination for tribal governments.

b. With organizations not funded by CDC:
Recipients will be encouraged to build and sustain partnerships and collaborations with organizations that have a role in implementing this program's strategies and activities and achieving the expected outcomes. Opportunities for recipients to collaborate with organizations and entities, including American Indian and Alaska Native tribes, are likely numerous and should be pursued based on the specific work funded. Collaborations should support implementation of program activities and those related to needs of the population of focus.

Applications should demonstrate commitment to collaborate with organizations and entities, including American Indian and Alaska Native tribes, that will help them achieve the proposed outcomes. This may include collaborating with organizations that 1) have experience or expertise with the selected population of focus or 2) those with expertise in a specific strategic area. Applicants should explain how each collaboration will assist the recipient in implementing activities and achieving the NOFO outcomes.

2. Population(s) of Focus
For the purposes of this program, population(s) of focus refer to the state, tribal, local, or territorial health departments, health department workforce, and for profit, public, and voluntary organizations and their staff that make up the public health system. This NOFO organizes those

groups into three specific and distinct population of focus categories. Applicants must indicate *which* category and single population of focus they plan to serve, if funded. This cooperative agreement is not intended to provide direct prevention or clinical services to specific communities of individuals. Recipients must deliver CBA to only one population of focus in one of the following three categories outlined in this section.

Categories A and B address the CBA needs of *governmental* public health departments.

- **Category A: Governmental Public Health Departments** - Meets the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial, and may include subsets of these health department types that are geographic in nature (e.g., rural areas, urban areas, big cities). Organizational-level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.
- **Category B: Workforce Segments in Governmental Public Health Departments** - Meets the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local and territorial). A workforce segment can include, but is not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, data scientists, public health nurses, physicians in health departments, and nutritionists.

Category C addresses the CBA needs **outside of** Governmental public health departments.

- **Category C: Public Health System Components** – Meets the priority CBA needs of one type of organization or workforce outside of governmental public health system, including other sectors that support public health. Public health system components include, but are not limited to, community-based organizations, community health centers, primary care providers, hospitals, elected officials, education organizations, social action organizations, and public safety agencies.

Applicants may submit up to two stand-alone applications. Each application must identify one category and one population of focus within that category. If two applications are submitted, each application must identify a distinct category and population of focus. For example, an organization could submit two applications for populations of focus within Category A to include one for state health departments and one for tribal health departments. Or an applicant could submit two applications to include one from Category A for territorial health departments and one from Category C for community health centers.

All applications must include a "Project Title" on line 15 of the SF-424. The project title must represent the Population of Focus Category and the Population of Focus. Use the following naming convention for the Project Title and enter it on line 15 of the SF-424: "Population of Focus Category: Population of Focus." For example: "Category A: Tribal Health Departments." If an applicant submits two applications for the same population of focus, the last submission will be reviewed, and applications submitted earlier will be deemed non-responsive.

This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on the basis of race, color, national origin, disability, age, sex (including gender identity, sexual orientation, and pregnancy) or other constitutionally protected statuses.

a. Health Disparities

The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Broadly defined, social determinants of health are non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. See content below and in other sections (e.g., Approach, Collaborations, Populations of Focus) for information on how this specific NOFO affects social determinants of health.

A health disparity is a preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged. Health disparities are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these diseases and conditions.

An enhanced public health system supported by this program should support effectively addressing social determinants of health (SDOH) and health disparities (www.cdc.gov/about/sdoh/index.html). Applicants are strongly encouraged to describe how their CBA activities will improve the population of focus's ability to effectively address SDOH, reduce health disparities, and achieve health equity.

iv. Funding Strategy
The program will use a two-part funding strategy. This NOFO details application requirements for Funding Strategy 1 and provides high-level information for Funding Strategy 2.

- Funding Strategy 1: Initial Funding –Applicants are permitted to submit no more than two stand-alone applications. 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 building capacities and capabilities of the selected population of focus in the strategic areas outlined in the program logic model. The applications from each population of focus category will be reviewed as a group. Funding awarded under this strategy will support activities outlined in the initial application. Applicants awarded funding under this NOFO will be eligible for supplemental funding under Funding Strategy 2.

- Funding Strategy 2: Project Plans – The second funding strategy is subject to the availability of appropriated funds and agency priorities. Recipients of Funding Strategy 1 will be eligible to apply for additional funding under Funding Strategy 2. Under Funding Strategy 2, CDC will post supplemental projects, referred to as Project Plans, according to populations of focus. In year 1, the projects will be included in a NOFO supplement to CDC-RFA-PW-24-0080. Organizations will submit "Work Plans in Response to Project Plans" and budgets that align with the population of focus category and selected population of focus ONLY for which they were awarded funding under Funding Strategy 1. Applications received that do not align with the population of focus of initial award will be deemed non-responsive and will not be considered. The Funding Strategy 2 Project Plan process is anticipated to occur once per year during period of performance.

Each supplement will include guidance for the process to submit the "Work Plan in Response to Project Plan" and budget.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will implement an evaluation and performance measurement strategy to assess the extent to which planned activities are completed successfully and demonstrate achievement of program outcomes. CDC will use evaluation findings to ensure continuous program quality improvement and inform decisions about future programmatic efforts. The CDC strategy for evaluating recipient and program performance will be consistent with the logic model. CDC may use various forms of data for evaluation efforts, such as annual progress reports, performance measures, and evaluations. To the greatest extent possible, administrative data will be used to limit burden of data collection efforts and use existing data in new ways.

Within the first six months of the award, CDC will collaborate with recipients to finalize an evaluation plan to assess the effectiveness of the overall program, including the reach of CBA and program outcomes and accomplishments. In addition, CDC will work with recipients on establishing program performance measures that will consider both process (e.g., number of CBA services and products developed and delivered) and outcome measures (e.g., distribution of agencies who participate in CBA). CDC will provide guidance and a template for reporting on the agreed upon performance measures.

A Data Management Plan (DMP) will be required where a recipient's awarded project(s) involve the collection or generation of public health data. Applicants must provide a statement of commitment to provide a DMP post-award. CDC will work with recipients to address DMP requirements, including submission process, within the first six months of the award.

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 applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement, including, as applicable to the award, how findings will contribute to reducing or eliminating health disparities and inequities.
- 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).
- How evaluation findings will be disseminated to communities and populations of interest in a manner that is suitable to their needs.
- 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.

c. Organizational Capacity of Recipients to Implement the Approach

The organizational capacity section of the application provides an opportunity for applicants to demonstrate their ability to execute this CBA program's strategic areas and activities and achieve its outcomes. As previously mentioned, this NOFO is designed to fund a group of organizations that have the knowledge, experience, expertise, and national reach necessary to provide CBA services effectively and efficiently to governmental health departments, their workforce, and components of the public health system. CDC encourages applicants to describe their organizational capacity to 1) provide CBA as proposed for year 1 of the budget period and 2) manage and execute on new supplemental projects that may become available in funding strategy 2 to build capacity of the applicant's selected population of focus. Funding awarded under this mechanism should not be used primarily to build general capacity of the recipient organization. Awards may be used to support recipient needs to implement a funded project.

Communications, Information Systems: Applicants must describe their capacity and expertise in using various forms of communication to provide CBA services, including, but not limited to virtual platforms, media support, project monitoring and reporting, cultural and linguistic translation, graphics, and writing. Applicants should describe infrastructure (e.g., operational capacity, equipment, and physical space), information and data systems, electronic information and communication systems, and workforce capacity and competence to execute the award.

Current and Recent Programs: Applicants must demonstrate adequate expertise in program planning, program implementation, performance monitoring, and program evaluation as they relate to the strategic areas, activities, and outcomes. Expertise in these areas should be demonstrated in descriptions of current or recent programs designed, implemented, and evaluated by the applicant, including those funded by a CDC grant, cooperative agreement, or contract award. For CDC-funded programs, include the NOFO or contract number, population of focus, type of CBA provided and delivery method, and outcomes achieved. When describing current and recent programs, applicants must also demonstrate adequate capacity and experience necessary to develop and implement programs that have a national reach. For the purposes of this program, national reach is the extent to which current and recent programs cover the 10 HHS

regions. Descriptions of current and recent programs should include the program reach and mode of delivery.

Staffing: Applicants must demonstrate adequate capacity and expertise in personnel management and program staffing. Program staffing includes the ability to recruit and hire for general staff expansion and specialized expertise. A staffing capacity and program management structure might be illustrated by submitting organizational charts, job descriptions, CVs/resumes, and staffing plans that clearly define staff roles and expertise as they relate to the activities and outcomes. Compile staffing documentation into a single PDF file titled "Staffing Documentation" and upload to www.grants.gov under "Other Attachment Forms."

Procurement Activities: Applicants must demonstrate expertise in writing, negotiating, awarding, and executing contracts and consulting agreements as they relate to individual projects funded under this program. Applicants must also demonstrate expertise in financial reporting, budget management and budget administration. Applicants must be fully capable of managing the required deliverables in accordance with 45 CFR Part 75. Applicants must submit a CV/resume for staff who will be involved in procurement activities and describe the organization's capacity to execute contracts and consulting agreements. Include staff resumes in the "Staffing Documentation" upload referenced above.

Partnerships: Applicants must demonstrate expertise in developing and maintaining partnerships and collaborations by submitting letters of support from other organizations and tribes (if applicable) that will be engaged while completing CBA activities. The letters of support should be submitted on the supporting organization's letterhead and include a statement indicating support for the applicant's work plan for CDC-RFA-PW-24-0080, length of partnership, and overview of existing collaborations and results. Compile letters of support into a single PDF file titled "Letters of Support" and upload to www.grants.gov under "Other Attachment Forms."

Relationship with Population of Focus: Applicants must also describe the nature of their relationship with the population of focus and history (including number of years) of serving or working with the population of focus on CBA selected for this cooperative agreement to include the content, format and results of the CBA provided. If applicants submit letters of support from members of the population of focus and related collaborators, the letters should outline the population of focus's interest in the CBA services to be provided, the current relationship with the applicant, and previous examples of CBA received from the applicant. Compile letters of support from members of the population of focus as a single PDF file titled "Population of Focus LOS" and upload to www.grants.gov under "Other Attachment Forms."

Affiliate Organizations: If applicable, applicants must provide a description of all affiliate organizations. Affiliates are subsidiary or subordinate organizations that are officially connected to the applicant organization. The description of affiliated organizations should include the name(s) and the affiliate's public health-related area of expertise. Applicants must also submit evidence, such as bylaws, signed board resolution, or other official documentation of guiding principles that recognize the affiliate organizations and their relationship with the applicant. Compile documentation into a single PDF file titled "Affiliate Organizations" and upload to www.grants.gov under "Other Attachment Forms."

As illustrated in the Review and Selection Process section of this NOFO, the Organizational Capacity of Applicants to Implement the Approach will be weighed heavily during the Objective Review process. Applicants are strongly encouraged to address all areas of capacity mentioned in this section.

d. Work Plan

Each application includes 1 work plan developed based on the established Floor Award Amount for Categories A ($500,000), B ($300,000), and C ($200,000) to complete activities within 1 year. **Applications submitted above the Floor Award Amount for the selected Population of Focus Category will be considered non-responsive and will not be considered for funding. Applicants should submit a two-part work plan.**

The first is a high-level work plan narrative describing how the 5 years of funding will be carried out, and should include:

- Intended outcomes to be achieved by the end of the five-year period of performance.
- Intended strategic area(s), activities, and outputs to be achieved by the end of the five-year period of performance.

The second (and more detailed) part of the work plan to be submitted relates to the first year of the period of performance and receipt of the floor award amount. Applicants must present a detailed plan as to how they will carry out all year one activities. For year one, the work plan should address:

- Intended strategic area(s) and activities that correspond with the selected outcomes
- Description of the process measures for the strategic area and activities
- Description of responsible position/party to support implementation of the project
- Provision of completion date for each outcome measure
- Estimated cost per strategic area (not to exceed floor award for the selected category)

The work plan format presented below shows how a traditional work plan aligns with the program's logic model and approach as presented earlier. Applicants are encouraged to use the table below for the first-year activities. Applicants are not required to use the table provided but must include all the information noted in the table as part of the work plan. In this format, the table would be completed for the budget period outcomes that are selected by the applicant from the program logic model. Applications must identify at least one short-term or intermediate outcome from the logic model. If a particular activity leads to multiple outcomes, a separate table should be completed for each outcome.

Period of Performance Outcome: [select from logic model]		Outcome Measure: [see Evaluation and Performance Measurement section for guidance; use bullets to separate each measure]		
Strategic Areas and Activities *[list*	**Process Measure** *[from Evaluation and*	**Responsible Position/Party**	**Completion Date**	**Estimated Cost**

strategic area and describe activities]	*Performance Measurement section]*			
1.				
2.				
3.				
4.				
5.				
6.				

CDC will provide feedback and technical assistance to recipients to finalize the work plan to adjust for available funding and alignment to CBA priorities for the population of focus.

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 program staff are substantially involved in post-award program activities, above and beyond routine grant monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out efforts undertaken as part of the award, and recipients agree to the responsibilities therein, as detailed in and consistent with the NOFO, issued Notice of Award (NOA), and General Terms and Conditions of Non-research Awards. CDC activities for this program are as follows:

- Collaborate to ensure coordination and implementation of activities to provide capacity-building assistance (CBA) to governmental and nongovernmental components of the public health system.
- Provide guidance and appropriate clearances of products co-branded or co-authored by CDC.
  - Recipients are reminded that requests to use the CDC logo must be approved in writing by CDC via license agreement for products developed under the award.

- Provide technical assistance and recommendations to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
- Support ongoing opportunities to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering collaboration between recipients that would not normally interact or collaborate on public health efforts.
  - Efforts may include hosting recipient meetings (frequency to be determined post-award) and collaborative spaces within grants management systems.

- Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the period of performance.
- Collaborate, as appropriate, to assess progress toward meeting strategic and operational goals and objectives and to establish measurement and accountability processes for documenting outcomes, such as increased performance improvements and best or promising practices.

CDC Substantial Involvement in Review of Products Developed under the Award
Recipients are encouraged to incorporate peer review, responsible authorship, and publication standards when developing products supported in whole or in part with CDC program funds. Products that have express permission to use the CDC logo or are co-authored by CDC require CDC clearance. In addition, CDC staff will be given an opportunity to review and provide feedback on products developed in whole or in part with CDC program funds. The primary purpose of the CDC review of items not using the CDC logo or co-authored by CDC is to ensure factual accuracy of all product information pertaining to the description of CDC programs, products, initiatives, policies, guidelines, and recommendations.

Review of such products is part of CDC's substantial involvement to maximize the quality and effectiveness of products and services developed with federal funds and to ensure consistency with applicable federal laws and regulations. Recipients will coordinate with CDC on the submission of such products and the timing needed for CDC to conduct its review, but any review will not act to prevent timely publication. In addition, CDC reminds recipients that products developed with funds provided under this award are subject to the inclusion of certain funding acknowledgment and appropriate disclaimers as outlined in the General Terms and Conditions of Non-research Awards.

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:
U38

3. Fiscal Year:
2024

4. Approximate Total Fiscal Year Funding:
$12,400,000

5. Total Period of Performance Funding:
$62,000,000
This amount is subject to the availability of funds.

Funding amounts reflected throughout this NOFO represent approximate funding provided by the Public Health Infrastructure Center (PHIC) for Funding Strategy 1. Additional funding from other CDC centers, institutes, and offices (CIOs) may be available under Funding Strategy 2.

Estimated Total Funding:
$62,000,000

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

year(s)

7. Expected Number of Awards:
45
Up to 45 organizations will be funded under the NOFO. The expected number of awards will vary by population of focus category. Estimated number per category are listed below. Final awards by category depends on outcomes of the Phase II and Phase III reviews.
Category A: 6 awards
Category B: 16 awards
Category C: 23 awards

8. Approximate Average Award:

$200,000
Per Budget Period

Estimated average award for Funding Strategy 1 will vary by population of focus category as outlined below.

Category A: $500,000
Category B: $300,000
Category C: $200,000

9. Award Ceiling:
$0
Per Budget Period

This amount is subject to the availability of funds.

This NOFO does not have a ceiling.

10. Award Floor:
$0
Per Budget Period

The award floor will vary by population of focus category as outlined below. The amount listed here represents Funding Strategy 1 floor to be received each year. Development of the work plan must be based on the established floor award amount for the applicant's selected population of focus category.

Category A: $500,000
Category B: $300,000
Category C: $200,000

11. Estimated Award Date:
August 01, 2024

12. Budget Period Length:
12 month(s)

Throughout the period of performance, 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 (period of performance) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

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

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

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

20 (Private institutions of higher education)

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

2. Additional Information on Eligibility

- Nonprofits having a 501(c)(6) status with the IRS are also eligible

Organizations that meet the eligibility criteria must also meet responsiveness criteria in order to advance to merit review.

Eligible applications will be reviewed for responsiveness in accordance with the three factors below. Non-responsive applications will not advance to merit (Phase II) review.

1. Eligible organizations are permitted to submit up to two stand-alone applications. If two applications are submitted, each application must identify a distinct population of focus within a single category. If an applicant submits two applications for the same population of focus, the last submission will be reviewed, and applications submitted earlier will be deemed non-responsive.
2. Development of the application must be based on the established Floor Award Amount, which is supported under Funding Strategy 1. The Floor Award Amount varies by the Population of Focus Categories A ($500,000), B ($300,000), and C ($200,000) to support capacity-building efforts as outlined in the program's logic model. Applications submitted above the Floor Award Amount for the selected Population of Focus Category will be considered non-responsive.
3. Eligible applicants must provide evidence of having a public health charge or mission. For the purposes of this cooperative agreement, a public health charge or mission is a statement of an entity's organized efforts to promote and protect the health of people and the communities where they learn, live, play, and work. Evidence of a public health charge or mission should be reflected in official documentation such as the applicant's articles of incorporation, bylaws, signed board resolutions, or mission statement. When submitting documentation to support a public health charge or mission, applicants must

highlight specific language within the submitted document(s) in grants.gov under "Other Attachment Forms." The document should be labeled "Proof of Public Health Charge or Mission." Applications submitted without the proof of public health charge or mission will be considered non-responsive.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

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

5. Maintenance of Effort

Maintenance of effort (MOE) 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 associated with your organization's physical location prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned through SAM.gov registration. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal 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 create an Electronic Business Point of Contact (EBiz 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.	7-10 Business Days but may take longer 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 account in Grants.gov, then add a profile by adding the organization's new UEI number. 2. The EBiz POC can designate user roles, including Authorized Organization Representative (AOR). 3. AOR is authorized to submit applications on behalf of the organization in their workspace.	Allow at least one business 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.

2. Request Application Package

Applicants may access the application package at www.grants.gov. Additional information about applying for CDC grants and cooperative agreements can be found here: https://www.cdc.gov/grants/applying/pre-award.html

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 03/13/2024

03/13/2024
b. Application Deadline

Due Date for Applications 04/01/2024

04/01/2024
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
The Informational Conference Calls will be held Tuesday, March 5, 2024, 10-11:30am ET and Wednesday, March 6, 2024, 4:30-6pm ET. Use one of the following links to register for either call:

- **March 5** call registration:
  https://cdc.zoomgov.com/webinar/register/WN_O10L6mACSjmBmPrBgT1F2Q#/registration
- **March 6** call registration:
  https://cdc.zoomgov.com/webinar/register/WN_lPRm2SKlT7qZionAeJotog#/registration

To facilitate appropriate timely responses, CDC encourages proactive written inquiries concerning this announcement to be submitted prior to the Informational Conference Calls. Due to the volume and variety of questions anticipated during the Informational Conference Calls, applicants are encouraged to submit questions to NationalPartnersCoAg@cdc.gov or via the Informational Conference Call registration link by Thursday, February 22, 2024.

5. Pre-Award Assessments

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.

Applicants are **strongly encouraged** to submit an LOI (3-page limit) for this NOFO. The LOI should be submitted via email as an attachment to NationalPartnersCoAg@cdc.gov with a copy to Erica Stewart, grants management officer, at EStewart1@cdc.gov. Submission of an LOI is not scored or considered in review of an application.

The LOI should include the following information:

- Name of applicant organization
- Project director's name, address, telephone number, and email address
- Primary application point of contact's name, address, telephone number, and email address (if different from above)
- Number and title of this NOFO
- Number of application submissions (up to two)
- Population of Focus Category, per submission
- Brief description of the population of focus that will receive CBA, per submission

LOIs must be printed on the applicant organization's letterhead and can be single- or double-spaced.

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, Word, or Excel file format 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 period of performance, 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 period of performance. 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. Population(s) of Focus and Health Disparities

Applicants must describe the specific population(s) of focus in their jurisdiction and explain how to 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 Population(s) of Focus and Health Disparities requirements as described in the CDC Project Description, including (as applicable to this award) how to address health disparities in the design and implementation of the proposed program activities.

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 https://www.cdc.gov/os/integrity/reducepublicburden/index.htm.

- 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 or reaccreditation 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 essential public health services and ensure foundational capabilities are in place, such as activities that ensure a capable and qualified workforce, strengthen information systems and organizational competencies, build attention to equity, and advance 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. These goals may include supporting vital records offices participating in the Vital Records and Health Statistics Accreditation Program, certifying vital records offices to meet industry standards. 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; provide financial assistance to support accreditation related fees and/or support staff time to coordinate accreditation activities; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and can upload it as a PDF, Word, or Excel file format 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. Employee Whistleblower Rights and Protections

Employee Whistleblower Rights and Protections: All recipients of an award under this NOFO will be subject to a term and condition that applies the requirements set out in 41 U.S.C. § 4712, "Enhancement of contractor protection from reprisal for disclosure of certain information" and 48 Code of Federal Regulations (CFR) section 3.9 to the award, which includes a requirement that recipients and subrecipients inform employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. § 4712. For more information see: https://oig.hhs.gov/fraud/whistleblower/.

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 anti-lobbying restrictions for CDC recipients.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

- Recipients may not use funds to support projects where the primary activity is planning and implementation of a conference or meeting. CDC-RFA-PW-24-0080 is not a conference grant; therefore, conferences and convenings funded under this mechanism must be ancillary to the individual project. Projects where the primary goal or activity is to plan and implement a convening are more appropriate for a conference grant or contract.
- Recipients may not use funds to advise or support federal advisory committees or other inherently federal activities.

- Recipients may not use funds to hire staff and place them at a federal agency to perform work on behalf of the agency.
- This mechanism may not be used to acquire goods or services to benefit CDC or its mission. For example, funds may not be used to develop materials on behalf of CDC or its programs, or to conduct surveys and submit the data to CDC for its use. Such activities are more appropriate for a contract mechanism. This is a financial assistance mechanism and the primary benefit is to the public.

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. Intergovernmental Review

You will need to submit application information for intergovernmental review under Executive Order 12372. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others don't.

To find out your state's approach, see the list of state single points of contact. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you don't need to do anything further. This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

19. 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. Application attachments can be submitted using PDF, Word, or Excel file formats. 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 review the Applicants section on www.grants.gov.

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
NOFO reviewers will follow CDC's merit review process by evaluating eligible and responsive applications in accordance with the criteria below. Reviewers may be external to the federal government (non-federal personnel), federal personnel, or a mix of federal and non-federal personnel.

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:** 25
Background, CBA Needs, and Strategic Areas (25 points): The extent to which the applicant

- Provides evidence of the CBA needs of the selected population of focus (5 points)
- Proposes an approach in accordance with the strategies and activities in the NOFO that address the priority needs of the selected population of focus (9 points)
- Proposes activities that are national in scope (11 points)

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

- Develops appropriate performance measures specific to the strategic areas, activities, and outcomes outlined in the year 1 detailed work plan (10 points)
- Describes how key program partners will participate in appropriate evaluation and performance measurement planning processes (5 points)
- Describes a feasible and effective process for using performance measure data and evaluation findings to inform continuous program quality improvement (7 points)
- Describes a feasible and effective process to develop performance measures for new projects awarded during the period of performance (2 points)
- Demonstrates a commitment to develop and implement a Data Management Plan (DMP) (1 points)

iii. Applicant's Organizational Capacity to Implement the Approach   **Maximum Points:** 50

- Current and Recent Programs (18 points): The extent to which the applicant:

- Demonstrates experience in delivering high quality CBA national in reach (9 points)
        - Demonstrates an established, successful track record (history) of providing CBA services to the selected population of focus (9 points)

- Organizational Capacity and Expertise (16 points): The extent to which the applicant
    - Describes adequate infrastructure and capacity to address the CBA needs of the selected population of focus (6 points)
    - Describes appropriate capacity and expertise in using various forms of communication to provide CBA services (5 points)
        - Including, but not limited to virtual platforms, media support, project monitoring and reporting, cultural and linguistic translation, graphics, and writing
    - Demonstrates appropriate capacity to create and maintain partnerships to accomplish stated objectives (5 points)

- Relationship with Population of Focus (8 points): The extent to which the applicant
    - Demonstrates a current relationship with the population of focus (5 points)
    - Demonstrates the population of focus's interest in the CBA services to be provided (3 points)

- Project Management/Staffing Plan (8 points): The extent to which the applicant
    - Demonstrates appropriate staff member experience (3 points)
    - Demonstrates clearly defined roles and responsibilities for staff members (3 points)
    - Demonstrates sufficient staff member capacity to accomplish program goals (2 points)

Budget   **Maximum Points:** 0

The extent to which the proposed budget is reasonable and consistent with the program announcement and the ability to conduct the stated objectives and related capabilities and activities.

c. Phase III Review

Final funding determinations for awards made under Funding Strategy 1 will be based on application scores from the merit review process and consideration for CDC's funding priority and preferences outlined below. These considerations may result in CDC funding outside of ranked order.

- Preference will be given to organizations that demonstrate national scope. This preference aligns with the program intent to fund activities that build knowledge, capacities, and capabilities across multiple jurisdictions. An additional 10 points will be added to the final score of applications that demonstrate national scope.
    - For the purposes of this program, national scope is defined as the mandated or approved ability of the applicant to extend programs and services across the US, which includes the states, territories, and tribal nations. Evidence of a national

scope of work must be reflected in the applicant's articles of incorporation, bylaws, signed board resolutions, or other official documentation indicating approval to work on a national level.

- o Scored applications will be organized by category. For each category, applications will be ranked by total score after the additional 10 points are added. CDC may fund out of rank order to avoid awarding two organizations providing CBA services to the same population of focus.

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

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM 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 review of risk may impact reward eligibility.

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.

Additionally, we may ask for additional information prior to the award based on the results of the CDC's risk review.

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

Notification of selection and award announcements for Funding Strategy 1 will occur via Notice of Award by August 2024.

Notification of selection and award announcements for Funding Strategy 2: Work Plans in Response to Project Plans will occur via Notice of Award by mid- to late-September 2024.

In addition, public announcements of all awards will be made on the PHIC website (National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce | CDC).

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

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- .AR-11: Healthy People 2030
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-15: Proof of Non-profit Status
- AR-20: Conference Support
- AR-21: Small, Minority, And Women-owned Business
- AR-23: Compliance with 45 CFR Part 87
- AR-24: Health Insurance Portability and Accountability Act Requirements

- [AR-25: Data Management and Access](#)
- [AR-26: National Historic Preservation Act of 1966](#)
- [AR-27: Conference Disclaimer and Use of Logos](#)
- [AR-28: Inclusion of Persons Under the Age of 21 in Research](#)
- [AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009](#)
- [AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973](#)
- [AR-32: Enacted General Provisions](#)
- [AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020](#)

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in [SAM.gov](#). You must also submit an Assurance of Compliance [(HHS-690)](#). To learn more, see the [HHS Office for Civil Rights website](#).

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the period of performance. 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	Status	When
Recipient Evaluation and Performance Measurement Plan, including DMP	Required	No later than 6 months into award
Performance Progress and Monitoring Report (formerly Annual Performance Report)	Required	Biannual (twice per year)
Performance Measure Reporting	Optional	TBD by PHIC
Quarterly Financial Report	Required	Quarterly

Federal Financial Report	Required	No later than 90 days after the end of the budget period
Final Performance and Financial Report	Required	No later than 90 days after the end of the project period

Reporting schedules are subject to the requirements of the type of funding awarded.

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 specific 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.

For CDC-RFA-PW-24-0080, the PPMR/APR submission will occur biannually, once in the fall and once in the spring. Biannual reporting will include projects funded under both funding strategies. The fall submission will occur approximately 120 days after award and spring submission will occur 120 days before the end of the budget period.

Organizations awarded under this program may be eligible for expanded authority for carryover, meaning that funds that are not spent in the designated period may be applied to a future period with explicit, prior permission to do so. Should expanded authority for carryover be granted, it will be applied at the award level; however, information regarding unobligated dollars remaining for each individual project will be necessary to enable CDC programs to support recipients in expending funds. CDC will provide guidance regarding the submission of unobligated dollars after awards are made.

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.

There may be additional opportunities to report on performance measures as CDC and recipients work to finalize evaluation and performance management plans in the six months following award.

Further reporting requirements will be determined by PHIC, not other individual funding CIOs.

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.

Because this is an umbrella mechanism, one annual Federal Financial Report one annual Federal Financial Report (FFR) will be submitted per award, which will include funding for all individual projects within the award, equal to the total award.

In addition to the annual FFR, quarterly financial reports will be required. Additional guidance regarding submission of the quarterly financial reports will be provided upon award.

e. Final Performance and Financial Report (required)
The Final Performance Report is due 120 days after the end of the period of performance. The Final FFR is due 120 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 period of performance, 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).

Because this is an umbrella mechanism, final FFRs and final performance report will be submitted at the award level to include funding for all individual projects to equal the total award.

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 $30,000.

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:
Caroline

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

Address:

Telephone:

Email:
NationalPartnersCoAg@cdc.gov

Grants Staff Contact

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

First Name:
Erica

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

Address:

Telephone:
Email:
EStewart1@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 application attachments that can be submitted using PDF, Word, or Excel file formats 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

Non-profit organizations IRS status forms, if applicable

Staffing plans

Bylaws or signed board resolutions

Proof of National Scope of Work

Proof of Public Health Charge or Mission

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 period of performance. 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.

Community engagement: The process of working collaboratively with and through groups of people to improve the health of the community and its members. Community engagement often involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices.

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.

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment (from Executive Order 13985).

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: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged.

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Health Inequities: Particular types of health disparities that stem from unfair and unjust systems, policies, and practices and limit access to the opportunities and resources needed to live the healthiest life possible.

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: The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people.

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 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.

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).

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: The non-medical factors that influence health outcomes. The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. https://www.cdc.gov/about/sdoh/index.html

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

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

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

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

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is

free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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

NOFO-specific Glossary and Acronyms

Capacity Building Assistance (CBA): activities that strengthen and maintain the necessary structures, systems, processes, and competencies to more effectively and efficiently operate and sustain programs or ensure organizational strength. Under this mechanism, CBA is delivered through technical assistance, training, information sharing, technology transfer, or materials development that enables organizations to operate in a comprehensive, responsive, and effective manner.

National Reach: the extent to which current and recent programs cover the 10 HHS regions.

National Scope: the mandated or approved ability of the applicant to extend programs and services across the US, which includes the states, territories, and tribal nations.

Public Health Charge or Mission: a statement of an entity's organized efforts to promote and protect the health of people and the communities where they learn, live, play, and work.

Public Health System: a complex and broad range of agencies, organizations, and individuals in which each plays a significant role in affecting the health of the population.