**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
CENTERS FOR DISEASE
CONTROL AND PREVENTION

Office of Readiness and Response (ORR)

Regional Centers for Public Health Preparedness and Response

Opportunity number: CDC-RFA-TU-24-0142

Contents

Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registration is active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by May 23, 2024

Applications are due by 11:59 p.m. Eastern Time on May 23, 2024.

> To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

Step 1:
Review the Opportunity

In this step

Basic information

Centers for Disease Control and Prevention (CDC)

Office of Readiness and Response (ORR)

Establishing regional centers to enhance and implement the evidence base for public health preparedness and response.

Statutory authority

The program is authorized under sections 319F of the Public Health Service Act ([42 U.S.C. 247d-6](#)), as amended.

Summary

The purpose of this Notice of Funding Opportunity (NOFO) is to establish up to 10 centers (maximum one in each [U.S. Department of Health and Human Services (HHS) region](#)) for public health preparedness and response (PHPR). Our goal is to increase the use of evidence-based strategies and interventions (EBSIs) to improve PHPR in line with the needs of the communities involved.

This NOFO includes five components:

Component A
HHS Regions 1, 2, and 5

- Establish a Regional Coordinating Body in the respective region for which you are applying (Year 1 only).
- Establish a Steering Committee (Year 1, to be maintained in years 2 – 5. This may be a subset of the Regional Coordinating Body).
- Establish a regional center (Year 1, to be maintained in years 2 – 5).
- Develop in collaboration with your regional coordinating body a Five-Year Regional Work Plan, FY2025-2030 (Year 1).
- Develop activities (Year 1) to meet objectives in the Five-Year Regional Work Plan, FY2025-2030 to increase uptake of evidence-based strategies and interventions (EBSIs).
- Implement and evaluate activities (Years 2 – 5) to meet objectives in the Five-Year Regional Work Plan, FY2025–2030, to increase uptake of evidence-based strategies and interventions (EBSIs).

Have questions?
See [Contacts & Support](#).

Key facts

Opportunity name:
Regional Centers for Public Health Preparedness and Response

Opportunity number:
CDC-RFA-TU-24-0142

Federal Assistance Listing:
93.316

Key dates

Application deadline:
May 23, 2024

Optional [letter of intent](#) deadline:
April 9, 2024

[Informational call](#):
April 1, 2024, 2:00 p.m. – 3:30 p.m. ET

Expected award date:
August 30, 2024

Expected start date:
September 30, 2024

Component B

HHS Regions 3, 4, 6, 7, 8, 9, and 10

- Establish a Steering Committee (Year 1, to be maintained in years 2 – 5. This may be a subset of the Regional Coordinating Body that was established under a FY23 contract to establish Five-Year Regional Work Plans).

- Establish a regional center (Year 1, to be maintained in years 2 – 5).

- Develop, implement, and evaluate activities to meet objectives in the Five-Year Regional Work Plan, FY2024 – 2029 provided by CDC to recipients of this cooperative agreement in regions 3, 4, 6, 7, 8, 9, & 10, to increase uptake of evidence-based strategies and interventions (EBSIs).

Component C

Coordinate and support technical assistance to the network of regional centers. (Years 1 – 5; optional)

Component D

Plan and implement additional activities to conduct basic and applied research, conduct evaluation, support expansion of EBSIs, and enhance the PHPR workforce's scientific capabilities and other activities requested by CDC. (optional, pending availability of funds)

Component E

To be considered for funding any time during the five-year period of performance, applicants must submit proposals in the application package for this NOFO.

- Establish working groups and develop and implement regional activities for a Five-Year Regional Work Plans for tribal, rural or frontier community. If funded, CDC will provide work plans that have been developed under previous contract to regions 8, 9 and 10 (tribal, Regions 8 and 10 and Pacific Islands, Region 9) (optional, pending availability of funds).

- Establish working groups and pilot test plans and processes supporting an existing regional data ecosystem model relevant to one of the 10 HHS regions. If funded in regions 4, 8 or 10, CDC will provide ecosystem models that have been developed under previous contract (optional, pending availability of funds).

CDC recommends the use of three templates to document and track the work included in this NOFO[1]: A Five-Year Regional Work Plan template, a Cooperative Agreement Work Plan (CAWP) Template, and an evaluation template.

- **Five-Year Regional Work Plan Template:** Use this template to document and track the focus areas, objectives, and priorities established by regional coordinating bodies. Add activities designed to meet those objectives; including the overall NOFO objective of increasing implementation of EBSIs.
- **CAWP Template:** Use this template to document and track regional center engagement in and progress towards the overall strategies included in the NOFO specific to the regional centers. In your project narrative, you must provide a CAWP for your project.
- **Evaluation Template:** Use this template to document, track and assess the process and outcomes of evaluation activities.

Funding details

Type: Cooperative agreement

Expected total program funding over the performance period: $40,000,000

Expected total program funding per budget period: $8,900,000

Expected awards: Up to 10 (including one that incorporates the national coordination component)

Table: Estimated funding per applicant per budget period

Component	Number of awards	Floor Minimum award per budget period	Ceiling Maximum award per budget period
A	Up to three (Regions 1, 2, & 5)	$500,000	$800,000
B	Up to 7 (Regions 3, 4, 6, 7, 8, 9 & 10)	$500,000	$800,000
C	One, awarded in conjunction with Component A or B	$300,000	$500,000
D	Up to 10, awarded in conjunction with Component A or B	$500,000	$1,000,000
E	Up to 3 for each strategy a) or b), up to 2 per regional awardee (one per strategy)	$100,000	$200,000

We plan to award projects for five 12-month budget periods for a five-year period of performance.

The number of awards is subject to available funds and program priorities.

Funding strategy

This NOFO will fund recipients with the necessary capabilities including subject matter expertise; administrative infrastructure; regional, state, and local partnerships; and management capabilities. Previous experience developing Five-Year Regional Work Plans and establishing regional coordinating bodies will not be considered in the review process.

We will fund up to one regional center in each of the 10 [HHS regions](#).

This announcement has one required component (A or B depending on your HHS region) and three optional components (C, D, and E) for which you may apply. Funding for strategies within components C, D, and E are subject to availability of funds. Only those organizations funded for components A and B will be eligible to receive funds through optional components C, D, and E.

We will award one of those 10 regional Centers with Component A or B funds to coordinate and support network activities nationally (Component C).

We may deem any component that is not funded at the time of a new award "Approved but Unfunded (ABU)."

We cannot guarantee funding for all components or all centers in a budget period. ABU components are subject to availability of funds.

If funded, continuation funds will be based on the availability of funds and agency priorities.

Components A and B

- For Year 1 applicants, we will base funding decisions on a competitive process.
- For continuation projects, we will fund only those centers already funded for Year 1 projects. For each continuation year, we will consider the quality of work and burden, needs, and evidence of collaboration documented by the center in the previous year of the period of performance. Continuation funding will be based on the availability of funds and agency priorities.

Component C

- For Year 1 applicants, we will base funding decisions on a competitive process.
- For continuation, we will base our decision on evidence of effective collaboration and network facilitation established in Year 1 activities documented in the previous year of the performance period.

Continuation funding will be based on the availability of funds and agency priorities.

- We will fund only one award for this component.

Eligibility

Who can apply

Eligible applicants

We invite only the following types of organizations to apply:

- Institutions of higher education, including accredited schools of public health
- Nonprofit private entities

Justification for less than maximum competition

Eligible applicants are set forth in section 319F(d) of the Public Health Service Act ([42 U.S.C. 247d-6](#)(d)), as amended.

Other required qualifying factors

Geographical

You must be based in the HHS region for which you are applying, and all activities for Components A, B, C, and E should only address the region for which you are applying.

CDC shall distribute awards equitably among the geographical regions of the United States.

Your organization may submit only one application under this announcement.

Cost sharing and matching funds

This program has no cost-sharing requirement or matching funds requirement. If you choose to include cost-sharing funds as a contribution to the award, we will not consider it during review of your application.

We encourage you to leverage other resources and related ongoing efforts to promote sustainability. We also encourage you to pursue cost-sharing partnerships that help the center address health disparities.

Program description

Background

Overview

Recent public health emergencies and other similar events like major hurricanes, extensive wildfires, the COVID-19 pandemic, and the mpox outbreak have stressed the U.S. public health system to its limit.

The response to these events highlighted known evidence gaps and identified additional needs in public health practice knowledge. These differ across and within geographical regions at the state or local level.

Growing our evidence base

To fill these gaps, we must use and grow our PHPR evidence base, taking an all-hazards approach to research, practice, and policy.

We aim to improve PHPR by creating regional centers in each of the 10 HHS regions. Our goal is to increase implementation of EBSIs at the state, tribal, local, and territorial (STLT) health department levels in collaboration with partners, including health care facilities and health care coalitions.

EBSIs are defined as activities, programs, practices, and policies that have demonstrated effectiveness in studies using quantitative indicators that measure change in an outcome relevant to or when applied to contexts within public health emergency preparedness, response, and recovery programs, events, or incidents.

Working together

The PHPR system involves many public and private groups working together across various areas and levels of government. The resources and risks in this system are not evenly shared across or within different regions.

To make the public health system more effective and resilient, it is important to coordinate efforts on a regional level. This helps balance differences in resources and risks among different places. We request applications from organizations that will work with their communities and together as a network of centers to make the PHPR system better at preparing for and responding to public health threats and hazards. Organizations should have experience and capacity to increase equitable access to resources and

services related to PHPR and work toward outcomes that increase equitability.[2]

Related work

In FY 2023, CDC awarded contracts to seven organizations (one in each of HHS regions 3, 4, 6, 7, 8, 9, and 10) to create Five-Year Regional Work Plans that address current and anticipated future PHPR needs. The Five-Year Regional Work Plans also consider the capacity and capability of the regional health departments, academic, public, and private partners, and other relevant partners, including health care facilities and coalitions, to meet those needs. These existing work plans are intended to be used by selected applicants in these Regions.

Regions 1, 2, and 5 will create a Five-Year Regional Work Plan under this NOFO. The Five-Year Regional Work Plans are informed through collective decision-making by Regional Coordinating Body members comprised of STLT health departments; academic, public, and private partners and other relevant partners, including health care facilities and coalitions, to meet those needs.

Under these contracts, CDC also awarded additional optional tasks aimed at establishing:

- Underserved population work plans for tribal, rural, or frontier areas to establish focus areas that meet the needs of specific target populations, and
- Data ecosystem model work plans and processes to develop a regional data ecosystem model to advance how disaster-related data are collected, managed, analyzed, and shared with the disaster research community and other interested parties during a locally and/or federally declared public health emergency.

You can read that solicitation at Establishing Work Plans for Ten Regional Centers to Enhance Public Health Preparedness and Response – Solicitation.

We awarded an additional contract to support coordination, technical assistance, and training for plan development, including creating an inventory of existing EBSIs across 10 focus areas found to be effective for PHPR practice. CDC will provide the existing Five-Year Regional Work Plans and EBSI inventory at the kick-off meeting.

Purpose

Our goal is to establish and manage a national network of regional centers focused on PHPR that will increase implementation of EBSIs. We aim to enhance how we prepare for and respond to public health threats or emergencies, taking an all-hazards approach, as informed by the PHPR needs of the community, or communities involved. The centers will work towards increasing equitable access to PHPR-related services and resources and increasing equitable outcomes following public health emergencies. Centers will increase implementation of EBSIs by collaborating with STLT health departments and other partners in the PHPR system, including health care facilities and coalitions.

Approach

Overview

This announcement has one required component (A or B depending on your HHS region) and three optional components (C, D, and E) for which you may apply. Support for strategies within components C, D, and E are subject to availability of funds. Only those organizations funded for components A and B will be eligible to receive funds through optional components C, D, and E.

This NOFO includes five components:

Component A

Regions 1, 2, and 5

- Establish a Regional Coordinating Body (Year 1 only).
- In collaboration with the Regional Coordinating Body, develop a Five-Year Regional Work Plan, FY2025-2030.
  - Your Five-Year Regional Work Plan should include priority areas and objectives, and at least three focus areas within those priority areas that focus on ways STLT jurisdictions can benefit from PHPR EBSIs (Year 1 only).
  - You should include partners, roles, and resources needed to accomplish the plan's objectives to increase implementation of EBSIs.
  - Establish **at least 3 multi-year objectives** per focus area and provide a detailed description of the objective supported by key data, policy, and/or literature findings.
    - Objectives should meet the **SMART** criteria.

- Incorporate health equity and population-specific considerations and how it will be addressed within each focus area. If the objective does not include these specifications, please indicate why.

- Establish a Steering Committee (Year 1, to be maintained in Years 2 through 5. This may be a subset of the Regional Coordinating Body).

- Establish a regional center (Year 1, to be maintained in Years 2 through 5).

    ◦ Develop activities to implement the Five-Year Regional Work Plan in Year 1.

    ◦ Implementation and evaluation of activities to address the Five-Year Regional Work Plan should begin in Year 2. You should include a plan to implement all Year 2 activities in the Five-Year Regional Work Plan template. This work requires an evaluation plan for one to two strategies or interventions you will implement in Years 2 through 5 of the performance period.

Component B

Regions 3, 4, 6, 7, 8, 9, and 10

- Establish a Steering Committee (Year 1, to be maintained in Years 2 through 5. This may be a subset of the Regional Coordinating Body)

- Establish a regional center (Year 1, to be maintained in Years 2 through 5)

- Develop, implement, and evaluate activities to meet objectives in the Five-Year Regional Work Plan, FY2024 – 2029 provided by CDC to recipients of this cooperative agreement in regions 3, 4, 6, 7, 8, 9, and 10, to increase uptake of EBSIs. The Five-Year Regional Work Plans (established under a FY23 contract) will include focus areas, partners, roles, and resources needed to accomplish the plan's objectives.

    ◦ Ensure objectives meet the **SMART** criteria.

    ◦ Implementation and evaluation of activities should begin as soon as possible and must begin by the third quarter of Year 1.

    ◦ You should include a plan to implement all activities in the Five-Year Regional Work Plan template. This work requires an evaluation plan for one to two strategies or interventions you will implement per year of the period of performance.

Component C

Coordinate and support technical assistance to the network of regional centers. (Years 1 – 5; optional)

Component D

Plan and implement additional activities to conduct basic and applied research, conduct evaluation, support expansion of EBSIs, and enhance the PHPR workforce's scientific capabilities and other activities requested by the agency. (optional)

- Developing a regional work plan and activities to address needs of an underserved population and implementing and evaluating those activities.
- Implementing and evaluating strategies and interventions to address future and current preparedness for, response to, and recovery from public health events.
- Translating and disseminating information about strategies and interventions necessary to address future and current preparedness for, response to, and recovery from public health events.
- Educating and training practitioners to enhance the PHPR science workforce.
- Conducting basic or applied research or using and expanding relevant technological and analytical capabilities to inform future and current public health and medical response and recovery efforts.

Component E

To be considered for funding any time during the five-year period of performance, applicants must submit proposals in the application package for this NOFO.

- Establish working groups and develop and implement regional activities for a Five-Year Regional Work Plans for tribal, rural or frontier community. If funded, CDC will provide work plans that have been developed under previous contract to regions 8, 9 and 10 (tribal, Regions 8 and 10 and Pacific Islands, Region 9) (optional, pending availability of funds). Other regions will need to propose the development of regional Four-Year work plans in collaboration with working groups, in addition to developing and implementing regional activities addressing the regional work plan (optional, pending availability of funds).
- Establish working groups and pilot test plans and processes supporting a regional data ecosystem model relevant to one of the 10 HHS regions. If funded in regions 4, 8 or 10, CDC will provide ecosystem models that have been developed under previous contract (optional, pending availability of funds). Other regions will need to propose the development of ecosystem models in collaboration with working groups, in addition to

pilot testing plans and processes supporting the regional data ecosystem model (optional, pending availability of funds).

Program logic model

The following logic model includes the strategies and activities required under this NOFO. It also includes the program's expected outcomes. The outcomes with an asterisk (*) are those we expect you to achieve during the five-year period of performance.

Outcomes are the results that you intend to achieve and usually show the intended direction of change, such as increase or decrease.

Not all outcomes apply to all strategies. The table shows how they apply. You will use these outcomes as a guide for developing performance measures.

Table: Components A and B

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Regions 1, 2, and 5			
Strategy 1a: Establish a Regional Coordinating Body **Strategy 1a:** Develop and disseminate a Five-Year Regional Work Plan	Inclusion of voices of communities in the region* Documentation of regional focus areas, objectives, and prioritized strategies and interventions to implement*	Increased knowledge and awareness of regional priorities, objectives, and available strategies and interventions to meet objectives	Increased collaboration and coordination in regional planning and increased opportunities to enhance reach or scale of implementation of EBSIs
All 10 regions			
Strategy 1b: Establish a Regional PHPR Center	Established regional coordination and collaboration structure to increase implementation of EBSIs*	Increased collaboration and coordination with other regional initiatives to increase the potential reach or scale of implementation of EBSIs*	

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Strategy 2: Establish a Steering Committee	Increased communication, coordination, and sharing of resources among regional participants and partners* Inclusion of voices of communities in the region*	Increased STLT HD awareness of, availability of, and/or access to effective EBSIs that align with the priority objectives, contexts, and populations described in the Five-Year Regional Work Plans	Improved PHPR, supported by enhanced regional coordination and collaboration, and informed by the PHPR needs of the communities (and regions) involved
Strategy 3: Develop activities to meet objectives prioritized in the Five-Year Regional Work Plan	Established plan to meet the objectives*		
Strategy 4: Execute and evaluate activities included in your plans for implementation	Executed activities including development, implementation, and evaluation of EBSIs*	Increased STLT health department and partner implementation of EBSIs*	Improved PHPR, supported by enhanced regional coordination and collaboration, and informed by the PHPR needs of the communities (and regions) involved

Table: Component C

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Strategy 5: Coordinate and provide technical assistance to the network of regional centers	Increased communication, coordination, and sharing of resources, knowledge, and best practices across regions nationally by centers and partners*	Improved awareness and ability to develop and implement EBSIs* Increased collaboration and coordination with other regional centers in the network to reduce redundancies or increase the reach or scale of implementation of EBSIs*	Improved PHPR, supported by enhanced regional coordination and collaboration, and informed by the PHPR needs of the communities (and regions) involved

Table: Component D

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 6: Develop a two- or three-year regional work plan and activities to address needs of an underserved population	Coordinated, targeted regional effort to identify and prioritize needs of an underserved population*	Complete implementation of regional activities to address needs of underserved populations*	Improved PHPR for underserved populations, supported by enhanced regional coordination and collaboration, and informed by the PHPR needs of the communities (and regions) involved
Strategy 7: Apply or enhance the evidence base through development, implementation, evaluation, dissemination or translation of strategies and interventions to address active emergencies or recovery from public health events that occur during the funded period	Creation of new strategies and interventions*

Increased dissemination of and access to EBSIs relevant to active response or recovery*

Creation of intervention knowledge relevant to current and potential future public health emergency responses and recovery* | Availability of new EBSIs*

Uptake of new intervention knowledge relevant to current and potential future public health emergency responses and recovery* | Uptake and implementation of EBSIs by PHPR system partners during active response and recovery |
| **Strategy 8:** Enrich education and training of practitioners to enhance the PHPR science workforce | Expanded offerings and uptake of training and education to strengthen the PHPR scientific workforce* | Enhance the broader science capabilities of the PHPR workforce* | |

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 9: Conduct basic or applied research or use and expand relevant technological and analytical capabilities to inform public health and medical response and recovery efforts	Increase in knowledge, technologies, analytic capabilities, strategies and interventions*		Improved PHPR

Table: Component E

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 10: Develop and implement regional activities to address needs of a pre-identified underserved population informed by Five-Year PHPR work plans for tribal, rural, or frontier areas	New plans and activities to address needs of underserved populations*	Complete implementation of regional activities to address needs of underserved populations*	Improved PHPR, supported by enhanced regional coordination and collaboration, and informed by the PHPR needs of the communities (and regions) involved
Strategy 11: Pilot test plans and processes supporting a pre-established regional data ecosystem model	Partners coordinated and foundations established to implement regional data ecosystem model* Complete data ecosystem model pilot*	Enhanced collection, sharing, and use of data in regions during public health emergencies*	Improved PHPR, supported by enhanced regional coordination and collaboration, and informed by the PHPR needs of the communities (and regions) involved

Strategies & activities

This section elaborates on the strategies and activities described in the logic model and provides details on expectations of recipients to implement the NOFO.

We intend for this program's strategies and activities to ensure that regional centers follow the program's statutory requirements and intent. The goal is to increase implementation of EBSIs as informed by communities in the regions and their needs for PHPR. The centers will use the Five-Year Regional Work Plans as their guide. CDC will provide these plans for HHS Regions 3, 4, 6, 7, 8, 9, and 10, while the regional centers themselves will develop plans for HHS Regions 1, 2, and 5.

Your application must include Component A (HHS Regions 1, 2, and 5) or Component B (HHS Regions 3, 4, 6, 7, 8, 9, and 10).

Component A (HHS Regions 1, 2, and 5)

Focus:

- Establishing a Regional Coordinating Body (Year 1 only).
- Developing a Five-Year Regional Work Plan, FY2025-2030 with priority areas and objectives, and STLT PHPR focus areas (at least three) (Year 1 only).
- Establishing a Steering Committee (Year 1, to be maintained in years 2 – 5. This may be a subset of the Regional Coordinating Body).
- Establishing a regional center (Year 1, to be maintained in years 2 – 5)
- Developing activities to meet the objectives in the Five-Year Regional Work Plan.

Component B (HHS Regions 3, 4, 6, 7, 8, 9 and 10)

Focus:

- Establishing a Steering Committee (Year 1, to be maintained in years 2 – 5. This may be a subset of the Regional Coordinating Body established under previous contracts).
- Establishing a regional center (Year 1, to be maintained in years 2 – 5).
- Developing activities to meet the objectives in the Five-Year Regional Work Plan.
- Developing a plan to implement the activities.
- Implementing those activities by the third quarter of Year 1.

- Developing evaluation plans for one to two strategies or interventions per year of the period of performance.

Strategy 1a: Develop a Five-Year Regional Work Plan

When: Year 1
Who: Any funded recipient in each of HHS Regions 1, 2, and 5

Activity 1

- Establish and convene a Regional Coordinating Body (a subset of whom may also serve as the Steering Committee for the regional center) of applicable STLT health departments and officials; health care facilities and health care coalitions; academic, public, and private partners; and individuals who have experience working with underserved populations, including tribal communities. Individuals should have relevant knowledge in public health emergency preparedness and response and/or emergency management specific to the STLT needs within the region.

- Discuss with your Regional Coordinating Body the major disasters and risks expected in the region over the next five years, along with resources available to deal with them; especially for populations at greatest risk. Include discussion of EBSIs relevant to the greatest risks in the region.

- Use this information about needs, risks, and resources to create your Five-Year Regional Work Plan. This plan should cover focus areas, known or needed strategies or interventions, and action plans for each. These plans should include training, translating, implementing, or developing and evaluating new approaches.

Activity 2

- Coordinate with the Regional Coordinating Body to establish priorities and objectives based on PHPR focus areas that would benefit from translation, dissemination, and evaluation of EBSIs.

- Focus areas may be broad and be based on things like public health emergency type and you may select focus areas related to specific underserved populations or systems change to increase equitable access to PHPR-related resources and services.

Activity 3

- Set specific priorities (at least three) in the focus areas that consider what the regional health departments, and their academic, public, and private partners can do. These priorities should be specific and focus on strategies or interventions that STLT health departments or public health coordinators can carry out with help from a regional center.

Activity 4

Create a Five-Year Regional Work Plan that includes:

- Descriptions of regional focus areas where STLT PHPR can improve by using new or enhanced EBSIs, especially to promote health equity.

- Strategies to understand and, as applicable, address known health disparities and prioritize disproportionately affected populations from the public health threat and emergencies and list potential groups that have been historically affected per previous response and recovery efforts. This includes engagement with partners from communities or organizations. These partners and organizations should represent populations experiencing health disparities related to PHPR.

- A list of existing and needed approaches to meet these needs, including consideration of the ability of STLT health departments to carry them out. If needed, plans may recommend developing and evaluating new strategies or interventions to enhance the region's ability to prepare and respond to public health emergencies.

Activity 5

- Disseminate the Five-Year Regional Work Plan to the members of the Regional Coordinating Body and CDC.

Strategy 1b: Establish a Regional PHPR Center

When: Year 1
Who: Any funded regional recipients

Activity 1

- Establish the staffing plan and management structure, including hiring necessary staff.

Activity 2

- Establish the partnership and collaboration structure. We require regional centers to collaborate with STLT health departments and PHPR partners, including health care facilities and coalitions, in their HHS Region. See also Steering Committee in Strategy 2.

Activity 3

- Establish performance management systems to monitor organizational objectives.

Activity 4

- Establish and maintain effective financial management systems.

Activity 5

- Identify and build mechanisms that enable the regional center to coordinate with equivalent regional entities, such as [Regional Disaster Health Response Systems](#) in your HHS region.

Activity 6

- Coordinate and collaborate across regional centers and with national partners. This might include sharing promising practices and new EBSIs developed, including in networking meetings organized under Component B activities.

Activity 7

- Collaborate with partners to create a simple plan that ensures sustainability of the relationships, resources, and activities established by the center. This includes hosting access to training materials, strategies, and interventions. The goal is to continue regional coordination among partners even after federal funding ends.

Strategy 2: Establish a Regional Steering Committee

When: Year 1
Who: Any funded regional recipients

Activity 1

Identify members for the Steering Committee from across the HHS region. We require regional centers to collaborate with STLT health departments and PHPR partners, including health care facilities and coalitions, in their region.

- Develop the relationships needed for planning, coordinating, collaborating, and implementing the Five-Year Regional Work Plan.

- Regional centers can include participants from regional coordinating bodies established through contracts in 2023 or in Strategy 1a. We will provide more information about these bodies on request.

- The Steering Committee should have a constitution and structure that balances inclusiveness and overall representation throughout the regions, both in terms of key sectors and population demographics. The committees should include partners from communities or organizations representing populations experiencing prioritized health disparities. The committee should be small enough to be manageable and productive. Check the Collaborations section for details on who should be part of the committee.

Activity 2

- Propose and implement a charter for the Steering Committee that helps successfully carry out and coordinate the activities in this NOFO.

Activity 3

- Work with the Steering Committee to obtain input, review of, and support for Strategies 3, 4, and 5.

Strategy 3: Develop activities to meet objectives prioritized in the Five-Year Regional Work Plan

When: Year 1
Who: Any funded regional recipients

- Most of the work you conduct as a regional center will be implementing activities developed for the Five-Year Regional Work Plan. The approach for each activity may differ and may result in various methods including:
  - Developing activities to meet objectives.
  - Implementing the activity directly.
  - Helping to coordinate implementation.
  - Supporting implementation by providing technical assistance, training, or guidance.
- You may determine that EBSIs do not exist to meet the prioritized objectives. In that case, we encourage you to develop new or modified strategies and interventions to meet these needs and enhance the knowledge base. If this is done, you must develop, submit, and implement an evaluation plan.
- Describe your approach for engagement with partners from communities or organizations representing populations experiencing prioritized health disparities to inform and develop Work Plan activities.

Activity 1

- Review the Five-Year Regional Work Plan provided by CDC (Regions 3, 4, 6, 7, 8, 9, and 10) or developed in Strategy 1a (Regions 1, 2, and 5).
- If, at any time, your regional center wants to modify the focus areas, priorities, or objectives in the Five-Year Regional Work Plan, you must consult with and gain approval from your Steering Committee and CDC project officer.

Activity 2

- Develop:
    - Activities to meet objectives and support implementation of the Five-Year Regional Work Plan.
    - A prioritized list of strategies and interventions you plan to implement and develop, if needed, over the next four or five years. Note that the Five-Year Regional Work Plans you receive may include recommended activities. These activities should focus on increasing implementation of EBSIs.
    - CDC will provide a FY23 EBSI inventory at the kick-off meeting. You may suggest EBSIs for inclusion in the inventory. You must consult your CDC project officer regarding use of strategies or interventions not in the inventory.

Activity 3

- Develop a plan to implement the activities over the remainder of the period of performance. Include this plan in your Five-year Regional Work Plan.

Your plans for implementation should:

- Focus on high priority objectives indicated in the Five-Year Regional Work Plan and associated activities.
- Consider contextual needs, resources, rules, expectations, employment laws, and any other policies and procedures that may inform the approaches selected.
- Include development and implementation of quality improvement processes for practices, processes, strategies, and interventions.

Activity 4

- Develop a plan to sustain implementation of evidence-based practices in the region after the Five-Year Regional Plan ends.

Activity 5

- Develop evaluation plans with 1 to 2 strategies or interventions designed to meet objectives with required quantitative and optional qualitative measures. The goal of evaluation is to make sure the strategies and interventions are implemented properly and are effective for the context and population they are intended to impact.

Activity 6

- Complete the Five-year Regional Work plan and evaluation plan templates.

Upon award, CDC will provide templates for a Five-Year Regional Work plan and evaluation plans.

Strategy 4: Execute activities included in the Five-Year Regional Work plan

When and Who: Years 1 – 5 (Any funded recipient in each of HHS Regions 3, 4, 6, 8, 9, and 10)
When and Who: Years 2 – 5 (Any funded recipient in each of HHS Regions 1, 2, and 5)

In all planning, we expect centers to work with:

- At minimum, the CDC project officer, the Steering Committee, and state health departments within the region.
- As appropriate, tribal, local, and territory health departments may engage directly in implementation of evidence-based strategies.
- As appropriate, health care centers or health care coalitions.
- As appropriate, partners from communities or organizations representing populations experiencing health disparities pertinent to planned activities.

Activity 1

- Carry out implementation of activities with partners, including health care facilities and health care coalitions.

Activity 2

- Conduct evaluations as described in your evaluation plans.

Activity 3

- Employ quality improvement processes to ensure appropriate coordination, collaboration, and implementation.

Component C

This component is optional. We will make one award to a selected Component A or B recipient. Component C provides coordination and technical assistance to the entire national network of regional centers.

Strategy 5: Coordinate and provide technical assistance to the network of regional centers

When: Years 1 – 5
Who: Selected center

Activity 1

- Within three months of the award, coordinate a virtual networking meeting with up to two participants per funded regional center to:
  - Introduce all parties involved.
  - Discuss project objectives and activities.
  - Review coordination and alignment of efforts.
  - Discuss other pertinent issues and activities to support the network of regional centers.

Activity 2

- Plan and host virtual meetings every two months. You may facilitate discussions regarding relevant updates, barriers, challenges, opportunities, and proposed solutions to activities in the NOFO. You may host presentations by other centers, external experts or regional federal and non-federal partners.

Activity 3

- At or shortly after the award, we will provide you with an inventory established under an FY2023 contract. The inventory includes a subset of existing EBSIs for PHPR practice. You will enhance it at least once a year during and after FY24 to incorporate new EBSIs identified through the network of regional centers through coordination and literature reviews, as appropriate.

Activity 4

- Provide technical assistance (TA) to the regional centers in coordination with STLT health departments and partners to increase implementation of EBSIs.
- Provide TA to the regional centers on how to best coordinate and communicate with STLT health departments and other relevant PHPR system partners to increase implementation of EBSIs. This includes sharing strategies, approaches, scientific documents, templates, and resources.

Activity 5

- Collaborate with CDC staff as needed to plan and execute TA activities, including use of CDC-provided templates to ensure consistent products across regions.

Component D

Each strategy within Component D is optional and will be assessed and funded separately. You may submit capabilities for any of the following strategies. You should work toward understanding and decreasing known health disparities in your region. In planning and implementation of the strategies you should include partners from communities or organizations representing populations experiencing health disparities in PHPR.

We may activate funding of strategies in this component if funds are available.

Component D strategies include:

- Developing a regional work plan and activities to address PHPR needs of an underserved population.
- Implementing and evaluating strategies and interventions to address future and current preparedness for, response to, and recovery from public health events.
- Translating and disseminating information about strategies and interventions necessary to address future and current preparedness for, response to, and recovery from public health events.
- Educating and training practitioners to enhance the PHPR science workforce.
- Conducting basic or applied research or using and expanding relevant technological and analytical capabilities to address future and current preparedness for, response to, and recovery from public health events.

If you would like to be considered for future research funding in any of this component's areas, in your project narrative:

- Describe how you will establish a research program that will allow you to develop, adapt, evaluate, and broadly implement strategies, interventions, technologies, or tools for use in public health that align with the relevant component. This should include your process for obtaining human subjects research approval.
- Explain how the research program will ensure compliance with applicable regulatory requirements for proposed research activities.

- Do not propose work supported by other CDC-funded grants or cooperative agreements in your institution or agency.
- Provide two examples of how you would use your capabilities to support public health emergency response or recovery.

Strategy 6: Develop a two- or three-year regional work plan and activities to address needs of an underserved population

When: Years 1 – 5
Who: Any funded regional recipients

Activity 1

- In Year 1, in collaboration with the Steering Committee, identify an underserved population with the Steering Committee.

Activity 2

- In Year 1, establish a regional underserved population working group to develop a regional work plan and regional activities that address needs of the underserved population identified. This group is separate from Steering Committee and should represent the underserved population, though membership may overlap.
- Regional centers may build upon and incorporate participation from entities contributing to the regional coordinating bodies established under contract in FY2023. CDC will provide information about those bodies upon request.
- The working group should have a constitution and structure that balances inclusiveness and overall representation. The working group should be small enough to be manageable and productive. Check the Collaborations section for details on who should be part of the committee.

Activity 3

- In project Year 1, develop a two- or three-year regional underserved population work plan to address needs of the identified underserved population.
- Engage the regional underserved population working group for this strategy.
- When establishing priority activities within these focus areas, consider the needs, capacity, and capability of the regional health departments, academic, public, and private partners. This includes community organizations or representatives from the underserved population of interest.

Activity 4

- In project Year 2, a plan to implement activities in the underserved population work plan.

- Engage the regional underserved population working group to develop your implementation plan for the regional work plan created in Activity 3. Prioritize development or uptake of EBSIs by health departments and partners to address underserved population needs.

- When establishing priority activities within these focus areas, consider the needs, capacity, and capability of the regional health departments, academic, public, and private partners. This includes community organizations or representatives from the underserved population of interest. Consider the following resources: Culturally and Linguistically Appropriate Services - Think Cultural Health (hhs.gov), Social Determinants of Health - Healthy People 2030 | health.gov, NCCDPHP_SDOH-Measures-List-2.10.22.pdf (cdc.gov), and Health Equity Intervention and Action Principles | Health Equity Projects | CDC.

Activity 5

- As early as the fourth quarter of Year 1 and as funding is available, implement activities included in the underserved population work plan to increase implementation of EBSIs by STLT health departments to address needs of underserved populations.

Activity 6

- Develop an evaluation plan.

- Evaluate processes and outcomes.

- Disseminate results.

Strategy 7: Apply or enhance the evidence base through development, implementation, evaluation, dissemination, or translation of strategies and interventions

When: Years 1 – 5
Who: Any funded regional recipients

Activity 1

- Work within your region to support implementation and evaluation of strategies and interventions.

- Activities may include:
  - Identifying, translating, and disseminating promising research findings or strategies to increase implementation of EBSIs to inform

response to and recovery from active public health emergencies. This may include developing new interventions and evaluating them or tailoring or modifying and evaluating existing interventions in new settings or with underserved populations related to PHPR systems.

- Creating user instructions and supporting materials to implement new or existing EBSIs. The goal is to move evidence into practice to improve awareness and implementation of EBSIs and other relevant scientific or public health information.

- Improving awareness of such EBSIs and other relevant scientific or public health information among health care professionals, public health professionals, other interested persons, and the public. This includes developing, evaluating, and disseminating trainings and training materials.

- Providing TA and expertise that relies on or supports the use of EBSIs, as applicable, related to responses to and recovery from active public health emergencies to STLT health departments and other entities.

- Where feasible, your activities should address the goal of decreasing known health disparities in the contexts served. In your planning and implementation, include partners from communities or organizations representing populations experiencing targeted health disparities.

  - Conducting or participating in and evaluating drills and exercises with partners.

Activity 2

- Develop an evaluation plan.
- Evaluate processes and outcomes.
- Disseminate results.

Strategy 8: Enrich education and training of practitioners to enhance the PHPR science workforce

When: Years 1 – 5
Who: Any funded regional recipients

This strategy must include deployment of PHPR scientists to support real-time training in the event of an active locally and/or federally declared public health emergency.

Activity 1

- Based on funding requirements and capabilities and capacity of your center, work within your region to strengthen real-time regional PHPR science workforce needs. The aim is to enhance the broader science capabilities (including health equity science) of the PHPR workforce.

- These are broader than training activities under Component A, which focuses specifically on supporting EBSI implementation capacity.

- You may:

  ◦ Create training curricula in partnership with the practice community, including offering continuing education credits. These might include role-based, capability-linked, and cross-training offerings to increase knowledge or skills needed to improve individual and PHPR system performance under response conditions.

  ◦ Support student placements and deployments to health departments or other settings for PHPR activities. The purpose is to both train the future PHPR workforce and supplement the existing workforce with basic surge capacity.

  ◦ Deploy PHPR-trained scientists in partnership with health departments to enhance PHPR practice workforce capacity, capability, and performance.

  ◦ Provide or facilitate advanced professional development opportunities for STLT practice professionals to strengthen PHPR technical, leadership, and teamwork capabilities.

  ◦ Coordinate academic-practice joint appointments between university faculty and STLT positions to better integrate research, teaching, and practice.

Activity 2

- Develop an evaluation plan.
- Evaluate processes and outcomes of PHPR scientific workforce training and educational offerings.
- Disseminate results.

Strategy 9: Conduct basic and applied research or use and expand relevant technological and analytical capabilities to inform public health and medical response and recovery efforts

When: Years 1 – 5
Who: Any funded regional recipients

- If CDC releases a call for proposals for research, conduct research consistent with the call or use and expand relevant technological and analytical capabilities to inform public health and medical preparedness and response efforts.
- Develop an implementation plan including hypotheses and scientific method.
- Implement the plan.
- Disseminate findings.

Component E

Each strategy within Component E is optional and will be assessed and funded separately. You may submit capabilities for any of the following strategies. We may activate funding of strategies in this component if funds are available.

Strategy 10: Develop and implement regional activities to address needs of a pre-identified underserved population informed by Five-Year PHPR work plans for tribal, rural, or frontier areas

When: Years 1 – 5
Who: Any funded regional recipients

The goal of this strategy is to work with the communities involved to develop and implement activities in a five-year work plan for underserved populations. Three regions established PHPR work plans for tribal (regions 8 and 10), rural (region 9 – US Pacific Islands), or frontier areas under contract in FY23. The regions convened regional coordinating bodies specific to the focus of their regional plans. Other regions may create four-year work plans for underserved populations to meet the goal of this strategy.

Activity 1

- Establish a regional working group to develop regional activities to meet objectives established in PHPR work plans for tribal, rural, or frontier areas. This group should be separate from the Steering Committee and should represent the area of focus, though membership may overlap.
- Regional centers may build upon and incorporate participation from entities contributing to the regional coordinating bodies established under contract in FY23. CDC will provide information about these bodies upon request.
- The working group should have a constitution and structure that balances inclusiveness and overall representation. The group should be small enough to be manageable and productive. Check the

Collaborations section for details on who should be part of the working group.

Activity 2

- Develop a plan to implement the activities over the remainder of the period of performance. Include this plan in your five-year work plan. Engage the working group to develop the plan to implement activities. Prioritize development or implementation of EBSIs (if available) by health departments and partners.

- When you establish activities within these focus areas, consider the needs, capacity, and capability of the regional health departments, academic institutions, and public, and private partners. This includes community organizations or representatives from the tribal, rural, or frontier area described in the work plan.

Activity 3

- Implement activities included in your five-year work plans increase implementation of EBSIs.

Activity 4

- Develop an evaluation plan.
- Evaluate processes and outcomes.
- Disseminate results.

Strategy 11: Pilot test plans and processes supporting a pre-established regional data ecosystem model

When: Years 1 – 5
Who: Any funded region with a regional data ecosystem model

A regional data ecosystem model refers to plans and processes of a scalable technological environment to coordinate how data are collected, managed, stored, shared, and used within a specific geographical region and across networks (e.g., government, academia, nonprofits, healthcare) in support of public health emergency preparedness and response activities. Plans and processes of an ecosystem model also consider data sources, user communities, data policy and standards, security, and logistics.

Three regions created regional data ecosystem models under a contract established in FY2023. The data ecosystem models establish an approach to incorporate diverse data sources, support routine public health needs in data use and sharing, and scale up or down as needed to meet the demands of one or more concurrent public health emergencies. They are based on a use

case for commonly occurring disasters (e.g., hurricanes, wildfires, infectious disease outbreaks) in the region. These data ecosystem models focus on essential elements of information collected by local independent researchers or health departments responding to local disasters.

At federal levels, the essential elements of information and minimum datasets for core data sources outlined are currently defined through CDC. The goal of Strategy 11 is to pilot test regional data ecosystem models with independent researchers and health departments as appropriate.

You may use or create other regional data ecosystem models to meet the goal of this strategy.

Activity 1

- Establish a data science working group to develop a pilot test process for your data ecosystem model. The working group is separate from the regional coordinating body mentioned previously and from the Component B Steering Committee, though memberships may overlap.

- Your regional centers may build upon and incorporate participation from entities contributing to the regional coordinating bodies established under contract in FY2023 in regions 4, 8, and 10. CDC will provide information about the bodies upon request.

- The working group should have a constitution and structure that balances inclusiveness and overall representation. Review the Collaborations section for details on who should be part of the working group.

Activity 2

- Develop a plan to pilot test the data ecosystem model, including evaluation activities. The data science working group should develop and deploy a pilot test process to stress test the practices, costs, risks, feasibility, time, resources, and efficiency of plans and processes supporting the regional data ecosystem model.

Activity 3

- Collect data and evaluate pilot results to analyze gaps between the predicted and actual performance as it relates to practices, costs, risks, feasibility, time, resources, and efficiency of the regional data ecosystem model.

- Develop findings and recommendations to further refine and support implementation of the regional data ecosystem model.

- If needed, the data science working group may recommend the development and evaluation of new EBSIs based on local needs to enhance regional data-related capabilities within PHPR.

Activity 4

- Engage the data science working group to develop a data ecosystem model implementation plan based on findings from the evaluation.
- The data ecosystem model implementation plan should:
  - Focus on high priority objectives in the data ecosystem model work plan and associated activities.
  - Consider contextual needs, rules, expectations, employment laws, and any other policies and procedures that may inform the approaches selected.
  - Include approaches for evaluating activities to ensure they are effective in the context or with the populations to which they are being applied.
  - Include development and implementation of quality improvement processes for practices, processes, strategies, and interventions.

Activity 5

- Based on availability of funding in future years, implement activities included in the implementation plan to increase adoption of a regional data ecosystem model by STLT health departments and relevant stakeholders.

Outcomes

We expect you to report progress on and achievement of certain outcomes within the performance period. These outcomes have an asterisk (*) in each component's logic model.

This NOFO includes progressive short and intermediate outcomes that, collectively, we expect the regional centers to achieve. Based on your priorities, plans, and activities, implementation may vary, including the:

- Approach used.
- Frequency and exposure time to the EBSI.
- Number of people, communities, or systems reached.

Health disparities

This NOFO covers, in broad terms, the entire U.S. population and the public health systems within the United States and its territories and freely associated states.

However, work under this NOFO should prioritize reductions of health disparities, including those resulting from differences in social determinants of health.

The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Health disparities are often caused by social determinants that influence which populations are most disproportionately affected by health conditions.

A health disparity is a difference in health burdens between groups of people with differing social determinants of health.

Social determinants of health are conditions in the environments where people are born, live, learn, work, play, worship, and age. These determinants affect a wide range of health, functioning, and quality-of-life outcomes and risks.

In your application, include a plan to ensure the health needs of historically underserved populations and those that may otherwise be overlooked during public health emergencies are addressed in activities, where appropriate.

Underserved populations include tribal communities, racial and ethnic minority populations, LGBTQ communities, other disproportionately affected populations, and those with access and functional needs. The goal of inclusion to ensure that appropriate partnerships and activities are in place to address the unique needs of these populations. HHS places emphasis on achieving health equity.

Include people with potential access and functional needs who may be at greater risk during a public health emergency. These might include:

- People with disabilities
- People with limited English proficiency
- People with limited health literacy
- Immunocompromised people
- Older adults
- People with limited transportation
- People experiencing homelessness
- People who are incarcerated

- Pregnant, postpartum, and lactating people
- Children

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.

Organizational capacity

You must describe how you are well suited to implement the activities in a Five-Year Regional Work plan and significantly contribute toward the outcomes defined in the logic model with an asterisk (*) within the NOFO period of performance.

Project narrative requirements

For all components, in your project narrative, include:

- **Organization and work scope.** Describe the structure and work scope of the primary applicant agency and required partner agencies, including their capabilities.

- **Past coordination**. Explain how you have previously worked with STLT health departments and other relevant entities in your state and region. Include details of past partnerships or projects with supporting organizations and additional partners.

- **Suitability for work**. Describe why you and your partners are well-suited to carry out the proposed activities in your work plan and can contribute to the outcomes with an asterisk (*) in this NOFO's logic model. Previous experience developing Five-Year Regional Work plans and establishing regional coordinating bodies will not be considered in the review process.

- **Additional capabilities.** Mention any relevant experience or skills not already covered in the narrative, such as experience in producing reports, publications, or other products. Include your organization as well as partners and supporting organizations submitting letters of support.

- **Roles and responsibilities.** Clearly outline the roles and responsibilities of project staff like the principal investigator or project director and other leaders, program staff, technical staff, consultants, and partner organizations. Explain how they will help achieve the project's objectives and outcomes.

- **Task management.** Specify who will be responsible for key tasks like project leadership, monitoring progress, report preparation, and communication with partners.
- **Leadership and structure**. Clearly describe your leadership approach, governance, and organizational structure, and explain why these are appropriate for the project. Include an organizational chart describing the leadership and reporting structure.

For Components C and D, the focus is on finding organizations that can handle a variety of tasks within the specific topic area of each component. In your project narrative, address:

- **Unique capabilities.** Each center may have different skills and may be eligible for funding, if it becomes available, based on these unique capabilities. Describe any unique capabilities your organization or partners have.
- **Capability Domains**. Outline your abilities in various public health preparedness areas like community resilience, information management, countermeasures and mitigation, incident management, surge management, and biosurveillance. Find more information at [Public Health Emergency Preparedness and Response Capabilities](#) ([Public Health Preparedness Capabilities: National Standards for State and Local Planning | State and Local Readiness | CDC](#)).
- **Types of disasters and emergencies**. Describe your expertise in handling different types of disasters or emergencies.
- **Response phases and units.** Explain your capacity in various response phases and units and populations you can serve.
- **Social determinants of health**. Indicate your understanding and capabilities in addressing social determinants of health.

For Component D, describe available institutional and professional capabilities to support successful planning and conduct of all Strategy 5 activities, with emphasis on your ability to coordinate across centers and regions.

For Component D Strategies 6 – 9, for each component included, describe the capabilities of the center for the following categories:

- By disaster type (Strategies 6 – 9).
- By topic area, using the PHEP domains and capabilities (Strategies 6 – 9). See [Public Health Emergency Preparedness and Response Capabilities](#) and the 10 PHEP priorities of the [Public Health Response Readiness Framework](#).

- By partner engagement approach, including existing partnerships that might enhance capabilities (Strategies 6 – 9).
- By implementation approach, such as direct implementation, training, and TA (Strategies 6, 7, and 9, as applicable).
- By scientific approach, such as disciplines and fields of scientific expertise, basic or applied research, evaluation, quantitative or qualitative methods, systems expertise, translation approaches, or dissemination approaches (Strategy 9).
- By type of science training (Strategy 9).

Key personnel qualifications

In your attachments, provide resumes and job descriptions for your principal investigator or project director and other key personnel (any person with more than 50% time committed to the center) that demonstrate the required key personnel qualifications.

Your principal investigator or project director must meet or exceed the following qualifications:

- Broad knowledge of modern public health systems and readiness and response practices and principles.
- Five or more years senior management experience.
- Solid, hands-on, budget management skills, including budget preparation, analysis, decision-making, and reporting.
- Strong organizational abilities including planning, delegating, program development, and task facilitation.

Your principal investigator or project director **and other key personnel** must meet or exceed these qualifications:

- Education or experience with emergency management and PHPR.
- Experience building successful, sustained coalitions and partnerships that accomplished mutual objectives of partner organizations or jurisdictions.
- Ongoing record of accomplishments that have advanced their fields.
- Complementary and integrated expertise for proposed collaborative projects.
- Experience and capacity to collaborate with health departments and other institutions.

Collaborations

We expect you to establish, build, and sustain strategic and meaningful collaborative partnerships. In your project narrative, address the following collaboration requirements. Letters of support are required for collaborating non-federal entities including at least:

- Three state health departments in the region
- One tribe
- One health care coalition
- One organization representing underserved populations

These entities should be those collaborating on the establishment and maintenance of centers, or implementation of activities of the centers. Letters of support can include memoranda of agreement or understanding, letters of commitment, or service agreements to document collaboration. See attachments.

With other CDC programs and CDC-funded organizations

We expect the regional centers to collaborate with support from the Component C coordinating center to reduce redundancies and enhance efficiencies in developing new strategies if needed to meet objectives of the regional five-year work plan.

We require regional centers to collaborate with:

- STLT health departments and PHPR partners, including health care facilities and coalitions, in their region.
- CDC and other CDC-funded entities as appropriate for the focus areas of the center, such as:
    - Association of Public Health Laboratories
    - Association of State and Territorial Health Officials
    - Council of State and Territorial Epidemiologists
    - National Association of County and City Officials
- Various CDC programs, assisted by project officers and their STLT partners, to ensure that all funded activities and funding are coordinated with, complementary to, and not duplicative of efforts supported under other HHS and CDC assistance programs such as:
    - Public Health Emergency Preparedness Program
    - Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Program, as applicable

- ◦ [Public Health Infrastructure Grant | CDC](#)
- ◦ Relevant CDC subject matter experts and other organizations funded by CDC to inform funded activities, including (and not limited to) CDC's [Division of State and Local Readiness](#); [Office of Public Health Data, Surveillance, and Technology](#), [National Center for Environmental Health](#), and [Center for Forecasting and Outbreak Analytics](#).

In your project narrative, include evidence of proposed or existing key collaborations.

With organizations not funded by CDC

Components A and B

Regional coordinating bodies may include as many as 30 people to ensure representation of the communities involved. Steering Committees may be smaller (8 – 12 people).

Regional coordinating bodies must include the following required members. Regional center Steering Committees may include a subset of these members:

- Representation from all states in the respective region, and one or more tribal nations or territories, as applicable, including at least one State Office of Public Health or Health Director and at least one State Office of Emergency Management, and at least one local health department.
- One or more state or territorial hospital or health care association.
- One or more health care coalition leaders, or points of contact, in participating states.
- One or more state-level organizations for mental health, long-term care, social services, or education.
- One or more representatives from community-based and/or faith-based organizations.
- One or more representatives from organizations advancing health equity.

We also encourage you to collaborate with other agencies and programs, like:

- ATSDR regional representatives
- [Hospital Preparedness Program (HPP)](#)
- [Local Emergency Planning Committees | US EPA](#)
- [Regional Operations (hhs.gov)](#)

- Other grants and programs directed, managed, or supported by CDC or the Department of Homeland Security (DHS) and related agencies.

- Other federal departments impacted or potentially impacted by public health emergencies.

- Nonfederal partners to advance health equity such as community-based organizations, tribal and urban Indian organizations, and faith-based organizations.

- Consistent with the whole-community approach to preparedness, community leaders outside of public health.

- Other organizations like educational entities, additional STLT health departments, community health care centers, health care facilities and coalitions, community- and faith-based organizations, law enforcement, national organizations such as poison control centers, and other relevant entities.

Component E

Under Strategies 10 and 11, you will create working groups for regional data ecosystems and for populations with underserved needs.

- **Group composition.** Each group should have 10-15 members from STLT health departments, health care facilities, health care coalitions; and academic, public, and private partners.

- **Data ecosystems working group**. Members should have expertise in public health emergency preparedness, response, and emergency management in the region, focusing on data, analytics, and visualization. They should be experienced in activities related to the data life cycle, including data acquisition, integration, analysis, visualization, sharing, and overall data governance and stewardship.

- **Underserved population working group.** This group should include members from organizations or entities that have experience working on matters related to the interests of underserved populations.

Data, monitoring, & evaluation

CDC strategy

We designed CDC's performance monitoring and evaluation activities to address accountability and program improvement.

- **Program evaluation.** We focus program evaluation on understanding and demonstrating program processes and outcomes.

- **Performance monitoring.** To monitor performance, we will track recipient inputs, activities, and outputs.

During monitoring and evaluation, we:

- Will require you to report data and other information through collection systems and templates CDC will provide post-award.
- May collect success stories, regional center-produced newsletters and issue briefs, profiles, and related documents.
- Will review progress and performance described in annual progress reports, monthly calls, and during CDC site visits.
- Will use quantitative measures and possibly qualitative measures for evaluation and performance monitoring.
- Will use performance measures and evaluation findings for continuous program quality improvement and will use the findings to demonstrate the value of the NOFO.
- Will require your participation in specified CDC performance monitoring and evaluation.

CDC evaluation questions

CDC aims to answer the following high-level evaluation questions regarding recipient activities as part of CDC's program monitoring and evaluation.

Regional centers (Components A and B)

- How many EBSIs were implemented by STLT health department or partners as a result of this initiative?
- To what extent do the regional centers' activities (development, evaluation, or dissemination of strategies and interventions) contribute to the evidence-base for improved PHPR?
- To what extent do the regional centers develop knowledge into products that will increase awareness of, availability of, and access to EBSIs, such as translation tools that support implementation and use of science?
- To what extent do the regional centers disseminate research findings, evidence-based interventions, and translation products to STLT, community, practice, and academic audiences?
- To what extent and how have health equity approaches been prioritized in the selection, implementation, and evaluation of EBSIs in relevant communities?

National coordination and technical assistance functions (Component C)

- Did communication, coordination, and sharing of resources, knowledge, and best practices increase among the regional center awardees (Components A and B) and their partners as a resulting from coordination and TA activities?

- How much is the national network of regional centers perceived as a PHPR resource by individual regional centers and partners?

Performance monitoring & indicators

CDC may collect information on key performance monitoring and evaluation indicators during the period of performance including:

- Characteristics of the regional center Component A and national coordination and TA (Component B) activities, such as populations, settings, and social determinants of health addressed.

- Facilitators and barriers to effectiveness in dissemination, implementation, and evaluation.

- Characteristics, roles, and number of partners engaged in implementation, evaluation, translation, and dissemination of activities.

- Number and types of EBSIs implemented.

- Description of TA and subject matter expertise provided to STLT health departments and other partners.

- Dissemination strategies implemented and their intended audiences.

Data management plan

CDC requires recipients for projects that involve the collection or generation of data with federal funds to develop, submit and comply with a Data Management Plan (DMP) for each collection or generation of public health data[3] undertaken as part of the award and, to the extent appropriate, provide access to, and archiving/long-term preservation of, collected or generated data.

If your project involves collecting or creating data with federal funds, you must develop and submit a data management plan (DMP) for each collection of public health data. To complete your plan:

Submit a draft DMP with your application. After submission we will review your initial DMP for completeness and quality. Six months after award we will work with you to finalize your DMP.

Plan to update your DMP as new pertinent information becomes available, if applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual reports. The DMP should describe 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 [Additional Requirement (AR) 25: Data Management and Access](#).

Describe how you intend to manage, preserve, and make data generated or collected with CDC funding accessible to CDC.

Your DMP may be in narrative or table form and must:

- Describe the data you will collect or generate.
- State the standards you'll use for this data.
- Explain how you'll give access to the data and how you'll protect privacy, confidentiality, security, and intellectual property rights.
- Provide details on how you will document your data collection methods, what the data represent, and your plans for long-term storage and preservation, or explain why long-term preservation and access are not justified.

To the extent allowed under award and applicable regulations, CDC may get a copy of data produced under the award for federal purposes.

Recipient evaluation requirements

Recipients are required to evaluate 1 to 2 strategies or interventions per year of the performance period. You must complete and submit an evaluation plan template two months before you plan to start the evaluation.

Data collection & evaluation

For regional centers, we require the following to support evaluation activities:

- **Budget for monitoring and evaluation.** Allocate at least 10% of the total annual budget for performance monitoring and evaluation activities. See [funding policies and limitations](#).
- **CDC assistance.** CDC will help with choosing performance measures.
- **Data.** You must collect and analyze data for the measures. Data collection is limited to what will be analyzed and used.
- **OMB and human subjects approvals.** Data collection may require approval from the Office of Management and Budget (OMB). As

applicable, each recipient will be required to work with their project officer to submit an OMB and human subjects project determination for all primary data collection activities.

Your evaluation plans must:

- Be based on the CDC Framework for Evaluation in Public Health.
- Include an evaluation approach that engages the Steering Committee in planning and implementation.
- Include all evaluation questions.
- Include quantitative outcome measures.
  - Include evaluation methods and tools.
  - Describe how you will share evaluation findings with communities and populations of interest in a way that meets their needs.

CDC will provide an evaluation plan template post-award.

Results of the evaluation findings will be submitted as a subsection of annual reports and the closeout final report.

Cooperative agreement work plan

In your project narrative, you must provide a Cooperative Agreement Work Plan (CAWP) for your project. This plan differs from the Five-Year Regional Work Plan. The CAWP describes the broader activities of your center, not specific activities to increase implementation of EBSIs, The CAWP connects your period of performance outcomes, strategies, activities, and measures. It provides more detail on how you will measure outcomes and processes.

Structure your CAWP around budget periods to track the implementation and progress of activities. Here's what you need to do:

- **Plan for each component.** Create a detailed project CAWP for each component you're applying for. This plan should detail the first year of performance and provide a high-level plan for the following years.
- **Alignment.** Clearly explain how your project CAWP aligns with the strategies, activities, outcomes, and evaluation and performance measures in the NOFO strategies and activities section, logic model and narrative sections of the NOFO.
- **Annual updates.** You will update the project CAWP each budget period to reflect any changes in outcomes, activities, timelines, etc.
- **Feedback and support.** CDC will provide feedback and technical assistance to you to finalize the CAWP and adjust for funding. This will

include providing you with progress measures for a few select activities to ensure consistency across centers, the Regional Five-year Work Plans, underserved population work plans, and data ecosystem models that were developed under FY23 contracts.

- **Specific details.** Be sure to include:
  - A multiyear overview of the project CAWP.
  - Plans for establishing regional centers.
  - Methods for coordinating partnerships and collaboration.
  - Roles and responsibilities for completing each activity.
  - Intended outcomes for each performance period.
  - Administration and assessment processes for successful implementation and quality assurance.

- **CAWP format.** We recommend you use the following table format for your CAWP. For the first year, your CAWP must include:
  - Stated objectives that align with the NOFO.
  - Activities to support the objectives.
  - Process measures (developed in collaboration with your project officer) for these strategies and activities.
  - The responsible person or party for implementing the project.
  - Target completion dates for each outcome measure.
  - If an activity leads to multiple outcomes, describe it under each outcome measure.

Table: CAWP format - Component A

Section 1. Cooperative Agreement Work plan Component A				
Objective 1:	By # days post-award, establish and convene a Regional Coordinating Body			
Implementation Timeframe	**Start Date:** MM/DD/YYYY		**End Date:** MM/DD/YYYY	
	Target date	Responsible Position or Party	Progress or Process Measure(s)	Status
Activity 1:				
Activity 2:				
Activity 3:				

Activity 4:				
Activity 5:				
Setting	☐ Regional State Territorial Local Tribal			
Collaboration and Coordination	Describe collaboration and coordination activities with STLT health departments and officials, health care facilities, and health care coalitions to improve public health preparedness and response.			
Health Equity Considerations	1. Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the regional coordinating body? ☐ ☐ ☐ Yes No Not Applicable 2. If yes to Question 1, how? If no, please explain why not. [Include text here] 3. Has the center considered the burden of social determinants of health on populations with access and functional needs, low socioeconomic status, and communities experiencing racism? ☐ ☐ ☐ Yes No Not Applicable			
Objective 2:	By # days post-award, develop a Five-Year Regional Work Plan, FY2025-2030 with priority areas and objectives, and STLT PHPR focus areas			
Implementation Timeframe	**Start Date:** MM/DD/YYYY		**End Date:** MM/DD/YYYY	
	Target date	Responsible Position or Party	Progress or Process Measure(s)	Status
Activity 1:				
Activity 2:				
Activity 3:				
Activity 4:				
Activity 5:				
Setting	☐ Regional State Territorial Local Tribal			

Collaboration and Coordination	Describe collaboration and coordination activities with applicable STLT health departments and officials, health care facilities, and health care coalitions to improve public health preparedness and response.
Health Equity Considerations	1. Has the coordinating body considered the evidence base documenting drivers of health disparities and inequities to inform development of the objective? If yes, how? If no, please explain why not. [Include text here] 2. Are considerations for health equity integrated into the decision-making process when developing and framing the focus areas, objectives, and priorities? ☐ ☐ ☐ Yes No Not Applicable If yes, how? If no, please explain why not. 3. Has the planning process considered the burden of social determinants of health on populations with access and functional needs, low socioeconomic status, and communities experiencing racism? ☐ ☐ ☐ Yes No Not Applicable 4. Are there known unintended positive or negative impacts of the planning process or plan on health equity? ☐ ☐ ☐ Yes No Not Applicable

Objective 3:	By # days post-award, establish a Steering Committee (may be a subset of the Regional Coordinating Body)			
Implementation Timeframe	**Start Date:** MM/DD/YYYY		**End Date:** MM/DD/YYYY	
	Target date	Responsible Position or Party	Progress or Process Measure(s)	Status
Activity 1:				
Activity 2:				
Activity 3:				
Activity 4:				
Activity 5:				
Setting	☐ Regional State Territorial Local Tribal			

Collaboration and Coordination	Describe collaboration and coordination activities with applicable state, territorial, local, and tribal health department and officials, health care facilities, and health care coalitions to improve public health preparedness and response.
Health Equity Considerations	Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the Steering Committee? ☐ ☐ ☐ Yes No Not Applicable 2. If yes to Question 1, how? If no, please explain why not. [Include text here]

Objective 4:	By # days post-award, establish and maintain a regional public health preparedness and response center (Year 1, to be maintained in years 2 – 5)

Implementation Timeframe	**Start Date:** MM/DD/YYYY		**End Date:** MM/DD/YYYY	
	Target date	Responsible Position or Party	Progress or Process Measure(s)	Status
Activity 1:				
Activity 2:				
Activity 3:				
Activity 4:				
Activity 5:				
Setting	☐ Regional State Territorial Local Tribal			
Collaboration and Coordination	Describe collaboration and coordination activities with applicable state, territorial, local, and tribal health department and officials, health care facilities, and health care coalitions to improve public health preparedness and response.			
Health Equity Considerations	Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the staffing and operations of the regional center? ☐ ☐ ☐ Yes No Not Applicable 2. If yes to Question 1, how? If no, please explain why not. [Include text here]			

Objective 5:	By # days post-award, develop, implement, and evaluate activities to meet objectives in the Five-Year Regional Work Plan, FY2025-2030. The Five-Year Regional Work Plan will include focus areas, partners, roles, and resources needed to accomplish the plan's objectives.			
Implementation Timeframe	**Start Date:** MM/DD/YYYY		**End Date:** MM/DD/YYYY	
	Target date	Responsible Position or Party	Progress or Process Measure(s)	Status
Activity 1:				
Activity 2:				
Activity 3:				
Activity 4:				
Activity 5:				
Activity 6:				
Activity 7:				
Activity 8:				
Setting	☐ Regional State Territorial Local Tribal			
Collaboration and Coordination	Describe collaboration and coordination activities with applicable state, territorial, local, and tribal health department and officials, health care facilities, and health care coalitions to improve public health preparedness and response.			
Health Equity Considerations	Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the staffing and operations of the regional center? ☐ ☐ ☐ Yes No Not Applicable 2. If yes to Question 1, how? If no, please explain why not. [Include text here]			

Table: CAWP format - Component B

Section 1. Cooperative Agreement Work plan Component B			
Objective 1:	By # days post-award, establish a Steering Committee (may be a subset of the Regional Coordinating Body)		
Implementation Timeframe	**Start Date:** MM/DD/YYYY	**End Date:** MM/DD/YYYY	
	Target date	Responsible Position or Party	Progress or Process Measure(s)	Status
Activity 1:				
Activity 2:				
Activity 3:				
Activity 4:				
Activity 5:				
Setting	☐ Regional State Territorial Local Tribal		
Collaboration and Coordination	Describe collaboration and coordination activities with applicable state, territorial, local, and tribal health department and officials, health care facilities, and health care coalitions to improve public health preparedness and response.		
Health Equity Considerations	Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the Steering Committee? ☐ ☐ ☐ Yes No Not Applicable 2. If yes to Question 1, how? If no, please explain why not. [Include text here]		
Objective 2:	By # days post-award, establish and maintain a regional public health preparedness and response center (Year 1, to be maintained in years 2 – 5)		
Implementation Timeframe	**Start Date:** MM/DD/YYYY	**End Date:** MM/DD/YYYY	

	Target date	Responsible Position or Party	Progress or Process Measure(s)	Status
Activity 1:				
Activity 2:				
Activity 3:				
Activity 4:				
Activity 5:				
Setting	☐ Regional State Territorial Local Tribal			
Collaboration and Coordination	Describe collaboration and coordination activities with applicable state, territorial, local, and tribal health department and officials, health care facilities, and health care coalitions to improve public health preparedness and response.			
Health Equity Considerations	Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the staffing and operations of the regional center? ☐ ☐ ☐ Yes No Not Applicable 2. If yes to Question 1, how? If no, please explain why not. [Include text here]			
Objective 3:	By # days post-award, develop, implement, and evaluate activities to meet objectives in the Five-Year Regional Work Plan, FY2024 – 2029. The Five-Year Regional Work Plan will include focus areas, partners, roles, and resources needed to accomplish the plan's objectives.			
Implementation Timeframe	**Start Date:** MM/DD/YYYY		**End Date:** MM/DD/YYYY	
	Target date	Responsible Position or Party	Progress or Process Measure(s)	Status
Activity 1:				
Activity 2:				
Activity 3:				

Activity 4:				
Activity 5:				
Activity 6:				
Activity 7:				
Activity 8:				
Setting	☐ Regional State Territorial Local Tribal			
Collaboration and Coordination	Describe collaboration and coordination activities with applicable STLT health departments and officials, health care facilities, and health care coalitions to improve public health preparedness and response.			
Health Equity Considerations	Are considerations to increase the likelihood that health equity can be addressed integrated into the decision-making process when developing and convening the staffing and operations of the regional center? ☐ Yes ☐ No ☐ Not Applicable 2. If yes to Question 1, how? If no, please explain why not. [Include text here]			

Paperwork Reduction Act

Any activities involving information collection from 10 or more individuals or organizations may require you to follow the Paperwork Reduction Act (PRA). This requires review and approval by the White House Office of Management and Budget. For further information about CDC's requirements under PRA see CDC Paperwork Reduction Act Compliance. Collections include items like surveys and questionnaires.

Funding policies & limitations

General guidance

- Your budget is arranged in eight categories: salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual.
- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and

regulations that apply to the award. Questions about this determination should be posed to the grants management specialist.

- The work you propose may be complementary to, but not duplicate, work funded through any other mechanism or source during the period of performance.
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.
- If needed, you may use funds to meet national standards or seek health department accreditation or reaccreditation through the Public Health Accreditation Board (PHAB). This allowability applies only to state, Tribal, local, and territorial government agencies within the US and its territories. Include the proposed activities and a description of the connection to national standards or accreditation achievement in the budget narrative.
- You may use funds to support your jurisdiction's vital records office (VRO) to build its capacity through partnerships; provide technical or financial assistance to improve vital records timeliness, quality, or access; or support vital records improvement efforts.
- You may use funds to ensure state, tribal, local, and territorial employees funded by CDC grant or cooperative agreement awards are adequately trained and prepared to effectively participate in jurisdictional emergency response activities.
- You may use funds to work within your region to select, support implementation, and evaluate EBSIs under Components A, B, D, and E, or to conduct coordinating activities under Component C.
- Your budget can include both direct costs and indirect costs as allowed.
- Your budget should include costs associated with personnel and fringe benefits, any potential projected travel costs, equipment, supplies, and other direct costs.

Unallowable costs

You may not use funds for:

- Clinical care except as allowed by law.
- Pre-award costs unless CDC gives you prior written approval.
- Costs for or commitment of a person's effort that is greater than 100 percent.
- Other than for normal and recognized executive-legislative relationships:

- publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.

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

- See Guidance on Lobbying for CDC Recipients.

Indirect costs

Indirect costs are those for a common or joint purpose across more than one project and that cannot be easily separated by project. Learn more at 45 CFR 75.414, Indirect Costs, and CDC Budget Preparation Guidelines.

For non-training awards

To charge indirect costs you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency.

Justification: Provide a summary of the rate. Enclose a copy of the current approved rate agreement in the Attachments.

Method 2 – *De minimis* rate. Per 45 CFR 75.414(f), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you are awaiting approval of an indirect cost proposal, you may also use the *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 10% of modified total direct costs (MTDC). See 45 CFR 75.2 for the definition of MTDC. You can use this rate indefinitely.

For training awards

Indirect costs for training awards cannot exceed 8% of modified total direct costs. To understand what is included in modified total direct costs, see 45 CFR 75.2.

Other indirect cost policies

- As described in 45 CFR 75.403(d), you must consistently charge items as either indirect or direct costs and may not double charge.

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

Research-related policies & restrictions

Under this NOFO, we allow research activities. If you intend to conduct research activities, you must say so in your application. When you conduct research activities, you must follow all applicable laws, regulations, and policy requirements. Be sure to address the CDC research and human subjects protection requirements throughout this NOFO. See the strategies and activities section for more details.

- You must not include activities that overlap with simultaneously funded research under other awards. We do not allow scientific, budgetary, or percent effort overlap.

- We do not allow certain grants or recipients to use expanded authorities. Additionally, we may override one or more expanded authority with a special term or condition of the award. The Notice of Award (NoA) will let you know what expanded authorities you may use. We may do this by reference to the HHS Grants Policy Statement or through specific award terms and conditions. Therefore, you must review the NoA to determine how expanded authorities apply to you.

- We will restrict research funds involving human subjects until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. After award, you will need to submit copies of all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) to your Scientific Program Officer or Project Office to lift the restrictions. If multiple collaborating institutions are involved, include your single IRB Plan in the human subjects section of the project narrative:
  - Describe how you will comply with the single IRB review requirement under the Revised Common Rule at 45 CFR 46.114(b) (cooperative research). If available, provide the name of the IRB that you anticipate will serve as the IRB of record.
  - Indicate that all engaged institutions or participating sites will agree to rely on the proposed IRB and that any institutions or sites added after award will rely on the IRB.
  - Briefly describe how you or your collaborating partners will handle communication between institutions and the IRB.
  - Indicate that all engaged institutions or participating sites will, prior to initiating the study, sign an authorization or reliance agreement

that will clarify the roles and responsibilities of the IRB and participating sites.

- Indicate which institution or entity will maintain records of the authorization or reliance agreements and of the communication plan.

- Do not include the authorization or reliance agreements or the communication plans documents in your application. You'll need to submit these documents after you've been approved for funding. We'll provide additional guidance after we make awards.

- If you anticipate research involving human subjects but cannot describe the study at the time of application, include information about how the study will comply with the single Institutional Review Board (IRB) requirement prior to initiating any multi-site study in the delayed onset study justification.

- We will restrict funds relating to the conduct of activities involving vertebrate animals until the appropriate assurances and Institutional Animal Care and Use Committee (IACUC) approvals are in place. You will need to submit copies of all current local IACUC approval letters and local IACUC approved protocols to lift restrictions after you receive funding.

  - Certain projects will require that you obtain review and approval of collections from the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA). These projects may include those that involve collecting information, identical record keeping, or reporting from 10 or more people are funded by a cooperative agreement constitute a burden of time, effort, or resources expended to collect or disclose the information.

- If your project involves life sciences research, you must follow the policy for "Dual Use Research of Concern" (DURC). If applicable, you will have several responsibilities. See the requirements at Science Safety Security, Dual Use Research of Concern. Non-compliance with this policy may result in:

  - suspension, restriction, or termination of federal funding under this award

  - loss of future funding opportunities and of federal funds for other life sciences research at the institution

  - other potential penalties under applicable laws and regulations

- You must include a Data Management Plan (DMP) in your application. See CDC AR-25 for more information. We may impose funding restrictions if

the evaluation of your application determines the Data Management Plan is incomplete and does not conform to CDC requirements.

- Per the Bayh-Dole Act (the Patent and Trademark Law Amendments Act), all businesses and nonprofits (including universities) can retain ownership of the inventions made under federally funded research.

National public health priorities and strategies

Healthy People 2030

This program addresses the following Healthy People 2030 topic area:

- Improve emergency preparedness and response by building community resilience. Emergency Preparedness - Healthy People 2030 | health.gov

Other priorities and strategies

This program aligns with and addresses the following national public health priorities and strategies:

- Public Health Preparedness Capabilities
- National Health Security Strategy
- Public Health Response Readiness Framework
- FEMA National Preparedness Goal
- CDC's CORE Commitment to Health Equity | Health Equity | CDC
- Public Health Data Strategy | OPHDST | CDC

Statutory authority

The program is authorized under sections 319F(d) of the Public Health Service Act (42 U.S.C. 247d-6(d)), as amended.

Step 2:

Get Ready to Apply

In this step

Get registered   63

Get registered

While you can review the requirements and get started on developing your application before your registrations are complete, you must be registered in both SAM.gov and Grants.gov to apply.

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier. SAM.gov registration can take several weeks. Begin that process today.

To register, go to SAM.gov Entity Registration and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

Grants.gov

You must also have an active account with Grants.gov. You can see step-by-step instructions at the Grants.gov Quick Start Guide for Applicants.

Need Help? See Contacts & Support.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number CDC-RFA-TU-24-0142.

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, contact grants.gov for assistance. The 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 800-518-4726 or by email at support@grants.gov.

To get updates on changes to this NOFO, click Subscribe from the View Grant Opportunity page for this NOFO on Grants.gov.

Help applying

For help on the application process and tips for preparing your application see How to Apply on our website. For other questions, see Contacts & Support.

Join the informational call

Monday, April 1, 2024

2:00 to 3:30 p.m. ET

[Register for the Zoom webinar](#)

Step 3:
Prepare Your Application

In this step

Application contents & format

Applications include five main elements. This section includes guidance on each. Make sure you include each of these:

Table: Application elements

Element	Submission Form
Project abstract	Use the Project Abstract Summary form
Project narrative	Use the Project Narrative Attachment form
Budget narrative justification	Use the Budget Narrative Attachment form
Attachments	Insert each in the Other Attachments form
Required forms	Upload using each required form.

We will provide instructions on document formats in the following sections. If you don't provide the required documents, your application is incomplete. See initial review to understand how this affects your application.

> Required format for project abstract, project narrative, and budget narrative
>
> Font: Times New Roman
>
> Format: PDF
>
> Size: 12-point font
> Footnotes and text in graphics may be 10-point
>
> Spacing: Single-spaced
>
> Margins: 1-inch
>
> Include page numbers

Project abstract

Page limit: 1

File name: Project abstract summary

Provide a self-contained summary of your proposed project, including the purpose and outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects.

You must clearly state in your abstract if you are applying only for the required component or if you are also applying for optional components. Clearly state which optional component for which you are applying.

Project narrative

Page limit:

- Component A: 15 pages
- Component B: 12 pages
- Components C, D, and E: 7 pages each

File name: Project narrative

Your project narrative must use the following exact headings, subheadings, and order. See merit review criteria to understand how reviewers will evaluate your project narrative.

You must include a separate project narrative for each component for which you are applying.

Background

Describe the problem you plan to address. Be specific to your population and geographic area.

See program description, background.

Approach

Strategies and activities

Describe how you will engage your Regional Coordinating Body and/or Steering Committee as applicable to support successful pursuit of strategies and activities and ensure the regional center's work addresses regional needs, priorities, and contexts.

Provide an example of how you will implement a potential strategy or intervention, including performance outcomes and activities to achieve the period of performance outcomes.

See program description, strategies and activities.

Outcomes

Using the logic model, identify the outcomes you expect to achieve or make progress on by the end of the period of performance.

Work plan

Include a CAWP using the requirements in program description, work plan.

Your application must include separate cooperative agreement work plans (CAWP) for each component for which you are applying.

Focus populations and health disparities

Describe the specific population or populations you plan to address under this award. Explain how you will include them and meet their needs in your project. Describe how your work will benefit public health as well as the populations and alleviate health disparities.

See program description, focus populations.

Organizational capacity

Describe how you will address the organizational capacity requirements in program description, organizational capacity.

You must provide attachments that support this section including:

- Resumes and job descriptions
- Organization chart

Collaborations

Describe how you will collaborate with programs and organizations, either internal or external to CDC. Explain how you will address the Collaboration requirements in program description, collaborations.

Budget narrative

Page limit: None

File name: Budget narrative

The budget narrative supports the information you provide in Standard Form 424-A. See other required forms.

For guidance to complete a detailed budget narrative, see CDC Budget Preparation Guidelines on the CDC Application Resources webpage. Following this guidance will also facilitate our review and approval of your budget request if we select your application for award.

As you develop your budget, consider If the costs are reasonable and consistent with your project's purpose and activities. CDC will review and must approve costs prior to award.

The budget narrative, separate for the required Components A, B, C and E, must explain and justify the costs in your budget. Provide the basis you used to calculate costs. It must follow this format, specific to each component:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment (in consultation with CDC)
- Supplies
- Travel (only for necessary functions, in consultation with CDC)
- Other categories
- Contractual costs
- Total direct costs (total of all items above)
- Total indirect costs

See funding policies & limitations for policies you must follow.

Attachments

You will upload attachments in Grants.gov using the Other Attachments Form. When adding the attachments to the form, you can upload PDF, Word, or Excel formats.

Table of contents

Provide a detailed table of contents for your entire submission that includes all the documents in the application and headings in the "Project Narrative" section. There is no page limit.

File name: Table of Contents

Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your cognizant agency for indirect costs. If you use the *de minimis* rate, you do not need to submit this attachment.

File name: Indirect Cost Agreement

Proof of nonprofit status

If your organization is a nonprofit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is a nonprofit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a nonprofit.
- Any of the above for a parent organization. Also include a statement signed by an official of the parent group that your organization is a nonprofit affiliate.

File name: Nonprofit status

Resumes and job descriptions

For key personnel, attach resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications and plans to hire.

File name: Resumes and job descriptions

Organizational chart

Provide an organizational chart that describes your structure. Include any relevant information to help understand how parts of your structure apply to your proposed project.

File name: Organization Chart

Letters of support

Attach required letters of support from collaborating non-federal entities, including at least: three state health departments in the region, one tribe, one health care coalition, and one organization representing underserved populations. These entities should be those collaborating on the establishment and maintenance of centers, or implementation of activities of the centers. File name: Letters of support (assemble all letters of support in a single PDF with a table of contents)

Collaboration documentation

You may use memoranda of agreement (MOA), memoranda of understanding (MOU), letters of commitment, or service agreements to formally document the scope of work, intensity, and duration of collaborations with partners.

Each document should thoroughly describe:

- The proposed collaboration and specific activities
- Which parties are responsible for what
- The intended outcomes and benefits for the overall proposed program

File name: Collaboration documentation

Duplication of efforts

You must provide this attachment only if you have submitted a similar request for a grant, cooperative agreement, or contract to another funding source in the same fiscal year and it may result in any of the following types of overlap:

Programmatic

- They are substantially the same project, or

- A specific objective and the project design for accomplishing it are the same or closely related.

Budgetary

- You request duplicate or equivalent budget items that already are provided by another source or requested in the other submission.

Commitment

- Given all current and potential funding sources, an individual's time commitment exceeds 100 percent, which is not allowed.

We will discuss the overlap with you and resolve the issue before award.

File name: Report on overlap

Other required forms

You will need to complete some other required standard forms. Upload the following standard forms listed at Grants.gov. You can find them in the NOFO application package or review them and their instructions at Grants.gov Forms.

Table: Other required forms

Forms	Submission Requirement
Hybrid Non-Research Forms: 1. Application for Federal Assistance (SF-424) [V4.0] 2. Budget Information for Non-Construction Program (SF-424A) [V1.0] 3. Key Contacts [V2.0]	With application.
4. Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before the award.
For any research component CDC ORR TU H78 Hybrid Forms H Research New (Research and Related or R & R family): 1. SF424 (R & R) [V5.0] 2. PHS 398 Research Plan [V5.0] 3. Project/Performance Site Location(s) [V4.0] 4. Research & Related Budget [V3.0] 5. Research & Related Senior/Key Personal Profile (Expanded) [V4.0] 6. HS Human Subjects Information [V3.0] 7. Project Narrative Attachment Form [V1.2] 8. Research & Related Other Project Information [V1.4]	If applicable, with application

Step 4:
Learn About Review & Award

In this step

Application review	[75](#)
Award notices	[86](#)

Application review

Initial review

We review each application to make sure it meets responsiveness requirements. These are the basic requirements you must meet to move forward in the competition. We won't consider an application that:

- Is from an organization that doesn't meet eligibility criteria. See requirements in [Eligibility](#).
- Is submitted after the [deadline](#).

Also, if you don't follow page limit or formatting requirements, we may remove pages from your application to solve any unfairness.

Merit review

A panel reviews all applications that pass the initial review. The members use the following criteria. The panel will score and rank the required component and each optional component separately. Previous experience developing Five-Year Regional Work plans and establishing regional coordinating bodies will not be considered in the review process.

Criteria for Components A and B

Criterion	Total number of points = 100
1. Approach	35 points
2. Evaluation and performance measurement	25 points
3. Organizational capacity	40 points
4. Budget	Not scored

Table: Approach (maximum points = 35)

Evaluate the extent to which the applicant:	Consistent with:
Identifies a feasible approach to • Proposed work with health departments and other relevant entities under this NOFO to create plans, objectives, activities, and priorities relevant to multiple states or an entire region.	[Approach, logic model](#)

Evaluate the extent to which the applicant:	Consistent with:
• Develop or implement strategies and interventions to support PHPR. • Develop and conduct dissemination, translation, and evaluation of PHPR strategies and interventions to a broad audience in multiple states or an entire region. The approach should show an understanding of potential risks associated with the required strategies and activities. **(25 points)**	
Presents and addresses potential problems, alternative strategies, and benchmarks for success for strategies and activities described under this NOFO. **(5 points)**	Strategies and activities
Identifies an approach to working with a range of populations, particularly those that are underserved. Shows evidence of understanding and having capabilities to address social determinants of health and health equity relevant to PHPR. Examples may include engaging with partners from communities or organizations representing populations experiencing health disparities. **(5 points)**	Approach, logic model

Table: Evaluation and performance measurement (maximum points = 25)

Evaluate the extent to which the applicant:	Consistent with:
Shows experience developing and tracking performance measures specific to establishing and maintaining a multi-jurisdictional center and implementing PHPR strategies. **(6 points)**	Strategies and activities
Describes experience conducting and disseminating results of quantitative public health evaluation, including development of evaluation plans. **(5 points)**	Strategies and activities
Describes how key program partners, including those representing underserved communities, will participate in the evaluation and performance measurement planning processes. **(5 points)**	Strategies and activities
Describes how evaluation findings will be used for continuous program quality improvement. **(4 points)**	Strategies and activities
Describes how performance measurement and evaluation findings will be reported, shared, and used to demonstrate the outcomes of the NOFO, and reporting of project activities, including a commitment to develop and implement a Data Management Plan (DMP). **(5 points)**	Data Management

Table: Organizational capacity (maximum points 40)

Evaluate the extent to which the applicant:	Consistent with:
Provides evidence that the PD/PIs, collaborators, and other researchers are well suited to the project; have demonstrated an ongoing record of accomplishments that have advanced the PHPR field. **(5 points)**	Resumes and job descriptions
Describes the experience project leads have with governance of cooperative agreements and the organization's structure is appropriate for the project (NOFO, regional collaboration). **(5 points)**	Organization chart
Provides evidence of public health emergency preparedness and response experience implementing, developing, evaluating, and translating EBSIs. **(5 points)**	Resumes and job descriptions
Provides evidence of regional partnerships and ability to collaborate across sectors and jurisdictions around a common agenda. **(5 points)**	Collaborations
Describes project management capabilities needed to successfully develop and implement a federally funded project. **(5 points)**	Resumes and job descriptions
Provides evidence of a range of technical capabilities relevant to PHPR including knowledge and experience with policy, environmental and behavioral strategies and interventions, risk communications and data modernization and information management. **(5 points)**	Resumes and job descriptions
Describes experience creating translation and dissemination products targeting public health practitioners, non-governmental organizations, and/or decision makers. **(5 points)**	Resumes and job descriptions
Describes a project management structure. Clearly outlines the roles and responsibilities of project staff like the principal investigator or project director and other leaders, program staff, technical staff, consultants, and partner organizations, including provision of an organizational chart describing roles and responsibilities. **(5 points)**	Organization chart

Budget (not scored)
The panel will review but not score the budget and will assess whether the budget aligns with stated objectives, planned program required and optional strategies and related activities. Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research.

Criteria for Component C

Criterion	Total number of points = 100
1. Approach	25 points
2. Evaluation and performance measurement	20 points
3. Organizational capacity	55 points
4. Budget	Not scored

Table: Approach (maximum points = 25)

Evaluate the extent to which the applicant:	Consistent with:
Identifies a feasible approach to providing coordination and technical assistance to the national network of regional centers that demonstrates an understanding of potential needs, risks, processes, and needs a regional PHPR center might have. **(10 points)**	Approach, logic model
Presents and addresses potential problems, alternative strategies, and benchmarks for success for strategies and activities described under this NOFO. **(5 points)**	Strategies and activities
Describes examples of how technical assistance can be provided to support centers in activities associated with addressing social determinants of health and health equity relevant to PHPR and working with underserved populations. **(5 points)**	Approach, logic model
Describes an approach to facilitating meetings with federal and non-federal partners to enhance collaboration of centers with existing regional entities. **(5 points)**	Collaborations

Table: Evaluation and performance measurement (maximum points = 20)

Evaluate the extent to which the applicant:	Consistent with:
Shows experience developing and tracking performance measures specific to establishing and maintaining a multi-jurisdictional coordinating center and providing technical assistance. **(7 points)**	Strategies and activities
Describes data sources and data collection methods they will use to answer the evaluation questions relevant to the selected outcomes. **(5 points)**	Strategies and activities

Evaluate the extent to which the applicant:	Consistent with:
Describes how performance monitoring and evaluation findings will be used for continuous program quality improvement. **(4 points)**	Strategies and activities
Describes how performance measurement and evaluation findings will be reported, shared, and used to demonstrate the success of coordination and technical assistance, including a commitment to develop and implement a Data Management Plan (DMP). **(4 points)**	Strategies and activities

Table: Organizational capacity (maximum points = 55)

Evaluate the extent to which the applicant:	Consistent with:

Demonstrates having a project management structure sufficient to achieve the national network coordination project activities and outcomes. This includes, but is not limited to:
• program and staffing management **(6 points)**
• communication, technological and data systems required to implement activities in an effective and expedited manner **(5 points)**
• workforce capacity **(15 points)** for:
  ◦ virtual meeting organizing and facilitation
  ◦ database management
  ◦ provision of technical assistance
  ◦ expertise in understanding the PHPR evidence base and assessment of evidence quality
	Organization chart

Demonstrates an understanding of EBSIs and an ability to enhance an inventory of EBSIs for PHPR. **(12 points)**	Organization chart
Demonstrate knowledge of and experience in engaging with and securing input from a range of stakeholders in PHPR, ensuring efforts are effectively coordinated (including public health or preparedness and response experts, STLT public health departments, clinicians, government agencies, members of specialty or other nongovernmental organizations, business entities, and the general public) and can provide technical assistance in this area. **(12 points)**	Organization chart
Describes a project management structure. Clearly outlines the roles and responsibilities of project staff like the principal investigator or	Organization chart

Evaluate the extent to which the applicant:	Consistent with:
project director and other leaders, program staff, technical staff, consultants, and partner organizations, including provision of an organizational chart describing roles and responsibilities. **(5 points)**	

Budget (not scored)

The panel will review but not score the budget and will assess whether the budget aligns with stated objectives, planned program required and optional strategies and related activities. Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research.

Criteria for Component D

Criterion	Total number of points = 100
1. Approach	35 points
2. Evaluation and performance measurement	25 points
3. Organizational capacity	50 points
4. Budget	Not scored

Table: Approach (maximum points = 35)

Evaluate the extent to which the applicant:	Consistent with:
Describes a potential project associated with the strategy(ies) for consideration, including: • Partner engagement approach, including existing partnerships that might enhance capabilities. **(5 points)** • As appropriate for strategies 6 – 9 **(30 points)**: 　◦ Approach for developing a Five-Year Regional Work plan to address needs of an underserved population. 　◦ Implementation approach for strategies and interventions. 　◦ Approach for enriching education and training of practitioners to enhance the PHPR science workforce. • Scientific approach, such as disciplines and fields of scientific expertise, basic or applied research, evaluation, quantitative or	[Budget narrative](#)

Evaluate the extent to which the applicant:	Consistent with:
qualitative methods, systems expertise, translation approaches, or dissemination approaches.	
Presents and addresses potential problems, alternative strategies, and benchmarks for proposed strategies. **(5 points)**	[Budget narrative]
Identifies an approach to working with a range of populations, particularly those that are underserved. Shows evidence of understanding and having capabilities to address social determinants of health and health equity relevant to PHPR. Examples may include engaging with partners from communities or organizations representing populations experiencing health disparities. **(5 points)**	[Budget narrative]

Table: Evaluation and performance measurement (maximum points = 25)

Evaluate the extent to which the applicant:	Consistent with:
Shows experience developing and tracking performance measures. **(6 points)**	[Strategies and activities]
Describes experience conducting and disseminating results of quantitative public health evaluation, including development of evaluation plans. **(5 points)**	[Strategies and activities]
Describes how key program partners, including those representing underserved communities, will participate in the evaluation and performance measurement planning processes. **(5 points)**	[Strategies and activities]
Describes how evaluation findings will be used for continuous program quality improvement. **(4 points)**	[Strategies and activities]
Describes how performance measurement and evaluation findings will be reported, shared, and used to demonstrate the outcomes of funded activities, including a commitment to develop and implement a Data Management Plan (DMP). **(5 points)**	[Strategies and activities]

Table: Organizational capacity (maximum points 50)

Evaluate the extent to which the applicant:	Consistent with:
Provides evidence that the PD/PIs, collaborators, and other researchers are well suited to the strategies the applicant would like to be considered for in the future and have demonstrated an ongoing record of accomplishments that have advanced their field(s). **(15 points)**	Organization chart
Describe the capabilities of the center for the following categories: • Disaster type. **(3 points)** • By topic area, using the PHEP domains and capabilities. **(3 points)** • By partner engagement approach, including existing partnerships that might enhance capabilities. **(4 points)** Depending on the strategy being applied for **(15 points)** • By implementation approach, such as direct implementation, training, and TA. • By scientific approach, such as disciplines and fields of scientific expertise, basic or applied research, evaluation, quantitative or qualitative methods, systems expertise, translation approaches, or dissemination approaches. • By type of science training.	Organization chart
Describes experience creating translation and dissemination products targeting public health practitioners, non-governmental organizations, and/or decision makers. **(5 points)**	Organization chart
Describes a project management structure. Clearly outlines the roles and responsibilities of project staff like the principal investigator or project director and other leaders, program staff, technical staff, consultants, and partner organizations, including provision of an organizational chart describing roles and responsibilities. **(5 points)**	Organization chart

Budget (not scored)
A budget is not required at this time. If funding is available for specific strategies, budgets will be required in the application for the strategy proposals.

Criteria for Component E

Criterion	Total number of points = 100
1. Approach	45 points
2. Evaluation and performance measurement	25 points
3. Organizational capacity	45 points
4. Budget	Not scored

Table: Approach (maximum points = 45)

Evaluate the extent to which the applicant:	Consistent with:
Identifies a feasible approach to • Work with health departments and other relevant entities to create plans, objectives, activities, and priorities relevant to multiple states or an entire region. **(5 points)** • Develop and conduct dissemination, translation, and evaluation of NOFO activities for a broad audience in multiple states or an entire region. **(5 points)** The approach should show an understanding of potential risks associated with the required strategies and activities. **(5 points)**	[Budget narrative](#)
Presents and addresses potential problems, alternative strategies, and benchmarks for success for strategies and activities described under this NOFO. **(5 points)**	[Budget narrative](#)
Identifies an approach to working with a range of populations, particularly those that are underserved. Shows evidence of understanding and having capabilities to address social determinants of health and health equity relevant to PHPR. Examples may include engaging with partners from communities or organizations representing populations experiencing health disparities. **(5 points)**	[Budget narrative](#)
For Strategy 10: Describes plan to develop and implement activities to support PHPR in tribal (regions 8 and 10) or rural (region 9 – Pacific Islands) areas at a regional level. **(10 points)**	[Budget narrative](#)

Evaluate the extent to which the applicant:	Consistent with:
For Strategy 11: Describes an approach to pilot test a data ecosystem model. **(10 points)**	

Table: Evaluation and performance measurement (maximum points = 25)

Evaluate the extent to which the applicant:	Consistent with:
Shows experience developing and tracking performance measures specific to establishing and maintaining a multi-jurisdictional center and implementing PHPR strategies. **(6 points)**	Strategies and activities
Describes experience conducting and disseminating results of quantitative public health evaluation, including development of evaluation plans. **(5 points)**	Strategies and activities
Describes how key program partners, including those representing underserved communities, will participate in the evaluation and performance measurement planning processes. **(5 points)**	Strategies and activities
Describes how evaluation findings will be used for continuous program quality improvement. **(4 points)**	Strategies and activities
Describes how performance measurement and evaluation findings will be reported, shared, and used to demonstrate the outcomes of the NOFO, and reporting of project activities, including a commitment to develop and implement a Data Management Plan (DMP). **(5 points)**	Data Management

Table: Organizational capacity (maximum points 45)

Evaluate the extent to which the applicant:	Consistent with:
Provides evidence that the PD/PIs, collaborators, and other researchers are well suited to the project; have demonstrated an ongoing record of accomplishments that have advanced the PHPR field. **(10 points)**	Organization chart
Strategy 10: Provides evidence of public health emergency preparedness and response experience implementing, developing, evaluating, and translating EBSIs in the communities of focus. **(5 points)** OR Strategy 11: Provides evidence of experience working with a range of local data sources and data management. **(5 points)**	Organization chart

Evaluate the extent to which the applicant:	Consistent with:
Provides evidence of regional partnerships and ability to collaborate across sectors and jurisdictions around a common agenda. **(10 points)**	Collaborations
Describes experience creating translation and dissemination products targeting public health practitioners, non-governmental organizations, and/or decision makers. **(5 points)**	Organization chart
Describes a project management structure. Clearly outlines the roles and responsibilities of project staff like the principal investigator or project director and other leaders, program staff, technical staff, consultants, and partner organizations, including provision of an organizational chart describing roles and responsibilities. **(5 points)**	Organization chart

Budget (not scored)

The panel will review but not score the budget and will assess whether the budget aligns with stated objectives, planned program required and optional strategies and related activities. Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research.

Risk review

Before making an award, we review the risk that you will not prudently manage federal funds. As part of that review, we need to make sure you've handled any past federal awards well and demonstrated sound business practices. We use SAM.gov Responsibility / Qualification to check this history for all awards likely to be over $250K. We also check Exclusions.

You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

We may ask for additional information prior to award based on the results of the risk review.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see 45 CFR 75.205.

Selection process

We will award up to one center per region.

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The results of the risk review.

We may:

- For Components A and B, fund application out of the rank order developed in merit review to ensure we fund no more than one center in each HHS region.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Choose to fund no applications under this NOFO.

Our ability to make awards depends on available appropriations.

If we do not receive acceptable proposals from a region in this solicitation, CDC reserves the right to release another solicitation for unfunded regions if funding is available in subsequent years.

Award notices

If you are successful, we will email a Notice of Award (NoA) to your authorized official.

We will email you or write you a letter if your application is disqualified or unsuccessful.

The NoA is the only official award document. The NoA tells you about the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you don't have permission to start work.

Once you draw down funds, you have accepted all terms and conditions of the award.

If you want to know more about NoA contents, go to Understanding Your Notice of Award at CDC's website.

Step 5:
Submit Your Application

In this step

Application submission & deadlines

See [find the application package](#) to make sure you have everything you need.

You must obtain a Unique Entity Identifier (UEI) number associated with your organization's physical location. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds.

Make sure you are current with SAM.gov and UEI requirements before applying for the award. See [get registered](#).

You will have to maintain your registration throughout the life of any award.

Deadlines

Optional letter of intent

Due on April 9, 2024

Application

Due on May 23, 2024, at 11:59 p.m. ET

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

The grants management officer may extend an application due date based on emergency situations such as documented natural disasters or a verifiable widespread disruption of electric or mail service.

Submission methods

Grants.gov

You must submit your application through Grants.gov. See [get registered](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks or we may not get it. Do not encrypt, zip, or password protect any files.

See [Contacts & Support](#) if you need help.

Other submissions

Intergovernmental review

This NOFO is not subject to executive order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Optional letter of intent

We ask that you let us know if you plan to apply for this opportunity. We do this to plan for the number of reviewers we will need to evaluate applications. You do not have to submit a letter of intent to apply.

Please email the notice to RSoler@CDC.gov.

In your email, include:

- The funding opportunity number and title
- Your organization's name and address
- A contact name, phone number, and email address

See the deadline for notices of intent.

Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, 45 CFR 75.113.

Send written disclosures to the CDC Office of Grants Services at JVR1@cdc.gov and to the Office of Inspector General at grantdisclosures@oig.hhs.gov. Include "Mandatory Grant Disclosures" in the subject line.

Application checklist

Make sure that you have everything you need to apply for each component:

Component	How to Upload	Page limit
☐ Project Abstract	Use the Project Abstract Summary Form.	1 page
☐ Project Narrative	Use the Project Narrative Attachment form.	See component page limits
☐ Budget Narrative	Use the Budget Narrative Attachment form.	None
Attachments	Insert each in a single Other Attachments form.	
☐ Table of Contents		None
☐ Proof of public health charge or mission		None
☐ Indirect cost agreement		None
☐ Proof of nonprofit status		None
☐ Resumes and job descriptions		None
☐ Organization chart		None
☐ Letters of support		None
☐ Data Management Plan (DMP)		None
☐ Duplication of efforts (if applicable)		None
Other required forms	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		None
☐ Budget Information for Non-Construction Programs (SF-424A)		None
☐ Disclosure of Lobbying Activities (SF-LLL)		None

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Step 6:
Learn What Happens After Award

In this step

Post-award requirements & administration   92

Post-award requirements & administration

We adopt by reference all materials included in the links within this NOFO.

Administrative & national policy requirements

There are important rules you need to read and know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NoA). The NoA includes the requirements of this NOFO.
- The rules listed 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- The HHS Grants Policy Statement (GPS). This document has policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those provisions in the HHS Administrative and National Policy Requirements.

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, visit the HHS Office for Civil Rights website.

The following CDC Additional Requirements (AR) apply to this NOFO's awards: 1, 3, 4, 7, 9, 10, 12, 13, 14, 15, 22, 23, 24, 25, 27, 28, 29, 20, 31, 32, 33, 34, 36, 37, 38.

Reporting

If you are successful, you will have to submit financial and performance reports. These include:

Report	Description	When
Progress reports	• Summary of quarterly progress status • Work to be performed during the next quarterly reporting period • Any anticipated risks and plans to mitigate those risks	Quarterly, after the project start
Recipient Performance Measurement and Data Management Plan	• Builds on the plan in the application. • Includes measures and targets. • Shows how data are collected and used (Data Management Plan).	6 months into award
Annual Performance Report	• Serves as yearly continuation application. • Includes performance measures, successes, challenges. • Updates CAWP • How CDC could help overcome challenges. • Includes budget for the next 12-month budget period.	No later than 120 days before the end of each budget period.
Federal Financial Report	• Includes funds authorized and disbursed during the budget period. • Indicates exact balance of unobligated funds and other financial information.	90 days after the end of each budget period

Report	Description	When
Data on Performance Measures	• Includes information similar to the Annual Performance Report.	Data on Performance Measures will be submitted in the Annual Performance Report.
Final Performance Report	• Includes information similar to the Annual Performance Report	120 days after the end of the period of performance
Final Financial Report	• Includes information in Federal Financial Report.	120 days after the end of the period of performance

Learn more about these reporting requirements on the CDC website.

CDC award monitoring

Monitoring activities include:

- Routine and ongoing communication between CDC and recipients
- Site visits
- Recipient reporting, including work plans, performance reporting, and financial reporting

We expect to include the following in post-award monitoring:

- Tracking recipient progress in achieving the outcomes
- Ensuring the adequacy of your systems to hold information and generate data reports
- Creating an environment that fosters integrity in performance and results

We may also include the following activities:

- Ensuring that CAWPs are feasible based on the budget
- Ensuring that CAWPs are consistent with award intent
- Ensuring that you are performing at a level to achieve outcomes on time.
- Working with you to adjust your CAWPs based on outcome achievement, evaluation results, and changing budgets.
- Monitoring programmatic and financial performance measures to ensure satisfactory performance levels.
- Other activities that assist CDC staff to identify, notify, and manage risk, including high-risk recipients.

CDC role

Being a cooperative agreement, in addition to providing oversight and monitoring, CDC will have substantial involvement in the project.

CDC will work with a coordination and technical assistance center, funded through Component C of this strategy, to provide additional coordination and technical assistance to the regional centers.

CDC will provide three templates (five-year regional work plan template, the CAWP template, and the evaluation template) and will offer guidance on how to use those templates. The templates are recommended. If OMB approves use of the templates, they will become required during the performance period.

Nondiscrimination & assurance

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). Learn more on the Laws and Regulations Enforced by the HHS Office for Civil Rights webpage.

Contacts & Support

In this step

Agency contacts

Program & eligibility

Shoukat Qari, SQari@CDC.Gov, 404-493-0454

Financial & budget

Angel Winters, jvr1@cdc.gov, 404-498-4056

Review process & application status

Robin Soler, RSoler@CDC.Gov, 770-488-5103

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Reference websites

- [U.S. Department of Health and Human Services (HHS)](#)
- [ORR internet site](#)
- [Grants Dictionary of Terms](#)
- [CDC Grants: How to Apply](#)
- [CDC Grants: Already Have a CDC Grant?](#)
- [Grants.gov Accessibility Information](#)
- [Code of Federal Regulations (CFR)](#)
- [United States Code (U.S.C.)](#)

Endnotes

Select the endnote number to jump to the related section in the document.

[1] CDC will request Office of Management and Budget (OMB) approval for use of these templates. If approved. The templates will become required.

[2] Equity is "[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality." (Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021).)

[3] "Public health data" means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation. Public health data includes those from research and non-research activities. See Additional Requirement (AR) 25: Data Management and Access for more information.