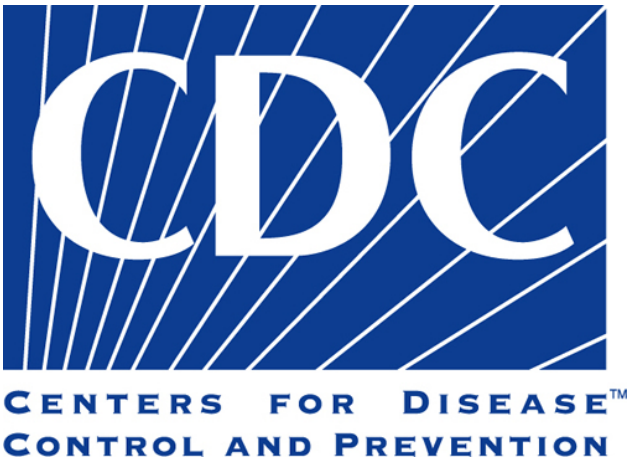

Centers for Disease Control and Prevention

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Advancing Violence Epidemiology in Real-Time (AVERT)

CDC-RFA-CE-23-0007

04/11/2023

Table of Contents

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-CE-23-0007. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Advancing Violence Epidemiology in Real-Time (AVERT)

C. Announcement Type: New - Type 1:

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

New - Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CE-23-0007

E. Assistance Listings Number:

93.136

F. Dates:

1. Due Date for Letter of Intent (LOI):
03/13/2023
Recommended but not Required
03/13/2023, 11:59 p.m. U.S. Eastern Standard Time

2. Due Date for Applications:
04/11/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call
Two informational calls will be offered:

Thursday, March 2, 2023 at 2:00 pm EDT, call-in information below:
Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting
Or call in (audio only)
+1 404-718-3800,,829486915# United States, Atlanta
(888) 994-4478,,829486915# United States (Toll-free)
Phone Conference ID: 829 486 915#

Thursday, March 9, 2023 at 2:00 pm EDT, call-in information below:
Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting
Or call in (audio only)
+1 404-718-3800,,829486915# United States, Atlanta
(888) 994-4478,,829486915# United States (Toll-free)
Phone Conference ID: 829 486 915#

F. Executive Summary:

Summary Paragraph
This Notice of Funding Opportunity (NOFO) integrates work funded through the previous CDC funding opportunity: Firearm Injury Surveillance Through Emergency Rooms (FASTER) (CDC-RFA-CE20-2005). This funding opportunity, Advancing Violence Epidemiology in Real-Time (AVERT) (CDC-RFA-CE23-0007), will continue work focused on increasing the comprehensiveness and timeliness of surveillance data on emergency department (ED) visits for all firearm injuries (regardless of intent), while adding new work focused on the near real-time surveillance of other violence-related injuries and mental health conditions. Applicants can apply for additional funds to implement one or both optional activities: implementation of at least one data linkage project and development of a local, multisectoral partnership for Real-Time Data to Inform Response, Engagement, Collaboration, and Tailored (REDIRECT) prevention activities. The AVERT NOFO also aims to ensure data are used to facilitate prevention and

response strategies in areas and populations of greatest need. Recipients must implement two strategies:

- Increase the timeliness of aggregate reporting of ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions.
- Disseminate surveillance findings in a timely way to the public and key partners working to prevent or respond to violence.

The continued support of this NOFO beyond year one is subject to the availability of funds.

a. Eligible Applicants:
Open Competition

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
10

d. Total Period of Performance Funding:
$1,500,000

e. Average One Year Award Amount:
$150,000

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

g. Estimated Award Date:
September 01, 2023

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Firearm deaths and injuries are a serious public health problem in the United States. In 2021, more than 47,000 people died because of a firearm-related injury, according to provisional mortality data from the CDC's National Vital Statistics System. Many more people suffer nonfatal firearm-related injuries, and some areas and populations groups are disproportionately affected by firearm injuries. In an analysis of emergency department (ED) visits from 10 U.S. jurisdictions, the proportion of ED visits for firearm injuries were higher in communities that experienced more poverty, unemployment, lower incomes, and lower educational attainment. People hospitalized with nonfatal gunshot wounds often experience long-term consequences, including physical disabilities and chronic mental health problems from conditions such as post-traumatic-stress disorder. The economic impact of firearm injury and mortality is also substantial, costing the U.S. billions of dollars each year in medical and lost productivity costs alone, according to CDC's Web-based Injury Statistics Query and Reporting System (WISQARS) Cost of Injury module. An understanding of the full extent of the problem is crucial

to informing prevention and response strategies and reducing future incidents.

Timely state- and local-level data on ED visits for firearm injuries are currently limited. More context on ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions (which may increase risk for or be a negative outcome associated with, firearm injuries and other violence-related injuries) is also needed. The collection of near real-time data on ED visits for these outcomes of interest at the state- and local-level could improve state and local jurisdictions' ability to identify, respond to, and prevent violence. These data can also be used to identify, track, and address disparities in ED visits for firearm injuries, violence-related injuries, and mental health conditions.

The goal of this NOFO is for recipients to improve the timeliness and use of surveillance of ED visits for all firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions. The NOFO also includes two optional activities (applicants can apply for additional funds to implement one or both): implementation of at least one data linkage project and development of a local, multisectoral partnership for Real-Time Data to Inform Response, Engagement, Collaboration, and Tailored (REDIRECT) prevention activities. This collaborative NOFO will include sharing data to improve syndrome definitions, data collection methods, analysis of surveillance data, and presentation and dissemination of findings to inform violence prevention efforts. Additionally, this NOFO will result in tools and methods that can be used by state and local health departments across the nation to rapidly track and respond to firearm injuries, other violence-related injuries, and mental health conditions.

b. Statutory Authorities
Section 392(a)(1) of the Public Health Service Act, as amended [42 USC 280b-0(a)(1)]

c. Healthy People 2030
This NOFO supports the following Healthy People 2030 objectives from the Injury and Prevention (IVP) topic area: IVP-2030-13: Reduce firearm-related deaths and IVP-2030-14: Reduce nonfatal firearm-related injuries.

d. Other National Public Health Priorities and Strategies
The National Academy of Medicine (formerly the Institute of Medicine) and the National Research Council's, "Priorities for Research to Reduce the Threat of Firearm-Related Violence," which includes a call to strengthen data on fatal and nonfatal firearm injuries.

e. Relevant Work
This NOFO builds on the Firearm Injury Surveillance Through Emergency Rooms (FASTER) program (CDC-RFA-CE20-2005), and on syndromic surveillance of ED visits supported by the National Syndromic Surveillance Program through the Emerging Infectious Diseases (ELC) cooperative agreement (CDC-RFA-CK19-1904).

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 1: Increase the timeliness of aggregate reporting of emergency department (ED) visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions	Strategy 1: **Increased availability of rapid, reliable, and geographically- and population-specific surveillance data on ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions**	Strategy 1: **Increased use of timely information about trends in violence-related ED visits by state and local partners** **Increased use of geographically- and population-specific information about trends in violence-related ED visits by state and local partners** **Increased use of syndromic surveillance data to develop plans for focusing prevention and response strategies on populations at greatest risk of violence by state and local partners**	More rapid identification of and response to changes in firearm injuries, other violence-related injuries, and mental health conditions Improved use of surveillance data to design and target interventions and monitor progress in addressing firearm injuries, other violence-related injuries, and mental health conditions Increased timeliness of violence surveillance nationally Reduced morbidity and mortality associated with firearm injuries, other violence-related injuries, and mental health conditions
Strategy 2: Disseminate surveillance findings in a timely way to the public and key partners working to prevent or respond to violence	Strategy 2: **Increased reach of violence syndromic surveillance findings** **Increased availability of violence syndromic surveillance success stories**	Strategy 2: Improved collaborations among key partners that use these data to inform prevention and response strategies Improved access to best practices and success stories to advance	

		violence prevention field	
Optional Activities: Link data on ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions to data from a different jurisdictional data source Establish or strengthen a local, multisectoral partnership to merge and describe data on ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions with law enforcement data	Improved completeness of violence surveillance data Increased access to multiple violence surveillance data sources Increased ability to describe the geographic distribution, social determinants of health, and health disparities related to violence Improved coordination of violence surveillance efforts by public health and law enforcement	Increased use of linked data to guide violence prevention and response activities Increased use of merged ED and law enforcement data to inform collaborative violence prevention and response activities	

i. Purpose

This NOFO seeks to enhance surveillance of ED visits for all firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions, which can increase the risk for and be a negative outcome of violence-related injuries. The NOFO will fund recipients to:

- Increase the timeliness of aggregate reporting of ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions, and
- Disseminate surveillance findings in a timely way to the public and key partners working to prevent and respond to violence.

ii. Outcomes

As displayed in the logic model, the key outcomes (bolded in the logic model) of the NOFO for recipients and key partners are:

- Increased availability of rapid, reliable, and geographically- and population-specific surveillance data on ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions.

- Increased use of timely information about trends in violence-related ED visits by state and local partners.
- Increased use of geographically- and population-specific information about trends in violence-related ED visits by state and local partners.
- Increased use of syndromic surveillance data to develop plans for focusing prevention and response strategies on populations at greatest risk of violence and related negative health outcomes by state and local partners.

Key partners include two groups: 1) Individuals, partners, or organizations working to prevent or respond to firearm injuries, other violence-related injuries, and mental health conditions in the recipient's state and 2) the Public. To effectively design, target, and monitor interventions, key partners need timely access to data on substantial changes and trends in firearm injuries, other violence-related injuries, and mental health conditions in their communities. Ultimately, more rapid response to changes in these outcomes of interest, coupled with more effective and equitable violence prevention programs, are expected over time to reduce morbidity and mortality associated with firearm injuries, other violence-related injuries, and mental health conditions.

Lastly, through the development and implementation of an effective dissemination plan and sharing success stories with CDC on a yearly basis, the key dissemination outcomes (bolded in the logic model) of the NOFO will also include:

- Increased reach of violence syndromic surveillance findings.
- Increased availability of violence syndromic surveillance success stories.

CDC data will be used to document the extent of the dissemination of information related to best practices and success stories.

iii. Strategies and Activities

This NOFO asks recipients to implement two strategies designed to improve the timeliness and use of surveillance of ED visits for all firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions.

- Increase the timeliness of aggregate reporting of ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions.
- Disseminate surveillance findings in a timely way to the public and key partners working to prevent or respond to violence.

There are also two optional activities, including the implementation of at least one data linkage project and the development of a local, multisectoral partnership for Real-Time Data to Inform Response, Engagement, Collaboration, and Tailored (REDIRECT) prevention activities; applicants can apply for additional funds to implement one or both optional activities that are described in the section.

Strategy 1: Increase the timeliness of aggregate reporting of ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions.

Recipients will be funded to leverage data already being collected on ED visits on an ongoing basis to (a) rapidly identify changes in the frequency of all firearm injuries (regardless of intent),

other violence-related injuries, and mental health conditions, and (b) to identify geographic areas and populations within a state that are experiencing high burden and/or changes in frequency of violence-related ED visits. Rapid surveillance of ED visits of these outcomes of interest can act as an early warning system to quickly identify increases or decreases. Because these systems often rely on pre-diagnostic information (e.g., firearm injuries may be identified by searching ED chief complaint text data), the surveillance systems are expected to have moderate sensitivity (i.e., percent of real firearm injuries identified by the surveillance system) and positive predictive value (i.e., few false positive visits). Activities include:

Activity 1.1: *Share real-time, visit-level syndromic surveillance data with CDC/NCIPC, as well as access to historical data at the state and county levels dating back to 2018 (based on data availability), which will allow CDC/NCIPC to validate trend data and to track the following indicators using ED data: overall firearm injury, intentional self-directed firearm injury, unintentional firearm injury, assault-related firearm injury, intimate partner violence, sexual violence, child abuse and neglect, youth violence, and mental health conditions (for which previously validated syndrome definitions are available and will be provided to recipients by CDC, including but not limited to depression, anxiety, and trauma and stressor-related disorders).*

Recipients will be required to use standard CDC syndrome definitions, which query ED visit chief complaint text and discharge diagnosis codes, to track the above indicators. As ED syndrome identification often relies on text searches of ED chief complaint, clinical impressions, and/or triage notes, these approaches may need to be customized in consultation with CDC to account for local variation in text entry conventions and quality. CDC will provide more information and guidance on the use of standard syndrome definitions upon funding.

Recipients are expected to be participating in and contributing ED data to CDC's National Syndromic Surveillance Program (NSSP) BioSense Platform on or before this NOFO application due date. Recipients will conduct surveillance of firearm injuries, other violence-related injuries, and mental health conditions using ED data submitted to this national platform. **The recipient must commit to sharing real-time, visit-level data, as well as historical data at the state and county levels dating back to 2018 (based on data availability), with CDC using NSSP's Electronic Surveillance System for the Early Notification of Community Epidemics (ESSENCE) per the AVERT data sharing agreement (Appendix 1) and as required under this NOFO. Data sharing through NSSP's ESSENCE is required to facilitate sharing patient encounter data from EDs, in addition to CDC syndrome definitions for firearm injuries, other violence-related injuries, and mental health conditions.** NOFO funding is insufficient to establish completely new ED data collection efforts.

Activity 1.2: *Validate and monitor quality of violence syndrome definitions.*

Recipients will be required to support validation efforts of each violence syndrome definition. Because the data being analyzed are preliminary and rapidly acquired, moderate sensitivity and high positive predictive value are expected. Recipients will be expected to focus analyses on the extent to which the data are a useful tool to inform public health prevention and response activities. Specifically, validation efforts should focus on the extent to which the syndrome

definition predicts unusual changes in violent injuries at the state, county, and municipal levels, as determined by the facility location. Also, findings of validation efforts should be shared with CDC in each bimonthly report for each violence syndrome definition. This should include recommendations to CDC on opportunities to revise and update each syndrome definition, including overall firearm injury, intentional self-directed firearm injury, unintentional firearm injury, assault-related firearm injury, intimate partner violence, sexual violence, child abuse and neglect, youth violence, and mental health conditions for which previously validated syndrome definitions are available, to improve sensitivity and specificity.

The applicant should outline the following:

- If the applicant has already implemented syndrome definitions related to firearm injuries, other violence-related injuries, and mental health conditions, including but not limited to overall firearm injury, intentional self-directed firearm injury, unintentional firearm injury, assault-related firearm injury, intimate partner violence, sexual violence, child abuse and neglect, youth violence, and mental health conditions, the current syndrome definitions and any proposed improvements should be briefly described.
- Strategies to validate and revise each violence syndrome definition. Validation is expected to be ongoing and should not delay the production of bimonthly reports outlined below. Validation should include at least one of the following, but may also include a combination of these methods: analyzing the ICD-10-CM codes from identified visits in a subset of hospitals that submit text information and ICD-10-CM codes; comparing historical trends generated using syndrome definitions with trends recorded in other data sources, such as hospital discharge or trauma registry data; assessing the ability of syndrome definitions to identify past increases in firearm injuries, other violence-related injuries, and mental health conditions; and comparing results of different types of keyword searches. Additionally, innovative methods, such as using machine learning and/or natural language processing to improve the ability to either filter out or include terms related to visits of interest, may be incorporated into syndrome definition validation approaches.
    - To facilitate validation efforts, applicants are strongly encouraged to calculate indicator trends for the longest time period available (based on data availability and completeness) to present.
    - Extensive validation studies such as record review are not required by this NOFO.

- Lessons learned from collecting and analyzing ED data to rapidly track other injury topics, if available.
    - If the applicant has already implemented syndrome definitions for firearm injuries, other violence-related injuries, and mental health conditions, lessons learned about the strengths and limitations of each indicator should be addressed.

- How rates will be calculated including a description of the denominator, such as percent of all ED visits or rate per 100,000 ED visits.
    - Describe methods to monitor and account for changes in the number of hospitals participating in the surveillance system over time (e.g., only include data from facilities consistently reporting over time with state-specific thresholds for a

coefficient of variation to account for total facility volume volatility or report percentages of ED visits).

- A brief plan for how data will be analyzed to detect rapid changes in indicators over time.

Activity 1.3: *Verify state and county aggregate bimonthly reports stratified by month generated by CDC occurring from July 2023 to June 2028.*

A key expectation of this NOFO is that recipients will implement more rapid, reliable, and geographically- and population-specific identification of changes in the number and rate of firearm injuries, other violence-related injuries, and mental health conditions in their state. A key step in establishing this type of surveillance system is instituting ongoing data collection and reporting.

The recipient will be required to verify bimonthly state/territory and county indicator reports stratified by month generated by CDC on an ongoing basis from January 1, 2024, until August 31, 2028. The state/territory report will list the number and rate of suspected ED visits related to overall firearm injury, intentional self-directed firearm injury, unintentional firearm injury, assault-related firearm injury, intimate partner violence, sexual violence, child abuse and neglect, youth violence, and mental health conditions occurring from July 2023 to June 2028 by sex, age group, and race and ethnicity fields. Understanding the burden of ED visits by these breakdowns can help shed light on inequities in violence-related ED visits, highlight disproportionately affected populations, and inform tailored prevention strategies. The county-level report will list the number and rate of suspected ED visits related to overall firearm injury, intentional self-directed firearm injury, unintentional firearm injury, assault-related firearm injury, intimate partner violence, sexual violence, child abuse and neglect, youth violence, and mental health conditions occurring from July 2023 to June 2028.

CDC will provide a template report and a brief overview of the timeline of each report is provided below.

Date Bimonthly Report Completed	**Dates of ED Visits for Firearm Injuries, Other Violence-Related Injuries, and Mental Health Conditions Included in the Report to Meet Minimum Reporting Requirements**
January 1, 2024	July 2023 and August 2023
March 1, 2024	September 2023 and October 2023
May 1, 2024	November 2023 and December 2023
July 1, 2024	January 2024 and February 2024
September 1, 2024	March 2024 and April 2024
November 1, 2024	May 2024 and June 2024
January 1, 2025	July 2024 and August 2024
March 1, 2025	September 2024 and October 2024
May 1, 2025	November 2024 and December 2024

July 1, 2025	January 2025 and February 2025
September 1, 2025	March 2025 and April 2025
November 1, 2025	May 2025 and June 2025
January 1, 2026	July 2025 and August 2025
March 1, 2026	September 2025 and October 2025
May 1, 2026	November 2025 and December 2025
July 1, 2026	January 2026 and February 2026
September 1, 2026	March 2026 and April 2026
November 1, 2026	May 2026 and June 2026
January 1, 2027	July 2026 and August 2026
March 1, 2027	September 2026 and October 2026
May 1, 2027	November 2026 and December 2026
July 1, 2027	January 2027 and February 2027
September 1, 2027	March 2027 and April 2027
November 1, 2027	May 2027 and June 2027
January 1, 2028	July 2027 and August 2027
March 1, 2028	September 2027 and October 2027
May 1, 2028	November 2027 and December 2027
July 1, 2028	January 2028 and February 2028
August 31, 2028*	March 2028 to June 2028
*Report includes extra months due to funding ending in August 2028	

After the bimonthly reports are validated by the recipient, the bimonthly report stratified by month provided back to CDC/NCIPC may be shared with other recipients, other health agencies, or partners, and may be published on the Division of Violence Prevention (DVP) website, or in scientific or health professional journals. Data suppression rules (as outlined in Appendix 1) may be used to prevent possible identification through publication of tables combining characteristics that could be used to identify an individual (e.g., age, sex, race, ethnicity, and geographic location). As outlined in Appendix 1, in order to prevent possible identification of an individual, CDC may suppress data when case counts range from 1 to 9 cases of suspected firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions (including but not limited to overall firearm injury, intentional self-directed firearm injury, unintentional firearm injury, assault-related firearm injury, intimate partner violence, sexual violence, child abuse and neglect, youth violence, and mental health conditions). Additionally, CDC may not analyze rates (e.g., ED visits suspected to involve a firearm injury divided by total number of ED visits in a state) with fewer than 20 cases in the numerator (e.g., number of ED visits suspected to involve a firearm injury) because of possible statistical instability of rate estimates. Additional data quality and suppression rules may be established during the funding period as necessary and with feedback from recipients.

Recipients will collaboratively work with CDC/NCIPC to improve the timeliness of aggregate reports (e.g., biweekly or monthly instead of bimonthly), enhance syndrome definitions (e.g., work with CDC/NCIPC to test new versions of violence syndrome definitions), and improve the methodology for tracking select indicators. The collaboration will involve secure sharing of visit-level ED data negotiated between CDC/NCIPC and the recipient for the sole purpose of working on enhancing the timely tracking of firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions. Reports resulting from this work will always be presented at the aggregate level, will never contain any individually identifiable information, and will be done in consultation with the recipient.

Applicants should be participating in and contributing data to CDC's National Syndromic Surveillance Program BioSense Platform (see http://www.cdc.gov/nssp/biosense) by the NOFO application due date.

Activity 1.4: *Share methodology for calculating indicators and aggregated reports with CDC.*

All recipients will be asked to:

- Share different or updated syndrome definitions for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions with CDC. If CDC creates different or updates existing syndrome definitions, they will be broadly disseminated to state and local health departments to facilitate the implementation of rapid reporting on firearm injuries, other violence-related injuries, and mental health conditions among both funded and unfunded state health departments.
- Share de-identified aggregated data in bimonthly reports stratified by month. CDC will combine bimonthly reports into a multi-state database that will be used to rapidly track broad or localized changes in firearm injuries, other violence-related injuries, and mental health conditions. This will facilitate CDC and partners working across states to respond more quickly to changes in firearm injuries and other violence-related injuries.

In addition to analyzing the required indicators, NOFO funding can be used to implement general improvements to the recipient's ED syndromic surveillance system (e.g., increase hospital participation or submission of ICD-10-CM codes, improve completeness and quality of race/ethnicity fields) if these enhancements support improving the timeliness, completeness, or quality of violence syndromic surveillance. If an applicant is currently conducting rapid surveillance of firearm injuries, other violence-related injuries, and mental health conditions using ED data, funding may be used to improve the coding, tracking, and/or dissemination of results.

Strategy 2: Disseminate surveillance findings in a timely way to the public and key partners working to prevent or respond to violence.

A key component of effective public health surveillance is the ability to move quickly from collecting data to meaningful action. After the recipient has enhanced surveillance reporting strategies via Strategy 1, it is critical that actionable results be disseminated in a user-friendly format to key partners, such as: state and local governments (e.g., varied programs across the state health department, local health departments, first responders, law enforcement, or other relevant partners) as well as non-governmental organizations and groups (e.g., community-based

organizations, ED physicians and staff, hospital administrators, mental health professionals, violence prevention coalitions and advocates, faith-based organizations, or general health care providers). Activities include:

Activity 2.1: *Create a dissemination plan by the end of Year 1 funding.*

- The dissemination plan should prioritize how the surveillance data can be used to support public health action (e.g., enhance response to rapid increases in or changes in geographic concentration or distribution in firearm and other violence-related injuries, describe and address conditions in the environments in which these violence-related injuries are treated using indices like the CDC Social Vulnerability Index and county-level indicators for social determinants of health, improve targeted intervention programs, or identify and target interventions on prevalent risk factors), discuss dissemination strategies to support these usages (e.g., short reports, conducting presentations, developing data dashboards made available to local health departments and other key partners, providing bimonthly reports to the state health department group supporting violence prevention activities), specify intended audiences for disseminating surveillance data (e.g., local community organizations, academic institutions, state or national partners, etc.), and describe equitable approaches that will be used for reporting and dissemination. The dissemination plan should include at least two key evaluation indicators that will be used to track the success of the plan. These indicators must be approved by CDC/NCIPC.

Activity 2.2: *Build and strengthen relationships with key partners.*

- Customize the dissemination plan to meet the needs of key partners and maximize the public health use of these data. To this end, recipients may also consider using NCIPC's existing syndrome definitions for other injury outcomes (e.g., suicidal ideation and suicide attempt; and opioid, heroin, stimulant, and all drug overdoses), which are housed in ESSENCE to examine trends in other outcomes of interest for key partners.
- Describe key goals and strategies for data dissemination and, current and ongoing dissemination activities that the applicant plans to leverage. These goals are expected to form the outline for the dissemination plan required from recipients.
- Use the dissemination plan to build relationships with key partners who can use and help disseminate these data to respond and prevent violence. Dissemination plans and strategies are expected to be revised as the data needs of partners are better understood over time. Applicants should describe any key relationships that will be leveraged to disseminate data or are already being used to disseminate surveillance data on firearm injuries, other violence-related injuries, or mental health conditions.

Activity 2.3: *Implement dissemination strategies most suited to the needs of the state and its key partners.*

- The applicant should describe any other factors that will support implementation of a minimum of two dissemination strategies.

Optional Activity 1: Data Linkage
Applicants choosing to implement this optional activity will receive up to $100,000 in additional

funding per year, based upon availability of federal funding, and may use funds for additional epidemiologic staffing or infrastructure to facilitate secure data access, acquire necessary data and/or data linkage software, and conduct data linkage. Refer to section iv. Funding Strategy for more information. If pursuing this optional activity, applicants must clearly indicate this in the application's Project Narrative and Budget Narrative by including the following text, "Optional Data Linkage Activity."

Data linkages can supplement or validate data across multiple data sources and can often generate a more comprehensive and accurate dataset to better understand a public health issue. Opportunities exist for linking syndromic surveillance ED data on firearm injuries, other violence-related injuries, and mental health conditions to other data sources in a jurisdiction to validate and improve the accuracy of ED data (e.g., improving the classification of intent of certain types of injury, improving the completeness of sociodemographic variables that are often missing, such as race/ethnicity and sexual orientation and gender identity), identify inequities in violence-related ED visits, highlight disproportionately affected populations, and gain individual- and community-level context about violent incidents that could inform the development and implementation of tailored prevention strategies.

Applicants may propose and demonstrate their capacity to enhance or implement at least one innovative data linkage project, linking visit-level ED data (any ED visit or if feasible, cumulative ED visits from an individual patient) for firearm injuries, other violence-related injuries, and mental health conditions to case-level data from a different data source within the same jurisdiction using personal identifiers or probabilistic matching, as allowed by state and local law. Applicants may propose linking visit-level ED data with case-level data from any public health, social services, or criminal justice data source, such as death data from the National Violent Death Reporting System (NVDRS), emergency medical services (EMS) encounter data, law enforcement data, or administrative data from state or local social services organizations. For example, applicants may propose linking visit-level ED data to data from their jurisdiction's Violent Death Reporting System to characterize ED visits in the 12 months preceding a violent death; linking ED data to administrative records on the past use of child welfare services or incarceration history; or linking ED data to electronic health record data from EMS or hospital discharge data sources.

Required activities include:

- Develop data linkage protocols in consultation with CDC; applicants will not be required by CDC to include standard CDC questions or protocols.
- Comply with local and CDC IRB and OMB regulations, when applicable.
    - NOFO funding cannot be used to support research. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html.
- Create a dissemination plan for data linkage products by the end of funding Year 1 and report annually on progress disseminating data linkage products. This may include a description of data linkage products being developed (e.g., short reports, presentations to key partners, peer-reviewed publications, integration of linked data in public dashboards), how linked data are being used to inform public health action (e.g., improvements to

targeted interventions on prevalent risk factors), dissemination strategies being used, and intended audiences for disseminating linked data (e.g., local community organizations, academic institutions, state or national partners, etc.).

- Participate in a kick-off call with recipients of funding for Optional Activity 1 to discuss data linkage plans and provide an overview of expectations.
- Participate in a minimum of one call quarterly with recipients of funding for Optional Activity 1 to discuss progress, emerging challenges, and opportunities (may be included as part of regularly scheduled AVERT technical assistance calls).
- Share aggregate data from the innovative data linkage project with CDC annually by the end of funding Year 2. CDC will work with recipients to identify data elements to share.
- Describe the technical lessons learned from their efforts no later than Year 2 in their annual progress report.
- Submit a final report covering the entire period of performance describing (at minimum): methods used to complete the linkage (e.g., data sources used to conduct linkage, study period, software used, variables used to conduct linkage); linkage results (e.g., number and percent of linked cases); descriptive characteristics about matched visits and cases (e.g., sex, age group, race/ethnicity, number and type of ED visits, concordance of patient and visit characteristics across data sources); contextual findings (e.g., common individual or community risk factors that were identified); challenges and successes (e.g., new trainings or technical skills, new partnerships); how the linkage informed the development and/or implementation of prevention interventions, programs, policies, or practices; and any lessons learned during the linkage process.

Optional Activity 2: Real-time Data to Inform Response, Engagement, Collaboration, and Tailored (REDIRECT) Prevention Activities

Applicants choosing to implement this optional activity will receive up to $150,000 in additional funding per year, based upon availability of federal funding, and may use funds for additional staffing or infrastructure to develop and sustain a local, multisectoral partnership; collect, store, manage, merge, and describe violence-related injury data and law enforcement data; and share data with local partners to inform violence prevention and response opportunities. Refer to section iv. Funding Strategy for more information. If pursuing this optional activity, applicants must clearly indicate this in the application's Project Narrative and Budget Narrative by including the following text, "Optional REDIRECT Prevention Activity."

Syndromic surveillance can leverage near real-time ED data on violent injuries to rapidly facilitate public health action. For example, health departments can use these emerging, near real-time data to track trends in firearm injuries and violence-related injuries, identify unusual patterns or spikes in community violence, and detect temporal and geographic clusters of violence to alert communities and partners, inform more tailored prevention and response efforts, and guide the allocation of resources. However, some contextual information on firearm injuries and violence-related injuries may not be tracked in ED settings, such as the geographic location of an incident, the circumstances of an incident, the intent of a violent injury, or perpetrators involved in a violent injury. To address this gap, health departments and their partners can share and use violence-related injury data and law enforcement data to help communities develop a more comprehensive understanding of violent incidents, identify locations where violence frequently occurs and populations disproportionately impacted by

violence, inform tailored community violence prevention and response efforts, and address inequities in risk for violence.

Applying a data to action model or framework that supports sharing timely, accurate, and local violence data with diverse and multidisciplinary community partners, including but not limited to health departments, hospitals, law enforcement agencies, city planning and zoning officials, and community organizations, can inform strategies to prevent violence. Many jurisdictions have utilized a multisectoral advisory board (also referred to as steering committee, technical board, or advisory group) comprised of law enforcement, coroners or medical examiners, health departments, policymakers, businesses, and community organizations to inform tailored dissemination of National Violent Death Reporting System data that can support local violence prevention efforts. Additionally, communities implementing a multi-agency partnership approach like the Cardiff Model (https://www.cdc.gov/violenceprevention/about/fundedprograms/cardiffmodel/toolkit.html) have facilitated sharing of mapped data from EDs and law enforcement on the location, timing, and date of an injury, which has, in turn, provided a contextualized understanding of violence incidents and informed collaborative and targeted violence prevention strategies. Full implementation of the Cardiff Model requires ongoing financial support for a designated hospital-based violence prevention coordinator and maintenance of high participation among clinicians to comprehensively screen patients who experience a violent injury. Syndromic surveillance of violent injuries through the AVERT initiative is a passive way to collect violence-related data without placing additional demands on healthcare facilities and practitioners that already contribute data to NSSP. Engaging collaborative, diverse, and multidisciplinary partners to improve the sharing of violence-related syndromic surveillance data, along with contextual information from other data sources, can help guide local-level violence prevention and response efforts.

Applicants may propose and demonstrate their capacity to establish or strengthen a local, multisectoral partnership to merge and describe near real-time ED data from AVERT and law enforcement data, as allowed by federal, state, and local law. These merged data can be used to provide a more complete picture of community violence at the local level (e.g., in a city, community, or neighborhood) to partners, identify locations where violence frequently occurs and populations disproportionately impacted by violence, and inform collaborative violence prevention and response strategies. Data from other public health data sources, such as EMS or hospital discharge data, may also be used to provide additional context on violent injuries and to further inform prevention efforts.

Required activities include:

- Develop their own data acquisition, management, storage, and merging protocols, in addition to data sharing agreements with partners, in consultation with CDC.
- Comply with local and CDC IRB and OMB regulations, when applicable.
    - NOFO funding cannot be used to support research. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html.

- Demonstrate local, multisectoral partnership has been established by end of funding Year 1. This should include a collaboration between the recipient, a law enforcement agency, and a local organization (e.g., community-based organization, local health department).
- Participate in a kick-off call with recipients of funding for Optional Activity 2 to discuss data to inform public health action plans and provide an overview of expectations.
- Participate in quarterly calls with recipients of funding for Optional Activity 2 to discuss progress, emerging challenges, and opportunities (may be included as part of regularly scheduled AVERT technical assistance calls).
- Share implementation successes and challenges, including information on the number of and a description of partners with whom data are being shared, a description of bidirectional data sharing partnerships, updates about how data are being disseminated and used to inform violence prevention and response efforts (e.g., whether any policies, programs, or practices have been implemented in response to the sharing of data) annually in their annual progress report by the end of funding Year 1.
- Submit a final report covering the entire period of performance that describes the data to action model or framework used, successes and challenges with sharing and describing violence-related ED and law enforcement data, how data from the local multisectoral partnership was used to inform violence prevention and response efforts, and highlighted impacts of data sharing and partnership efforts (e.g., reduced community violence).

1. Collaborations

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

CDC funds several recipients whose work relates to the surveillance of firearm injuries, other violence-related injuries, and mental health conditions, and these efforts may inform, support, or coordinate with activities developed as part of this NOFO.

Applicants may consider but are not required to collaborate with the following entities:

- **States with Comprehensive Suicide Prevention (CSP) Funding:** https://www.cdc.gov/suicide/programs/csp/index.html.
- **State programs coordinating the National Violent Death Reporting System (NVDRS) Funding:** https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html.
- **States with Overdose Data to Action in States (OD2A-S) Funding:** https://www.cdc.gov/drugoverdose/od2a/index.htmlhttps://www.cdc.gov/drugoverdose/od2a/index.html.
- **States with CORE SIPP Funding:** https://www.cdc.gov/injury/stateprograms/coresipp/index.html.
- **CDC Injury Control Research Centers:** https://www.cdc.gov/injury/erpo/icrc/index.html.
- **CDC National Centers of Excellence in Youth Violence Prevention:** https://www.cdc.gov/violenceprevention/youthviolence/yvpc/index.html
- **CDC Preventing Violence Affecting Young Lives:** https://www.cdc.gov/violenceprevention/youthviolence/prevayl.html.
- **CDC Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action Funding:** https://www.cdc.gov/violenceprevention/aces/preventingace-

datatoaction.html and
https://www.cdc.gov/violenceprevention/childabuseandneglect/essentials/index.html.

Applicants are encouraged to describe any strategic partnerships and collaborations with the aforementioned, optional entities that will make this work stronger and more impactful or may have a role in achieving the outcomes and proposed activities in this funding opportunity. Applicants can upload documentation of these optional partnerships and collaborations (e.g., MOUs) under "Other Attachment Forms" at www.grants.gov. Name the file "Optional LOS/MOU or MOA" and upload it as a PDF file.

b. With organizations not funded by CDC:
Increase timeliness of aggregate reporting of ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions (Strategy 1).

- In order to rapidly collect and analyze data on firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions, recipients will need to build strong relationships between staff who collect ED data (e.g., state syndromic surveillance coordinator) and subject matter experts in violence prevention. Applicants should discuss their plan to strengthen or foster these collaborations over the 5-year funding period. In some states, local health departments have already used syndromic surveillance data to track firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions. If this is the case, recipients are encouraged to leverage this local experience, if feasible.

Disseminate surveillance findings in a timely way to the public and key partners working to prevent or respond to violence (Strategy 2).

- Applicants will target various key partners based on their dissemination plan and unique context (e.g., state or local violence prevention coalitions, state health department offices engaged in violence and injury prevention activities, survivors of violence and their families, hospital administrators, physicians, nurses, psychologists, social workers, educators, school systems, law enforcement, professional societies, industry, faith-based institutions, veterans, and health insurance agencies).
- Applicants should provide evidence of their recent ability, within the past 3 years, to disseminate data to targeted key partners or similar groups. For example, evidence of data dissemination could include, but is not limited to, website links to data dashboards, fact sheets or one-pagers to key partners, and/or peer reviewed publications. Applicants can upload documentation of past relevant data dissemination under "Other Attachment Forms" at www.grants.gov. Name the file "Optional Data Dissemination Examples" and upload it as a PDF file.

Applicants Must Show Collaboration with Other Key Partners.

- Applicants must demonstrate support from other key authorities involved in their work. Applicants must provide a LOS for each key partner. These can include other federal, state, or local government agencies, hospitals and health systems, state boards of medicine, and medical organizations, among others. The LOS must demonstrate the authority's support, agreement to regular meetings, and explanation of how the state authority will facilitate the proposed activities. Applicants must upload documentation

of these required partnerships and collaborations under "Other Attachment Forms" at www.grants.gov. Name the file "Required LOS/MOU or MOA" and upload it as a PDF file.

Applicants Are Encouraged to Show Other Relevant Collaborations.

- Applicants may consider but are not required to collaborate with organizations not funded by CDC for the activities supporting each of the NOFO strategies. Applicants are strongly encouraged to describe other strategic partnerships and collaborations with organizations that will make this work stronger and more impactful or may have a role in achieving the outcomes and proposed activities in this funding opportunity (e.g., traditional and social media; non-government organizations; nonprofit agencies; public health and public safety communities; and the business community). Applicants may provide any materials (e.g., MOUs, but are not required to do so). Applicants can upload documentation of these optional partnerships and collaborations under "Other Attachment Forms" at www.grants.gov. Name the file "Optional LOS/MOU or MOA" and upload it as a PDF file.

2. Target Populations

By collecting and disseminating timely information on ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions, this NOFO is working to reduce morbidity and mortality associated with firearm injuries and other violence-related injuries among persons who now or in the future will be at-risk for these outcomes. Recipients will collect information on overall firearm injury, intentional self-directed firearm injury, unintentional firearm injury, assault-related firearm injury, intimate partner violence, sexual violence, child abuse and neglect, youth violence, and mental health conditions in their jurisdiction captured by ED data. By collecting information on all firearm injuries (regardless of intent), in addition to other violence-related injuries and mental health conditions, which may increase risk for or be a negative outcome of violence, recipients will be able to identify and track health disparities (e.g., based on sex, age, geography, race, ethnicity, and other relevant sociodemographic characteristics) to the extent that this information is available in data sources analyzed as part of the NOFO.

Applicants should describe burden of firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions (including but not limited to overall firearm injury, intentional self-directed firearm injury, unintentional firearm injury, assault-related firearm injury, intimate partner violence, sexual violence, child abuse and neglect, youth violence, and mental health conditions) in their geographic area equivalent to or greater than the national average through provision of nonfatal data sources obtained through the state. This could include data from their state syndromic surveillance system or from their state Emergency Medical Services (EMS) data.

a. Health Disparities

Research has shown substantial inequities in the risk for firearm violence exist. For example, according to provisional data from the National Vital Statistics System, from 2020 to 2021, the firearm homicide rate was generally highest among persons aged 25-44 years, with increases occurring in each racial and ethnic population in that age group. In 2021, non-Hispanic Black or African American persons experienced the highest firearm homicide rates in every age group.

Furthermore, in an analysis of near real-time ED data from 10 jurisdictions, the percentage of ED visits for firearm injuries were higher communities that experienced more poverty, unemployment, lower incomes, and lower educational attainment (https://www.cdc.gov/mmwr/volumes/71/wr/mm7127a1.htm). Longstanding systemic inequities and structural racism have resulted in limited economic, housing, and educational opportunities associated with these highlighted inequities in risk for violence. This NOFO will allow for further identification and tracking of such inequities using aggregated data and will help to inform prevention and response strategies for those populations at greatest risk. Although not required by this NOFO, overlaying ED visit data for violent injuries from this NOFO with other data sources, including county-level poverty or social vulnerability, can help address health disparities and improve social determinants of health among populations at greatest risk.

iv. Funding Strategy

The total budget was created by estimating the cost for funding Strategy 1: Increase the timeliness of aggregate reporting of ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions. Funding to support Strategy 2: Disseminate surveillance findings in a timely way to the public and key partners working to prevent or respond to violence is built into the budget line supporting Strategy 1.

The average annual budget is approximately $150,000 for the required activities outlined in the Strategies and Activities section of this NOFO. Applicants may request up to $100,000 in additional funding for the *optional* data linkage activity and up to $150,000 in additional funding for the *optional* REDIRECT prevention activity outlined on Pages 14-18 in the *Strategies and Activities* Section of this NOFO. **All budget estimates are based upon availability of federal funding.**

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

CDC will use a set of core process and outcome measures to monitor the implementation of the two key strategies and the six key outcomes outlined in the Strategies and Activities and Outcomes Section of the NOFO. For illustrative purposes, example performance and outcome measures are provided for each strategy and optional activity. Evaluation measures will be updated over the course of the first year of funding based on feedback from recipients and a CDC review.

Strategy 1: Increase the timeliness of aggregate reporting of ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions.

- Process measure: Recipient has hired all staff and/or secured contractual resources identified in their application that are needed to support Strategy 1 by November 15, 2023.

Activity 1.1: *Share real-time, visit-level syndromic surveillance data with CDC/NCIPC, as well as access to historical data at the state and county levels dating back to 2018 (based on data availability), which will allow CDC/NCIPC to validate trend data and to track the following indicators using ED data: overall firearm injury, intentional self-directed firearm injury, unintentional firearm injury, assault-related firearm injury, intimate partner violence, sexual*

violence, child abuse and neglect, youth violence, and mental health conditions for which previously validated syndrome definitions are available.

- Process measure: ED data being accessed by CDC and used to support NOFO goals by December 1, 2023.

Activity 1.2: *Validate and monitor quality of syndrome definitions for violence and mental health conditions.*

- Process measure: Recipient provides results of validation study demonstrating utility of syndrome definitions in tracking changes in ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions.

Activity 1.3: *Verify state and county aggregate bimonthly reports stratified by month generated by CDC occurring from July 2023 to June 2028.*

- Process measure: Percentage of bimonthly reports provided by CDC are verified on or before deadline.
- Process measure: Indications that trends in bimonthly indicators for firearm injuries, other violence-related injuries, and mental health conditions are similar to trends found in other data sources (e.g., billing data).
- Process measure: Percentage of counties with information on selected indicators.

Activity 1.4: *Share methodology for calculating indicators and aggregated reports with CDC.*

- Process measure: Number of times the recipient provides feedback on any indicator for firearm injuries, other violence-related injuries, and mental health conditions to CDC.

Short-term Outcome: *Increased availability of rapid, reliable, and geographically- and population-specific surveillance data on ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions*

- Outcome measure: Number of reports, memos, data briefs, or data visualizations provided to key partners on unusual trends of firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions using recent syndromic surveillance data.

Intermediate Outcome: *Increased use of timely information about trends in violence-related ED visits by state and local partners*

- Outcome measure: Number of partners who reported using reports, memos, data briefs, or data visualizations on unusual trends of firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions using recent syndromic surveillance data.
- Outcome measure: Time interval between the onset of an unusual increase in firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions detected using syndromic surveillance data and report of the increase to key partners engaged in prevention and response measures.
- Outcome measure: Number of times the recipient detects confirmed increases (e.g., detection of firearm injury cluster in a county) or decreases (e.g., successful

implementation of a prevention program) in any indicator for firearm injuries (regardless of intent), other violence-related injuries, or mental health conditions.

Strategy 2: Disseminate surveillance findings in a timely way to the public and key partners working to prevent or respond to violence.

Activity 2.1: *Create a dissemination plan by the end of Year 1 funding (i.e., August 31, 2024).*

- Process measure: Submission of dissemination plan to CDC by December 1, 2023.

Process measure: Recipient identifies two evaluation measures that will be used to track the implementation of their dissemination plan by December 1, 2023.

Activity 2.2: *Build and strengthen relationships with key partners.*

- Process measure: Number of times analyses of ED data are used to support violence prevention or response activities by key partners or state or local health departments. Examples of activities include, but are not limited to, an investigation of a cluster of violence-related injuries, informing a funding proposal, identifying a promising prevention or response practice by tracking sharp decreases in violence-related injuries, or using data to inform violence prevention planning.
- Process measure: Number of ongoing data sharing relationships (i.e., data are shared on at least 2 or more occasions) with key partners working to prevent violence. For instance, a violence prevention coalition has an ongoing data request that is fulfilled every 6 months.

Activity 2.3: *Implement dissemination strategies most suited to the needs of the state and its key partners.*

- Process measure: A minimum of two dissemination strategies implemented by the end of Year 3 of funding. Examples of dissemination strategies include, but are not limited to, ongoing structured data sharing with local health department (e.g., dashboards or alert system), publications on special topics, or creating a public website or data set.
- Process measure: Number of meetings with key partners to discuss equitable approaches that will be used for reporting and dissemination of data in accessible and relevant ways and to appropriate audiences.
- Process measure: Number of reports, memos, data briefs, or data visualizations provided to key partners on unusual trends of firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions using recent syndromic surveillance data.
- Process measure: Time interval between the onset of an unusual increase in firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions detected using syndromic surveillance data and report of the increase to key partners engaged in prevention and response measures.
- Process measure: Number of maps developed identifying geographic clusters or hotspots of firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions using syndromic surveillance data.

Short-term Outcome: *Increased reach of violence syndromic surveillance findings.*

Outcome measure: A minimum of one publication, report, or product disseminated in both Year 2 and Year 3. These may include a web report, report to a key partner, a publication, or implementation of a data sharing system (e.g., dashboard or website). If CDC staff are included as co-author(s), documents will need to be cleared by appropriate CDC clearance channels. Example data dashboards include: https://www.cdc.gov/nssp/using-dashboards-to-present-nssp-data.html.

Short-term Outcome: *Increased availability of violence syndromic surveillance success stories.*

- Outcome measure: Recipient submits at least one short "success story" to CDC in each 12-month budget period to CDC. Example syndromic surveillance success stories include: https://www.cdc.gov/nssp/success-stories.html.

Optional Activity: Data Linkage
Applicants may propose and demonstrate their capacity to enhance or implement at least one innovative data linkage project, linking visit-level ED data (any ED visit or if feasible, cumulative ED visits from an individual patient) for firearm injuries, other violence-related injuries, and mental health conditions to case-level data from a different data source within the same jurisdiction using personal identifiers or probabilistic matching, as allowed by state and local law. Applicants may propose linking visit-level ED data with case-level data from any public health, social services, or criminal justice data source, such as death data from the National Violent Death Reporting System (NVDRS), emergency medical services (EMS) encounter data, law enforcement data, or administrative data from state or local social services organizations. For example, applicants may propose linking visit-level ED data to data from their jurisdiction's Violent Death Reporting System to characterize ED visits in the 12 months preceding a violent death; linking ED data to administrative records on the past use of child welfare services or incarceration history; or linking ED data to electronic health record data from EMS or hospital discharge data sources.

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

- Process measure: Number of meetings with key local, multisectoral partners to discuss merging and describing near-real-time ED data from AVERT and law enforcement data.
- Process measure: Number of new data sharing relationships with key public health and law enforcement partners working to prevent violence.

Optional Activity: Real-time Data to Inform Response, Engagement, Collaboration, and Tailored (REDIRECT) Prevention Activities

Applicants may propose and demonstrate their capacity to establish or strengthen a local, multisectoral partnership to merge and describe near real-time ED data from AVERT and law enforcement data, as allowed by federal, state, and local law. These merged data can be used to provide a more complete picture of community violence at the local level (e.g., in a city, community, or neighborhood) to partners, identify locations where violence frequently occurs and populations disproportionately impacted by violence, and inform collaborative violence

prevention and response strategies. Data from other public health data sources, such as EMS or hospital discharge data, may also be used to provide additional context on violent injuries and to further inform prevention efforts.

Recipients will receive up to $150,000 to support implementation, based upon availability of federal funding. Refer to section iv. Funding Strategy for more information. Applicants must clearly indicate this in the application's Project Narrative and Budget Narrative by including the following text, "Optional REDIRECT Prevention Activity."

- Process measure: Number of meetings with key local, multisectoral partners to discuss merging and describing near-real-time ED data from AVERT and law enforcement data.
- Process measure: Number of new data sharing relationships with key public health and law enforcement partners working to prevent violence.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

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

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

Applicants are encouraged, but not required, to use the CDC surveillance evaluation criteria (See https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm) to assist in developing their plan. Applicants are also encouraged, but not required, to use the process and outcomes measures proposed by CDC. Recipients will refine their evaluation and performance measurement plan within 6 months of award. This more detailed plan should be developed by the recipient with support from CDC as part of first year project activities and should build on the elements stated in the initial evaluation plan described in this proposal. The plan submitted in the application must be no longer than 10 pages. The entire project narrative should be no more than 20 pages in length to include the evaluation and performance measurement plan.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants need to describe their capacity to complete all activities proposed. "Organizational capacity" demonstrates the applicant's ability to successfully execute the funding opportunity strategies and meet project outcomes.

Syndromic Surveillance Eligibility and Coverage

Applicants must confirm their syndromic surveillance eligibility and coverage in a letter of support (LOS) or Memorandum of Understanding (MOU) from their NSSP Principal Investigator or the staffing unit that manages the authorization process for users to access NSSP ESSENCE. Applicants must name this file "Required LOS/MOU Confirming NSSP ESSENCE data eligibility and coverage" and upload it as a PDF file at www.grants.gov. The LOS or MOU must explicitly confirm the following items:

- Applicant uses the national ESSENCE platform for their syndromic surveillance data management on or before the application due date.
- Applicant collects and accesses ED visit data from a minimum of 80% of ED facilities in their jurisdiction on or before the application due date. This includes ED visit data from a minimum of 90% of Level 1-3 trauma centers. The percentage of all ED facilities, including Level 1-3 trauma centers in the jurisdiction, collected by their surveillance system (e.g., currently, 80% of all ED facilities in the jurisdiction is reported into NSSP ESSENCE) should be specified. Applicant confirms required access to NSSP ESSENCE data.
- Applicant confirms that the state NSSP staff will manage the authorization process for future CDC users.

Applicant must clearly delineate project staff's roles and responsibilities and staff qualifications for performing key functions, such as requesting, entering, analyzing, and disseminating the data. Applicants must describe their organizational capacity to carry out the strategies and activities proposed:

To carry out Strategy 1: *Increase timeliness of aggregate reporting of ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions, applicants must have:*

- Experience managing and conducting quality assurance activities on large databases.

Experience performing ongoing violence or injury surveillance.

The following skills or experience are desired, but not required, for applicants:

- Experience engaging in partnership with the NSSP Community of Practice and the Council of State and Territorial Epidemiologists, and/or state or local syndromic surveillance coordinators.
- Experience building syndromic definitions and/or running queries in ESSENCE.
- Experience analyzing morbidity data collected on a monthly or more rapid basis to reliably identify sharp increases (i.e., outbreaks) in public health conditions. This includes experience using algorithms or rules for detecting possible outbreaks.

Experience working on identifying sharp changes in any type of violent injury indicator using any type of data.

To carry out Strategy 2: *Disseminate surveillance findings in a timely way to the public and key partners working to prevent or respond to violence, applicants must have:*

- Experience using and generating data reports using statistical software such as R, SAS, SPSS, or STATA.

Experience disseminating data through various activities, including peer-review publications, reports, and presentations, to support the reduction and prevention of public health problems.

The following skills or experience are desired, but not required, for applicants:

- More than one year of experience in disseminating data on firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions to key partners working to respond and/or prevent violence.

To carry out Optional Activity 1 (Data Linkage), applicants must have:

- Experience conducting record linkages, data management, and analysis.
- Experience acquiring and managing data sources for linkage purposes.
- Experience developing protocols for data extraction, cleaning, and record linking.
- Experience using at least one data linkage software program.
- Experience disseminating findings from data linkage projects.

To carry out Optional Activity 2 (REDIRECT Prevention Activity), applicants must have:

- Experience engaging in multisectoral collaborations that support sharing and disseminating violence-related data.

Applicant must provide curriculum vita for the staff person leading the project. CDC recommends that applicants have separate individuals assume the role of principal investigator and program manager. If the same individual is in both roles, the applicant must include the supervisor of this person in the application. The applicant must upload documentation of organizational capacity, including resumes or CVs for key existing staff for this funding opportunity (labeled “Resumes or CVs”), position descriptions for proposed positions (labeled “Position Descriptions”), and organizational chart including notation of where this work will reside (labeled as “Organizational Chart”), and upload as a PDF to www.grants.gov.

Applicant should describe their computing environment to support data management and analysis for this funding opportunity, including information on current or planned speed of their high-speed Internet connection. Applicants should describe their infrastructure (physical space

and equipment), workforce capacity and competence, relevant skill sets, information and data systems, and electronic information and communication systems to implement the award.

d. Work Plan

Applicants must prepare a detailed work plan for the first year of the award and a high-level plan for subsequent years. If funded, CDC will provide feedback and technical assistance to help finalize the work plan post-award.

Applicants should organize the work plan according to the key outcomes outlined in the logic model and the two key strategies that are driving the outcomes. The key outcomes and the strategies to which they are linked are described below.

Strategy 1: Increase the timeliness of aggregate reporting of ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions.

Key Outcomes:

- Increased availability of rapid, reliable, and geographically- and population-specific surveillance data on ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions.
- Increased use of timely information about trends in violence-related ED visits by state and local partners.
- Increased use of geographically- and population-specific information about trends in violence-related ED visits by state and local partners.
- Increased use of syndromic surveillance data to develop plans for focusing prevention and response strategies on populations at greatest risk of violence by state and local partners.

Strategy 2: Disseminate surveillance findings in a timely way to the public and to key partners working to prevent or respond to violence, including the public.

Key Outcomes:

- Increased reach of violence syndromic surveillance findings.
- Increased availability of violence syndromic surveillance success stories.

The work plan should:

- Describe the activities that are planned to implement the required 2 strategies and ultimately achieve the key outcome.
- Provide specific process measure(s) for key activities supporting each of the strategies described in the NOFO.
- Provide a timeline that identifies key activities and assigns approximate dates for inception and completion, including key dates required by the NOFO.
- Describe possible barriers to or facilitators of implementing the key strategies.

- Describe the planned roles and functions of staff and contracted resources to support the implementation of the specific strategies.
- For the six key outcomes, convert the outcome into Specific, Measurable, Achievable, Relevant, and Time-phased (SMART) objectives for the end of the NOFO, or Year 3.

Applicants must name the work plan "Surveillance work plan" and upload it as a PDF file on www.grants.gov.

Applicants should include a table such as the one below indicating the strategies and activities, process measures, the party responsible for completing the activities, and the date by which each activity is expected to be completed.

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

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.

- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

Other activities deemed necessary to monitor the award:

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

If resources are available, CDC will conduct enhanced assessments such as providing recipients with interim data quality reports.

f. CDC Program Support to Recipients

CDC will provide substantial involvement beyond regular performance and financial monitoring during the period of performance. Substantial involvement means that recipients can expect federal programmatic partnership in carrying out the effort under the award. CDC will work in partnership with recipients to ensure the success of the cooperative agreement by providing technical assistance to successfully implement each of the two strategies as well as general technical assistance.

The following technical assistance will be provided to recipients by CDC to support Strategy 1:

- Provide CDC syndrome definitions for overall firearm injury, intentional self-directed firearm injury, unintentional firearm injury, assault-related firearm injury, intimate partner violence, sexual violence, child abuse and neglect, youth violence, and mental health conditions.
- Provide feedback on any updates to CDC syndrome definitions, data reports, and validation study design.

Once provided permission by a recipient, CDC will support the implementation, analysis, and sharing of information through the BioSense platform and infrastructure.

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U17 - Applied Methods in Violence-Related or Accidental Injury Surveillance Cooperative Agreement

3. Fiscal Year:
2023

Estimated Total Funding:
$7,500,000

4. Approximate Total Fiscal Year Funding:
$1,500,000
This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$1,500,000

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

7. Expected Number of Awards:
10

8. Approximate Average Award:

$150,000
Per Budget Period

9. Award Ceiling:
$150,000
Per Budget Period

10. Award Floor:
$100,000
Per Budget Period

11. Estimated Award Date:
September 01, 2023
Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and

the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the “Notice of Award.” This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length:
12 month(s)

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

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

2. Additional Information on Eligibility

Government Organizations:	State governments or their bona fide agents (includes the District of Columbia) Local governments or their bona fide agents Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Section 392(a)(1) of the Public Health Service Act, as amended [42 USC § 280b-0(a)(1)]

Per the program's statutory authority, only the types of entities listed are eligible to apply:

Eligible entities include state governments or their bona fide agents (includes the District of Columbia), local governments or their bona fide agents, territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Further, eligible applicants must submit a letter of support (LOS) or Memorandum of Understanding (MOU) from their NSSP Investigator or the staffing unit that manages the authorization process for users to access NSSP ESSENCE confirming their data eligibility and coverage.

Applicants are required to submit the LOS/MOU as PDFs with their application and must name this file "Required LOS/MOU Confirming NSSP ESSENCE data eligibility and coverage."

Applications that do not meet these criteria will be considered non-responsive and will not move forward for review.

Only one award will be given per state to avoid duplication of data submission efforts. States are encouraged to collaborate with local health departments within their state to increase their syndromic surveillance system coverage at the time of application.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

1. Required Registrations

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

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

a. Unique Entity Identifier (UEI):

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

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

b. System for Award Management (SAM):

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

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

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

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

		2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization		

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 03/13/2023

03/13/2023
03/13/2023, 11:59 p.m. U.S. Eastern Standard Time

b. Application Deadline

Due Date for Applications 04/11/2023

04/11/2023
11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Informational Conference Call
Two informational calls will be offered:

Thursday, March 2, 2023 at 2:00 pm EDT, call-in information below:
Microsoft Teams meeting
Join on your computer or mobile app

Click here to join the meeting
Or call in (audio only)
+1 404-718-3800,,829486915# United States, Atlanta
(888) 994-4478,,829486915# United States (Toll-free)
Phone Conference ID: 829 486 915#

Thursday, March 9, 2023 at 2:00 pm EDT, call-in information below:
Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting
Or call in (audio only)
+1 404-718-3800,,829486915# United States, Atlanta
(888) 994-4478,,829486915# United States (Toll-free)
Phone Conference ID: 829 486 915#

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI:
Recommended but not Required
The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. A LOI is requested but optional. The content of the LOI can be very simple — CDC requests that the letter states the applicant's intent to apply. LOI must be sent via email to:

Anika Wallace
Public Health Advisor
Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
Telephone: (404) 498-1064
Email: AVERTNOFO@cdc.gov

8. Table of Contents

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

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file

"Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

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

10. Project Narrative

Multi-component NOFOs may have a maximum of 15 pages for the “base” (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for

Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see https://www.cdc.gov/od/science/integrity/reducePublicBurden/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative,

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

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board

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

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

Applicants must name this file "Budget Narrative" and upload it as a PDF file

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

The applicant's budget must include travel for at least two staff to attend a two-day meeting at CDC's National Center for Injury Prevention and Control in Atlanta, GA during the first year of the project. All recipients will attend this meeting. For the project's second, third, fourth, and fifth years, the budget should include annual reverse site visits for two program staff to visit Atlanta and meet with CDC staff.

The applicant's budget must also include evidence of direct support of and collaboration with the staffing unit collecting their rapid ED data by budgeting at least $75,000 to the staffing unit collecting rapid ED data to support efforts to maintain and enhance collection of rapid ED data for this program. This funding allocation is designed to ensure that sufficient support is provided to the staffing unit collecting the data; funds may be used to support staff or infrastructure.

Interested applicants may also request additional funding for the optional activity to support an innovative data linkage project and/or the optional REDIRECT prevention activity.

13. Pilot Program for Enhancement of Employee Whistleblowers Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations

(CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

13a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

13b. Copyright Interests Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this

provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

13c. Data Management Plan

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

14. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition andadditional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Funds will be used only to support reporting and dissemination of firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions, and not to support capacity building, training, or other costs associated with onboarding to ESSENCE.

15. Other Submission Requirements

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=GetStarted%2FGetStarted.htm

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

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call thewww.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

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

1. Include the www.grants.gov case number assigned to the inquiry

2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 50

1. The extent to which the applicant describes an effective and feasible approach for increasing timeliness of aggregate reporting of ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions (Strategy 1) that aligns with CDC criteria outlined in the NOFO (25 points):

The extent to which the applicant provides an effective and feasible plan for verifying bimonthly reports generated by CDC/NCIPC on the selected indicators.

- The extent to which the applicant provides an effective and feasible plan for verifying bimonthly reports generated by CDC/NCIPC on the selected indicators.
- The extent to which the applicant provides an effective and feasible plan for validating and monitoring quality of syndrome definitions for overall firearm injury, intentional self-directed firearm injury, unintentional firearm injury, assault-related firearm injury, intimate partner violence, sexual violence, child abuse and neglect, youth violence, and mental health conditions.

2. The extent to which the applicant describes an effective and feasible approach for disseminating data to key partners working to prevent or respond to violence (Strategy 2) (10 points):

The extent to which the applicant describes the key goals for the dissemination plan, which will be developed during the first year of funding.

The extent to which the applicant describes how they will leverage existing dissemination efforts or initiate new efforts to reach key partners.

- The extent to which the applicant dissemination plan is logical and feasible.

3. The extent to which the applicant describes burden of firearm injuries, other violence-related injuries, and mental health conditions (15 points):

The extent to which the applicant must demonstrate burden of firearm injuries, other violence-related injuries, and mental health conditions, including overall firearm injury, intentional self-directed firearm injury, unintentional firearm injury, assault-related firearm injury, intimate partner violence, sexual violence, child abuse and neglect, youth violence, and mental health conditions, in their geographic area equivalent to or greater than the national average through provision of using nonfatal data sources obtained through the state, or through data from their state syndromic surveillance system, or from the state Emergency Medical Services (EMS) data. Suspected counts, percentages, and rates of ED visits identified through the state's syndromic surveillance system using CDC syndrome definitions housed in ESSENCE can be provided.

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

The extent to which the applicant outlines an effective and feasible plan to constantly monitor and improve the timeliness and quality of ED data for firearm injuries, other violence-related injuries, and mental health conditions collected (as part of Strategy 1) (15 points).

The extent to which the applicant proposes performance measures that align with proposed activities, strategies, and outcomes (as part of Strategy 1) and assist tracking applicant's progress while helping identify potential challenges to implementation (5 points).

The extent to which the applicant presents an effective and feasible plan to track the dissemination and impact of surveillance findings to key partners working to prevent or respond to violence (as part of Strategy 2) (5 points).

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

1. The extent to which the applicant demonstrates syndromic surveillance eligibility and coverage (5 points):

Responsive applicants must be using the national ESSENCE platform for their syndromic surveillance data management on or before the application due date, as indicated in required LOS/MOU.

Applicant must demonstrate collecting and accessing ED data from a minimum of 80% of ED facilities in their jurisdiction on or before the application due date, including ED visit data from a minimum of 90% of Level 1-3 trauma centers. The percentage of all ED visits, including Level 1-3 trauma centers in the jurisdiction, collected by their surveillance system (e.g., currently, 80% of all ED facilities in the jurisdiction is reported into NSSP ESSENCE) should be specified, as indicated in required LOS/MOU.

Applicant must confirm required access to NSSP ESSENCE data, as indicated in required LOS/MOU.

Applicant must confirm that the jurisdiction NSSP staff will manage the authorization process for future CDC users, as indicated in required LOS/MOU.

2. The extent to which the applicant demonstrates experience that will support increasing timeliness of reporting on any type of public health problem, or violent injuries (Strategy 1), including (5 points):

Experience managing and conducting quality assurance on large databases such as ED or EMS data.

Experience performing ongoing violence or injury surveillance.

Experience engaging in partnership with the NSSP's Community of Practice, the Council of State and Territorial Epidemiologists, and/or state or local syndromic surveillance coordinators.

Experience building syndrome definitions and/or running queries in ESSENCE.

Experience analyzing morbidity data collected on a monthly or more rapid basis to reliably identify unusual increases (i.e., outbreaks) in public health conditions. This includes experience using algorithms or rules for detecting possible outbreaks. For example, experience working on identifying unusual changes in any type of violence indicator using any type of data.

3. The extent to which the applicant demonstrates experience disseminating public health information on any type of public health problem, or violent injuries (Strategy 2), including (5 points):

Experience using and generating data reports using statistical software.

Experience disseminating data to support the reduction and prevention of public health problems.

4. The extent to which the applicant demonstrates adequate staffing and capacity (10 points):

The extent to which the applicant clearly delineates project staff's roles and responsibilities and staff qualifications offered to demonstrate qualifications for performing key functions such as requesting, entering, analyzing, and disseminating the data.

The extent to which the applicant provides curriculum vita for the staff person leading the project should be included in the application.

The extent to which the applicant provides evidence of a computing environment that can support data management and analysis, including information on current or planned speed of their high-speed Internet connection.

Budget **Maximum Points:** 0

Presentation of a reasonable budget that is consistent with the stated objectives and planned program activities. Budget will be reviewed but not scored.

Optional Activity 1 (Data Linkage) Scoring Criteria

Applicants may request up to $100,000 in additional funding for the optional data linkage activity, and **all budget estimates are based upon the availability of federal funding.**

i. Approach

Maximum Points: 50

1. The extent to which the applicant describes an effective and feasible approach to enhance or implement at least one innovative data linkage project linking visit-level, violence-related ED data from AVERT to case-level data from a different data source within the same jurisdiction using personal identifiers or probabilistic matching (40 points):

The extent to which the applicant describes an effective and feasible methodological approach to conducting proposed data linkage project.

The extent to which the applicant provides an effective and feasible plan for acquiring case-level data from a different data source(s) within the same jurisdiction.

- The extent to which the applicant describes data source(s) that will be used to link case-level data with visit-level, violence-related ED data within the same jurisdiction, including potential identifying variables that will be used to facilitate data linkage.

2. The extent to which the applicant describes an effective and feasible approach for disseminating data linkage products (10 points):

The extent to which the applicant describes the key goals for the dissemination plan, which will be developed during the first year of funding.

The extent to which the applicant briefly describes how they will leverage existing dissemination efforts or initiate new efforts to reach key partners.

- The extent to which the applicant dissemination plan is logical and feasible.

ii. Evaluation and Performance Measurement

Maximum Points: 20

The extent to which the applicant outlines an effective and feasible plan to constantly monitor and improve the quality of linked data (10 points).

- The extent to which the applicant presents an effective and feasible plan to track the dissemination of linked data (10 points).

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 30

1. The extent to which the applicant demonstrates experience that will support enhancing or implementing at least one innovative data linkage project (10 points):

- Experience conducting record linkages, data management, and analysis.
- Experience developing protocols for data extraction, cleaning, and record linking.
- Experience using at least one data linkage software program.

2. The extent to which the applicant demonstrates experience disseminating findings from data linkage projects (10 points).

3. The extent to which the applicant demonstrates adequate staffing and capacity (10 points):

- Applicant clearly delineates project staff's roles and responsibilities and staff qualifications offered to demonstrate qualifications for performing key functions.
- Applicant provides curriculum vita for the staff person leading the project should be included in the application.
- Applicant provides evidence of a computing environment that can support data management, analysis, and linkage, including information on current or planned speed of their high-speed Internet connection.

Budget

Maximum Points: 0

Presentation of a reasonable budget that is consistent with the stated objectives and planned program activities. Budget will be reviewed but not scored.

Optional Activity 2 (REDIRECT Prevention Activity) Scoring Criteria

Applicants may request up to $150,000 in additional funding for the optional REVERT prevention activity, and all budget estimates are based upon the availability of federal funding.

i. Approach

Maximum Points: 50

1. The extent to which the applicant describes an effective and feasible approach to establish or strengthen a local, multisectoral partnership, which should include a collaboration with a law enforcement agency (30 points).
2. The extent to which the applicant describes an effective and feasible approach to acquire, manage, store, and merge near real-time ED data from AVERT and law enforcement data (10 points).
3. The extent to which the applicant describes an effective and feasible approach to describe and share merged ED and law enforcement data with partners to inform prevention and response opportunities (10 points).

ii. Evaluation and Performance Measurement

Maximum Points: 20

1. The extent to which the applicant outlines an effective and feasible plan to constantly monitor and improve the quality of merged near real-time ED data from AVERT and law enforcement data (10 points).
2. The extent to which the applicant presents an effective and feasible plan to track the dissemination of merged near real-time ED data from AVERT and law enforcement data (10 points).

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 30

1. The extent to which the applicant demonstrates strong evidence of previous or ongoing multisectoral collaborations that support sharing and disseminating violence-related data (15 points). When evaluating the strength of collaborations, reviewers should assess the inclusion of MOAs, MOUs, LOSs that demonstrate strategic partnerships and collaborations with organizations that have a role in achieving the outcomes of the optional activity.

2. The extent to which the applicant demonstrates adequate staffing and capacity (15 points):

- The extent to which the applicant clearly delineates project staff's roles and responsibilities and staff qualifications offered to demonstrate qualifications for performing key functions.
- The extent to which the applicant provides curriculum vita for the staff person leading the project should be included in the application.
- The extent to which the applicant provides evidence of a computing environment that can support data management, analysis, and linkage, including information on current or planned speed of their high-speed Internet connection.

Budget

Maximum Points: 0

Presentation of a reasonable budget that is consistent with the stated objectives and planned program activities. Budget will be reviewed but not scored.

c. Phase III Review

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

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide

eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

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

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, and the total period of performance for which support is contemplated. Signed by the Grants

Management Officer, it is sent to the applicant's Authorized Organization Representative and Principal Investigator and reflects the only authorizing document. It will be sent prior to the start date of 09/01/2023 by email notification.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider- obligations/index.html and https://www.hhs.gov/civil-rights/for- individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

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

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

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

Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

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

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).

• The frequency that evaluations will be conducted.

• How evaluation reports will be published on a publicly available website.

• How evaluation findings will be used to ensure continuous quality and program improvement.

• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).

• Dissemination channels and audiences.

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

the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

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

The recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 120 days prior to the end of the budget period.

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

CDC will require recipients to update their performance and evaluation measures 60 days after the end of each funding year. Recipients are expected to use CDC provided annual performance report templates for reporting progress and evaluation results.

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

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

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

No additional requirements.

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and

organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

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

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

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

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

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

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

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

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

3) Terms: For purposes of this clause:
“Commodity” means any material, article, supplies, goods, or equipment;
“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Anika

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

Address:
National Center for Injury Prevention and Control
Division of Violence Prevention
4770 Buford Hwy, MS-S106-10
Atlanta, GA. 30341

Telephone:
404-498-1064

Email:
AVERTNOFO@cdc.gov

Grants Management Office Information

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

First Name:
Karen

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

Address:
Branch 5 Supporting Chronic Diseases and Injury Prevention
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
2920 Brandywine Rd
Atlanta, GA. 30341

Telephone:
(770) 488-2729

Email:
kzion@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
In addition, applicants are required to submit the following documents as PDFs with their application:

- LOS/MOU from their jurisdiction's NSSP Principal Investigator or the staffing unit that manages the authorization process for users to access NSSP ESSENCE data explicitly confirming the following items in the LOS or MOU (Applicants must name this file "Required LOS/MOU Confirming NSSP ESSENCE data eligibility and coverage"):
    - Applicant uses the national ESSENCE platform for their syndromic surveillance data management on or before the application due date.
    - Applicant collects and accesses ED visit data from a minimum of 80% of ED facilities in their jurisdiction on or before the application due date. This includes ED visit data from a minimum of 90% of Level 1-3 trauma centers. The percentage of all ED facilities, including Level 1-3 trauma centers in the jurisdiction, collected by their surveillance system (e.g., currently, 80% of all ED facilities in the jurisdiction is reported into NSSP ESSENCE) should be specified.
    - Applicant confirms required access to NSSP ESSENCE data.
    - Applicant confirms that the state NSSP staff will manage the authorization process for future CDC users.
- Required LOS/MOU or MOA. (Applicants must name this file "Required LOS/MOU or MOA")

- Optional LOS/MOU or MOA. (Applicants must name this file “Optional LOS/MOU or MOA”)
- Past relevant data dissemination examples, if applicable. (Applicants must name this file “Optional Data Dissemination Examples”)
- Resumes/CVs for key existing staff for this funding opportunity. (Applicants must name this file "Resumes or CVs")
- Position descriptions for proposed positions. (Applicants must name this file "Position Descriptions")
- Organizational chart. (Applicants must name this file “Organizational Chart”)
- Indirect Cost Rate, if applicable. (Applicants must name this file "Indirect Cost Rate")
- Bona Fide Agent Status documentation, if applicable. (Applicants must name this file "Bona Fide Agent Status")

Note that the entire project narrative should have a minimum of 10 pages and a maximum of 20 pages.

I. Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

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

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

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

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

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing

or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount. Memorandum of Understanding (MOU) or Memorandum of Agreement**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

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

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs. **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

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

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

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

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

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

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

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

AMC: Access and Management Center
AVERT: Advancing Violence Epidemiology in Real-Time
ED: Emergency Departments

ER: Emergency Rooms
ESSENCE: Electronic Surveillance System for the Early Notification of Community Epidemics
FA: Firearm
FASTER: Firearm Injury Surveillance Through Emergency Rooms
NSSP: National Syndromic Surveillance Program
REDIRECT: Real-time Data to Inform Response, Engagement, Collaboration, and Tailored Prevention Activities