



Centers for Disease Control and Prevention

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Rigorous Evaluation of Community- and Societal-Level Primary Prevention Approaches to Prevent Adverse Childhood Experiences (ACEs): Expanding the Best Available Evidence

RFA-CE-25-025

12/02/2024

Table of Contents

Section I. Funding Opportunity Description	6
Section II. Award Information.....	28
Section III. Eligibility Information	29
Section IV. Application and Submission Information.....	34
Section V. Application Review Information	42
Section VI. Award Administration Information.....	50
Section VII. Agency Contacts	63
Section VIII. Other Information	64

Overview

Participating Organization(s)

Centers for Disease Control and Prevention

Components of Participating Organizations

Components of Participating Organizations:

National Center for Injury Prevention and Control

Notice of Funding Opportunity (NOFO) Title

Rigorous Evaluation of Community- and Societal-Level Primary Prevention Approaches to Prevent Adverse Childhood Experiences (ACEs): Expanding the Best Available Evidence

Activity Code

Applications in response to this Notice of Funding Opportunity (NOFO) will be funded using the U01 activity code for a research grant.

Notice of Funding Opportunity Type

New

Agency Notice of Funding Opportunity Number

RFA-CE-25-025

Assistance Listings Number(s)

93.136

Category of Funding Activity

HL - Health

NOFO Purpose

The purpose of this research announcement is to support investigator-initiated research to rigorously evaluate policies or programs for the primary prevention of adverse childhood experiences (ACEs). In alignment with NCIPC's ACEs Research Priorities, projects are

expected to evaluate primary prevention approaches at the community- or societal-level that address the social or structural conditions that place some populations at greater risk for ACEs. Research conducted with these funds will rigorously evaluate existing primary prevention approaches (i.e., policies or programs that are already developed and implemented or have been shown to be ready for implementation in the community or population of interest) that have not yet undergone rigorous evaluation and are not currently undergoing rigorous evaluation for prevention of ACEs.

Research funded under this announcement is intended to expand the evidence base for ACEs prevention in one or more of the following strategy areas identified in the [CDC's ACEs Prevention Resource for Action](#).

Key Dates

Publication Date:

To receive notification of any changes to RFA-CE-25-025, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.

Letter of Intent Due Date:

11/01/2024

While a letter of intent is not mandatory, nor is it binding or a factor in the review of an application, the details it provides help NCIPC staff to plan for the scientific and technical merit peer review process.

Application Due Date:

12/02/2024

On-time submission requires that electronic applications be error-free and made available to CDC for processing from the NIH eRA system on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov no later than 11:59 PM U.S. Eastern Time.

Applicants will use a system or platform to submit their applications through Grants.gov and eRA Commons to CDC. ASSIST, an institutional system to system (S2S) solution, or Grants.gov Workspace are options. ASSIST is a commonly used platform because it provides a validation of all requirements prior to submission and prevents errors.

For more information on accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: <https://era.nih.gov/erahelp/assist>. Additional support is available from the NIH eRA Service desk via <http://grants.nih.gov/support/index.html>.

- E-mail: commons@od.nih.gov
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552
- Hours: Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding Federal holidays

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the application due date time to correct any error or warning notices of noncompliance with

application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Scientific Merit Review:

02/25/2025

This date is an estimate

Secondary Review:

05/30/2025

This date is an estimate

Estimated Start Date:

09/30/2025

Expiration Date:

03/10/2025

Required Application Instructions

It is critical that applicants follow the instructions in the [How to Apply - Application Guide](#) except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note:The Research Strategy component of the Research Plan is limited to 12 pages.

Page Limitations: Pages that exceed the page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

Applications that do not comply with these instructions may be delayed or may not be accepted for review.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Executive Summary

Purpose

The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (NCIPC) is soliciting investigator-initiated research that will help expand and advance our understanding about what works to prevent ACEs. In alignment with NCIPC's ACEs Research Priorities, this initiative is intended to support the evaluation of existing community- or societal-level primary prevention policies or programs that address social and health inequities that place some populations at greater risk for ACEs.

There are three specific research objectives for this NOFO:

- Research Objective 1: Effectiveness research to evaluate existing primary prevention approaches that address societal- or community-level conditions and ensure a strong start for children.

- Research Objective 2: Effectiveness research to evaluate existing primary prevention approaches that address societal- or community-level conditions and promote social norms and narratives that protect against violence and adversity.
- Research Objective 3: Effectiveness research to evaluate existing primary prevention approaches that address societal- or community-level conditions and strengthen economic supports to families.

Applicants must clearly indicate which of these objectives the research proposal intends to address. Applicants must demonstrate that the selected approach is currently being implemented or ready for implementation in the community or population of interest (e.g., through formative research evidence, pilot data, or community letters of support) and is ready for rigorous evaluation.

Applicants must propose rigorous evaluation designs, which for the purposes of this funding opportunity can include those that utilize experimental designs (i.e., randomized controlled trials) or quasi-experimental designs (e.g., comparative interrupted time series design with multiple time points).

Applicants are required to address the prevention of at least one form of child abuse and/or neglect (CAN) and at least one additional ACE (additional details in Approach section). Applicants are strongly encouraged to evaluate impacts of the selected approach on several ACEs.

All applicants are required to address how the selected approach will address the social or structural conditions that put some populations at greater risk for ACEs and to empirically examine the health equity implications of their selected approach.

Mechanism of Support

The funding mechanism for this Notice of Funding Opportunity (NOFO) will be a Research Cooperative Agreement (U-01).

Funds Available and Anticipated Number of Awards

CDC/NCIPC intends to commit up to \$900,000 in FY 2025 to fund up to two (2) applications. Awards issued under this NOFO are contingent upon availability of funds and a sufficient number of meritorious applications.

Budget and Period of Performance

The maximum award amount will be \$450,000 per award for the first 12-month budget period. This includes both direct and indirect costs. An applicant may request a period performance of up to three years. The maximum total project funding amount is \$1,350,000 (including both direct and indirect costs) over the expected period of performance length, with a maximum of \$450,000 per award per year. The period of performance for this award is expected to run from 9/30/2025 to 9/29/2028.

Application Research Strategy Length

Page limits for the Research Strategy are clearly specified in *Section IV. Application and*

Submission Information of this announcement.

Eligible Institutions/Organizations

Institutions/organizations listed in *Section III. Eligibility Information 1. Eligible Applicants* are eligible to apply.

Eligible Project Directors/Principal Investigators (PDs/PIs)

The CDC does not award individuals directly. Individuals possessing the necessary skills, knowledge, and resources to conduct proposed research should collaborate with their institutions to submit a support application. Underrepresented racial and ethnic groups, as well as individuals with disabilities, are especially encouraged to apply.

For applications where the contact PD/PI qualifies as an NIH Early Stage Investigator (ESI), as confirmed through the [NIH Investigator Status determination](#) process, and has a commendable peer review score, prioritization may occur during the second level of review (refer to Section V. Application Review Information 4. Review and Selection Process). Regarding the determination of Investigator Status for the contact PD/PI:

Before submitting an application, PD/PIs should confirm or update the date of their terminal research degree or the conclusion of their post-graduate clinical training in their eRA Commons Profile for accurate identification. NIH systems will automatically determine each investigator's status and reflect it in their eRA Commons personal profile. The ESI status for PD/PIs on any R01 or equivalent application will be indicated at submission. Investigators must ensure their status is accurately represented in their profile. If the status is incorrect, they should reach out to the [NIH eRA Service Desk](#).

Number of PDs/PIs

An application may name more than one PD/PI; their names must appear on the face page of the application. However:

- One (1) principal investigator must be designated as the contact PD/PI for all correspondence related to the application.
- All PD/PIs must include their eRA Commons Identification in the Credential Field of the Senior/Key Person Profile Component of the SF-424 (R&R) Application Package.
- Institutions/organizations proposing multiple PDs/PIs must visit the Multiple Program Director/Principal Investigator Policy and submission details in the Senior/Key Person Profile (Expanded) Component of the SF-424 (R&R) Application Guide.

Number of Applications

Organizations eligible to apply may submit multiple applications to this NOFO, as long as each is scientifically distinct. However, institutions may only submit one application per contact PD/PI. Only one application for each contact PD/PI will receive funding under this announcement. If multiple applications from the same contact PD/PI are submitted, only the most recent one, based on the time and date stamp at www.grants.gov, will be considered for review. It is the applicant's responsibility to withdraw any duplicate applications before the review date.

Institutions that submit applications proposing essentially the same research to two or more CDC/ATSDR NOFOs will not receive funding for more than one.

Application Type

NEW

Special Date(s)

A pre-application teleconference call will be conducted on 10/09/2024 to address questions from prospective applicants regarding NOFO RFA-CE-25-025. The call will begin at 2:00pm Eastern Standard Time (EST) and end at 2:50 pm Eastern Standard Time (EST), or sooner if all questions are addressed. Questions and answers from the discussion will be included in a supplemental document on grants.gov approximately 2-3 weeks after the call.

Participant Access Information:

- Call Date: October 9, 2024
- Call Start Time: 2:00pm Eastern Standard Time (EST)
- Call End Time: 2:50pm Eastern Standard Time (EST)
- Call Leader: Joyce Dieterly, Scientific Program Official
- Webinar Link:
<https://cdc.zoomgov.com/j/1609443938?pwd=eGtXYUdFa2RXK0tQTWxGR3doVzA5UT09>
- Webinar ID: 160 944 3938
- Passcode: 6+!QCgQE
- Call-In Numbers:
 - +1 646 828 7666 US (New York)
 - +1 646 964 1167 US (US Spanish Line)
 - +1 669 254 5252 US (San Jose)
 - +1 551 285 1373 US (New Jersey)
 - +1 415 449 4000 US (US Spanish Line)
 - +1 669 216 1590 US (San Jose)
- Dial-In Passcode: 42055153

Application Materials

See Section IV.1 for application materials.

Hearing Impaired

Telecommunications for the hearing impaired are available at: TTY: 1-888-232-6348. Section I. Funding Opportunity Description

Section I. Funding Opportunity Description

Statutory Authority

Section 301 (a) (2) [42 U.S.C. 241(a)] of the Public Health Service Act, and Section 391 (a) [42 U.S.C. 280 b (a)] of the Public Health Service Act, as amended.

1. Background and Purpose

Adverse Childhood Experiences, or ACEs, are preventable, potentially traumatic events that occur in childhood (0–17 years). Examples of ACEs include neglect, experiencing or witnessing violence, or having a family member attempt or die by suicide. ACEs also include aspects of a child’s environment that can undermine their sense of safety, stability, and bonding, such as living in a household where a parent or caregiver is negatively affected by substance use or an ongoing serious mental health condition, or when a child experiences instability due to prolonged separation from a parent or caregiver (CDC, 2019; Felitti et al., 1998). ACEs are associated with a wide range of adverse behavioral, health, and social outcomes, including: substance abuse; mental health conditions such as depression and anxiety; chronic diseases such as asthma, heart disease and cancer; and harmful impacts on educational attainment and earnings potential (Merrick et al., 2019; Petrucci et al., 2019; Peterson et al., 2023). ACEs are common, but some children experience both an inequitable burden of ACEs and the negative impacts of ACEs on health and other outcomes. This inequitable burden is associated with historical and on-going social and structural conditions such as systemic racism, discrimination, and multigenerational poverty that limit access to life opportunities including quality education, economic security, stable housing and living in safe neighborhoods (Harper et al., 2023; Metzler et al., 2017; Nurius et al., 2012; Ports, Tang, Treves-Kagan & Rostad, 2021).

ACEs can be prevented before they happen, and there are strategies for reducing the potential harms of ACEs among those who have experienced them. CDC developed a resource [Adverse Childhood Experiences Prevention Resource for Action \(cdc.gov\)](https://www.cdc.gov/healthequity/core/index.html) to help states, tribes, and communities use the best available evidence to prevent ACEs from happening in the first place. Although progress has been made to identify effective approaches for preventing ACEs, additional research is needed to evaluate and build this evidence base, particularly at the community- and societal-levels (Harper et al., 2023; Matjasko et al., 2022).

Additional background related to health equity:

This funding announcement supports CDC CORE Health Equity Goals to embed health equity principles in the design, implementation, and evaluation of its research, data, surveillance, and intervention strategies. For more information about CDC CORE Health Equity Goals, see <https://www.cdc.gov/healthequity/core/index.html>. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health (CDC, 2022a). Achieving this requires recognizing and addressing the systems of inequity that create economic, social, and other obstacles to health and health care, resulting in the disproportionate burden of ACEs among some populations. For example, systemic and structural racism are associated with lower well-being among racial and ethnic minority youth (Anderson, Eisenberg, & Zimmerman, 2023). The likelihood of experiencing ACEs is high among some groups including individuals who are non-Hispanic Black, American Indian/Alaska Native, and persons of multiple races (Merrick et al., 2019; Swedo et al., 2023). Disproportionately impacted populations may include some racial/ethnic minority groups; tribal populations; persons with disabilities; persons experiencing homelessness; persons who are immigrants and refugees; sexual and gender minorities; and

persons who hold multiple disproportionately impacted identities (Austin et al., 2020; Flores & Salazar, 2017; Hughes et al., 2022; Liu et al., 2021; Merrick et al., 2019; Swedo et al., 2023).

Of particular interest for this NOFO are evaluations of policies or programs that seek to prevent ACEs by addressing and improving social and structural determinants of health (SDOH). SDOH are the non-medical factors that influence health outcomes (CDC, 2022b). Examples of SDOH include economic policies and systems, social norms, social policies, racism, and climate change. Public health approaches that focus on addressing upstream factors such as SDOH have the potential to reduce ACEs at the population-level and are less likely to perpetuate inequities (Lorenc et al., 2013; Hall et al., 2016). However, all programs and policies also have the potential to exacerbate health inequities or otherwise cause harm. This is particularly relevant when addressing the outer levels of the social ecology, as the increased reach magnifies the potential for both benefits and harm. As such, applicants are required to clearly describe how the health equity implications of the selected prevention approach will be empirically studied in population(s) disproportionately impacted by ACEs to ensure that the effort does not widen inequities (please see additional guidance under *Section I. Funding Opportunity Description 2. Approach*).

Additional background on community- and societal-level approaches:

Approaches that are hypothesized to impact ACEs prevention at the outer levels of the social-ecological model (i.e., community and societal levels) are needed due to a limited evidence base. Given that approaches at the outer levels have the potential to reach a large number of people, they also have the potential to demonstrate population-level impacts on preventing ACEs as well as reducing inequities in ACEs (Lorenc et al., 2013; Hall et al., 2016). **Federal, state, local, tribal or organizational policy approaches** typically seek to affect community or societal risk and protective factors, such as the climate or processes within the defined community (e.g., Dahlberg & Krug, 2002). For the purpose of this NOFO, a distinction is made between community-level approaches and community-based approaches. **Community-level approaches** are defined as approaches that target the characteristics of *settings* that increase or buffer against the risk for violence, particularly the social, economic, and environmental characteristics of neighborhood, school, workplace, and other organizational settings (Dahlberg, 2018). Communities are defined as formal or informal organizations or geographical settings in which social relationships occur (e.g., neighborhoods, cities, states, etc.; Dahlberg & Krug, 2002). Communities may include any defined population with shared characteristics, risk/protective factors, and potential for exposure to the policies or programs. **Community-based approaches** are implemented in community settings but address individual-, peer-, family-level interpersonal factors (e.g., conflict resolution skills, parenting skills, personal attitudes, knowledge about violence, bystander behaviors). **Applications that propose to evaluate a community-based approach that addresses change in individual-, peer-, or family-level interpersonal factors, rather than change in societal or community conditions, do not meet the scientific intent of this NOFO.**

Purpose:

The Centers for Disease Control and Prevention’s National Center for Injury Prevention and Control (NCIPC) is soliciting investigator-initiated research that will help expand and advance the understanding about what works to prevent ACEs and inform public health action. In alignment with NCIPC’s ACEs Research Priorities, this research announcement is intended to support the rigorous evaluation of existing community- or societal-level primary prevention policies or programs that address social and health inequities that place some populations at greater risk for ACEs. In addition, research funded under this announcement is intended to expand the evidence base for ACEs prevention in one or more of the following strategy areas identified in the [CDC’s ACEs Prevention Resource for Action](#): Ensure A Strong Start for Children, Promote Social Norms That Protect Against Violence and Adversity, and Strengthen Economic Supports to Families. Applicants must propose studies focused on preventing at least one form of child abuse and neglect (CAN; e.g., physical abuse, emotional neglect) and at least one additional ACE outside of CAN. Applicants are strongly encouraged to evaluate impacts of the selected approach on multiple ACEs.

Additional background for specific research objectives:

Research Objective 1: Effectiveness research to evaluate existing primary prevention approaches that address societal- or community-level conditions by ensuring a strong start for children.

Ensuring a strong start for children and their families can have lasting protective impacts across the lifespan (CDC, 2019). Research has shown that high quality childcare and early childhood education may prevent ACEs by providing children with safe, stable environments for healthy childhood development (Fortson et al., 2016). Additionally, policies and programs that facilitate paid time for parents to bond with their children after birth or adoption are associated with improved parent/caregiver mental health outcomes (Bullinger, 2019; Irish et al., 2021; Van Niel et al., 2020), decreases in parent/caregiver intimate partner violence (Van Niel et al., 2020), improved infant health (Bullinger, 2019; Van Niel et al., 2020) and decreases in infant mortality outcomes (Montoya-Williams et al., 2020). Not all groups have access to such services and supports and more research is needed to broaden the evidence base within this strategy area may protect children from ACEs.

Potential research in response to this objective may include studies to assess the effectiveness of community- or societal-level approaches to increase access to, and availability and affordability of high-quality childcare or time for families to bond (e.g., access to affordable and quality childcare, universal pre-k, family-friendly work policies), efforts to close educational inequities such as disparities in school funding and graduation rates, and efforts to create safe and inclusive communities and classrooms. The examples described above are not an exhaustive list.

Applications should describe how the proposed research adds to the evidence base for the prevention of at least one form of CAN and at least one additional ACE outside indicators of CAN. The application should describe what is already known about the approach, including but not limited to a rigorous examination of health equity implications, and how the proposed research adds to public health knowledge and action.

Research Objective 2: Effectiveness research to evaluate existing primary prevention approaches that address societal- or community-level conditions by promoting social norms and narratives that protect against violence and adversity.

Promoting social norms that protect against violence and adversity is an important primary prevention strategy for creating the conditions in which all children can thrive (Klika & Linkenbach, 2019). Social norms refer to the shared beliefs and behaviors that are viewed as acceptable to a group or society (Edberg & Krieger, 2020). Social norms are influenced by the social and structural conditions of a society (Malhotra et al., 2019; Edberg & Krieger, 2020). Access to the social and structural conditions needed for health and safety (e.g., economic security) is important for assuring that all people can achieve their optimal health and full life potential.

Not all groups have access to social and structural conditions that promote health, and explanations for why these behaviors and outcomes occur often do not include consideration of the contexts of people's lives. For example, explanations for why ACEs occur often focus on the individual behaviors of parents, without acknowledging the impact of existing social and structural policies and practices (e.g., differential access to adequate income or quality education) that increase risk for ACEs among some children (Harper et al., 2024). Consequently, efforts to prevent early childhood adversity are largely informed by "narratives" (i.e., the way people think and talk about a problem and who is responsible for it) that attribute sole responsibility to parents (Metzler et al., 2017). Public narratives about the causes of ACEs (e.g., "bad parents") shape our solutions to it (e.g., child separations vs. access to affordable childcare, adequate income).

Understanding how these dominant narratives operate and lifting up new, positive narratives are important for gaining support for solutions that can eliminate inequitable health burdens, including ACEs. Rigorous evaluation research is needed to strengthen the evidence base and to understand the efficacy of narrative change approaches to create societal- and community-level change and subsequent reductions in ACEs. Potential research funded under this objective includes studies to assess the effectiveness of community-level narrative change efforts to: 1) shift the perceived responsibility for children's well-being from solely on individuals toward a shared responsibility within the larger community and society to create positive environments for children, or 2) promote societal norms that underscore the importance of creating access to the social determinants of health that protect children and families and eliminate risk for inequities in ACEs. For example, studies may consider evaluating narrative approaches that promote changes in public health, social welfare, and other related sectors to prevent unnecessary and traumatic child separations from caregivers and instead shift efforts toward creating positive and supportive environments for children and families. Studies proposing to examine social norms should avoid measuring individual attitudes (e.g., social workers' perceptions about child separations) and instead measure informal standards of behavior shared by groups (e.g., acceptability of corporal punishment in a community).

The examples described above are not an exhaustive list. Applications should describe how the proposed research adds to the evidence base for the prevention of at least one form of CAN and at least one additional ACE outside of indicators of CAN. The application should describe what is already known about the approach, including but not limited to a rigorous examination of health equity implications.

Research Objective 3: Effectiveness research to evaluate existing primary prevention approaches that address societal- or community-level conditions by strengthening economic supports to families.

Research has consistently shown that poverty and low income are associated with increased risk of ACEs exposure (e.g., Skinner et al., 2023). Examples of societal-level economic supports include: Earned Income Tax Credits, Supplemental Nutrition Assistance Program, state minimum wage laws, and the Women Infants and Children program. These approaches have been associated with reductions in CAN (e.g., Austin et al., 2020; Holroyd et al., 2023; Kim et al., 2024; Klevens et al., 2017; Kovski et al., 2022; Maguire-Jack et al., 2022; Raissan and Bullinger, 2017; Wilkins et al., 2014).

More research is needed to determine the extent to which these strategies may impact multiple ACEs. For example, are approaches that are effective for reducing one specific ACE effective for reducing risk for a broader range of ACEs? Research is also needed on the evaluation of novel community- and societal-level approaches to strengthen economic supports that have not yet been rigorously evaluated for their impacts on ACEs. In addition, research to understand the equity implications of such approaches is needed to understand whether existing policies or programs equitably reach all populations they are intended to serve and whether approaches may potentially exacerbate the disparities they were intended to address.

Potential research in response to this objective includes studies to assess the effectiveness of economic approaches (e.g., cash transfer payments, nonpredatory lending through community development financial institutions (CDFIs)), livable wages or other policies to address inequities in employment and workplace settings, or other novel efforts to provide families with resources to meet basic needs (e.g., policies and/or programs that address inequities in access to quality healthcare and affordable housing). The examples described above are not an exhaustive list. Applications should describe how the proposed research adds to the evidence base for the prevention of at least one form of CAN and at least one additional ACE outside of indicators of CAN. Applicants should describe what is already known about the approach, including but not limited to a rigorous examination of health equity implications.

Considerations Regarding NOFO Scope: The goal of this research announcement is to support rigorous evaluations to strengthen the evidence base on the effectiveness of community- and societal approaches for the primary prevention of ACEs. Public health strategies are often characterized in terms of the timing of prevention: *primary* prevention approaches, which focus on preventing violence before it occurs; *secondary* prevention approaches, which focus on the more immediate responses to recent violence, such as victim treatment or services; and *tertiary* prevention approaches, which focus on long-term care after violence has occurred, such as rehabilitation/reintegration, attempts to lessen trauma or reduce the long-term disability associated with violence. **Research funded under this announcement is intended to focus on evaluation of primary prevention approaches.**

Applicants **must propose rigorous quantitative evaluation designs**, which for the purpose of this funding opportunity can include those that utilize experimental designs (i.e., randomized controlled trials) or quasi-experimental designs (e.g., comparative interrupted time series design, difference-in-difference with multiple time periods, instrumental variables, regression discontinuity, regression point displacement, stepped wedge, propensity score matching, comparison groups, etc.). Applicants are encouraged to also include a qualitative component to support the rigorous quantitative evaluation. If proposing to augment the rigorous quantitative evaluation with qualitative or mixed methods, applications should describe appropriate qualitative analysis methods.

Applicants are **required to evaluate an existing policy or program that has not yet been rigorously evaluated and is not currently undergoing a rigorous outcome evaluation for its impact on ACEs**. However, policies and programs that have evidence that they prevent and reduce one ACE but have not yet been rigorously evaluated for additional ACEs may be considered. This may include policies and programs that have been evaluated for one form of CAN, but not other forms (for example, policies and programs evaluated and found effective for reducing child physical abuse but not yet rigorously evaluated for its impacts on emotional or physical neglect). Applications proposing to evaluate such approaches must describe how the proposed research would add to the evidence base for the prevention of a broader range of ACEs and advance what is already known about the approach, including but not limited to a rigorous examination of health equity implications.

References

Anderson, N. W., Eisenberg, D., & Zimmerman, F. J. (2023). Structural Racism and Well-Being Among Young People in the US. *American Journal of Preventive Medicine*, 65(6), 1078-1091. <https://doi.org/10.1016/j.amepre.2023.06.017>

Austin, A., Herrick, H., Proescholdbell, S., & Simmons, J. (2016). Disability and exposure to high levels of adverse childhood experiences: Effect on health and risk behavior. *North Carolina Medical Journal*, 77(1), 30–36. https://www.researchgate.net/profile/Scott-Proescholdbell/publication/290453159_Disability_and_Exposure_to_High_Levels_of_Adverse_Childhood_Experiences_Effect_on_Health_and_Risk_Behavior/links/56a6637508ae01892ceeaf0b/Disability-and-Exposure-to-High-Levels-of-Adverse-Childhood-Experiences-Effect-on-Health-and-Risk-Behavior.pdf

Austin, A., Herrick, H., Proescholdbell, S., & Simmons, J. (2016). Disability and exposure to high levels of adverse childhood experiences: Effect on health and risk behavior. *North Carolina Medical Journal*, 77(1), 30–36. <https://doi.org/10.18043/ncm.77.1.30>

Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of personality and social psychology*, 51(6), 1173. <https://doi.org/10.1037/0022-3514.51.6.1173>

Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample:

Associations across adverse childhood experiences levels. *JAMA pediatrics*, 173(11), e193007-e193007. <https://doi.org/10.1001/jamapediatrics.2019.3007>

Bullinger, L. R. (2019). The effect of paid family leave on infant and parental health in the United States. *Journal of health economics*, 66, 101-116. <https://doi.org/10.1016/j.jhealeco.2019.05.006>

Centers for Disease Control and Prevention (2019). Adverse Childhood Experiences (ACEs) Prevention Resource for Action: A Compilation of the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/aces-prevention-resource_508.pdf

Centers for Disease Control and Prevention (CDC). (2022a). What is Health Equity? <https://www.cdc.gov/healthequity/index.html>

Centers for Disease Control and Prevention (CDC). (2022b). Social Determinants of Health at CDC. [Social Determinants of Health \(SDOH\) at CDC | About CDC | CDC](#)

Dahlberg, L. L., & Krug, E. G. (2002). Violence—a global public health problem. In E. G. Krug, L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), *World report on violence and health* (pp. 1-56). Geneva, Switzerland: World Health Organization.

Dahlberg, L.L. (2018). *The Distinction between Community-based vs. Community-level Prevention: Implications for the Prevention of Sexual Violence*. Centers for Disease Control and Prevention and the National Sexual Violence Resource Center Regional Training Workshops for the Rape Prevention and Education Program Directors - April 24, 2018 (Atlanta, GA) and May 1, 2018 (Portland, OR).

Edberg, M., & Krieger, L. (2020). Recontextualizing the social norms construct as applied to health promotion. *SSM-population health*, 10, 100560. <https://doi.org/10.1016/j.ssmph.2020.100560>

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

Flores, G., & Salazar, J. C. (2017). Immigrant Latino children and the limits of questionnaires in capturing adverse childhood events. *Pediatrics*, 140(5). <https://doi.org/10.1542/peds.2017-2842>

Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. <http://dx.doi.org/10.15620/cdc.38864>

Gilbert, L. K., Breiding, M. J., Merrick, M. T., Thompson, W. W., Ford, D. C., Dhingra, S. S., & Parks, S. E. (2015). Childhood adversity and adult chronic disease: an update from ten states and the District of Columbia, 2010. *American journal of preventive medicine*, 48(3), 345-349. <https://doi.org/10.1016/j.amepre.2014.09.006>

Guinn, A. S., Ottley, P. G., Anderson, K. N., Oginga, M. L., Gervin, D. W., & Holmes, G. M. (2022). Leveraging surveillance and evidence: preventing adverse childhood experiences through data to action. *American journal of preventive medicine*, 62(6), S24-S30. <https://doi.org/10.1016/j.amepre.2021.12.003>

Hall, M., Graffunder, C., & Metzler, M. (2016). Policy approaches to advancing health equity. *Journal of public health management and practice*, 22, S50-S59. <https://doi.org/10.1097/PHH.0000000000000365>

Harper, C. R., Tan-Schriner, C., Royster, J., Morgan, K. L., Burnett, V., Treves-Kagan, S., ... & Marziale, E. (2024). Increasing support for the prevention of adverse childhood experiences and substance use: Implementation of narrative change strategies in local health departments. *American journal of community psychology*. <https://doi.org/10.1002/ajcp.12741>

Harper, C. R., Treves-Kagan, S., & Kennedy, K. S. (2023). Understanding social and structural determinants of health and the primary prevention of adverse childhood experiences (ACEs). In *Handbook of adverse childhood experiences: A framework for collaborative health promotion* (pp. 199-211). Cham: Springer International Publishing. https://doi.org/10.1007/978-3-031-32597-7_14

Holdroyd, I., Barton, G., & Holdroyd, D. (2023). The effect of working tax credits on child maltreatment rates: A systematic review. *Child Abuse & Neglect*, 143, 106279. <https://doi.org/10.1016/j.chiabu.2023.106279>

Hughes, P. M., Ostrout, T. L., Pèrez Jolles, M., & Thomas, K. C. (2022). Adverse childhood experiences across birth generation and LGBTQ+ identity, behavioral risk factor surveillance system, 2019. *American Journal of Public Health*, 112(4), 662–670. <https://doi.org/10.2105/AJPH.2021.306642>

Irish, A. M., White, J. S., Modrek, S., & Hamad, R. (2021). Paid family leave and mental health in the US: A quasi-experimental study of state policies. *American Journal of Preventive Medicine*, 61(2), 182-191. <https://doi.org/10.1016/j.amepre.2021.03.018>

Kim, H., Kim, Y. Y., Song, E. J., & Windsor, L. (2024). Policies to reduce child poverty and child maltreatment: A scoping review and preliminary estimates of indirect effects. *Children and youth services review*, 156, 107311. <https://doi.org/10.1016/j.childyouth.2023.107311>

Klevens, J., Schmidt, B., Luo, F., Xu, L., Ports, K. A., & Lee, R. D. (2017). Effect of the earned income tax credit on hospital admissions for pediatric abusive head trauma, 1995-2013. *Public Health Reports*, 132(4), 505-511. <https://doi.org/10.1177/0033354917710905>

Klika, J. B., & Linkenbach, J. W. (2019). Social norms and violence against children and youth: Introduction to the special issue. *Child and Adolescent Social Work Journal*, 36, 1-3. <https://doi.org/10.1007/s10560-018-0596-7>

Kovski, N. L., Hill, H. D., Mooney, S. J., Rivara, F. P., Morgan, E. R., & Rowhani-Rahbar, A. (2022). Association of state-level earned income tax credits with rates of

- reported child maltreatment, 2004–2017. *Child maltreatment*, 27(3), 325-333.
<https://doi.org/10.1177/1077559520987302>
- Leviton, L. C., Khan, L. K., Rog, D., Dawkins, N., & Cotton, D. (2010). Evaluability assessment to improve public health policies, programs, and practices. *Annual review of public health*, 31(1), 213-233.
<https://doi.org/10.1146/annurev.publhealth.012809.103625>
- Lipsey, M. W. (1993). Theory as method: Small theories of treatments. *New directions for program evaluation*, 57, 5-38.
<https://onlinelibrary.wiley.com/doi/pdf/10.1002/ev.1637>
- Liu, M., Luong, L., Lachaud, J., Edalati, H., Reeves, A., & Hwang, S. W. (2021). Adverse childhood experiences and related outcomes among adults experiencing homelessness: a systematic review and meta-analysis. *The Lancet Public Health*, 6(11), e836-e847. <https://doi.org/10.1136/jech-2012-201257>
- Lorenc, T., Petticrew, M., Welch, V., & Tugwell, P. (2013). What types of interventions generate inequalities? Evidence from systematic reviews. *J Epidemiol Community Health*, 67(2), 190-193. <https://doi.org/10.1136/jech-2012-201257>
- Maguire-Jack, K., Hardi, F., Stormer, B., Lee, J. Y., Feely, M., Rostad, W., ... & Klika, J. B. (2022). Early childhood education and care policies in the US and their impact on family violence. *Children and Youth Services Review*, 142, 106653.
<https://doi.org/10.1016/j.childyouth.2022.106653>
- Maguire-Jack, K., Johnson-Motoyama, M., & Parmenter, S. (2022). A scoping review of economic supports for working parents: The relationship of TANF, child care subsidy, SNAP, and EITC to child maltreatment. *Aggression and violent behavior*, 65, 101639. <https://doi.org/10.1016/j.avb.2021.101639>
- Malhotra, A., Amin, A., & Nanda, P. (2019). Catalyzing gender norm change for adolescent sexual and reproductive health: investing in interventions for structural change. *Journal of Adolescent Health*, 64(4), S13-S15.
<https://doi.org/10.1016/j.jadohealth.2019.01.013>
- Matjasko, J. L., Herbst, J. H., & Estefan, L. F. (2022). Preventing adverse childhood experiences: the role of etiological, evaluation, and implementation research. *American journal of preventive medicine*, 62(6), S6-S15.
<https://doi.org/10.1016/j.amepre.2021.10.024>
- Merrick, M.T., Ford, D. C., Ports, K. A., et al. (2019) Vital Signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention 25 states, 2015–2017. *Morbidity and Mortality Weekly Report*. 68(44):999-1005. <http://dx.doi.org/10.15585/mmwr.mm6844e1>
- Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children and youth services review*, 72, 141-149. <https://doi.org/10.1016/j.childyouth.2016.10.021>

- Montoya-Williams, D., Passarella, M., & Lorch, S. A. (2020). The impact of paid family leave in the United States on birth outcomes and mortality in the first year of life. *Health services research*, 55, 807-814. <https://doi.org/10.1111/1475-6773.13288>
- National Center for Injury Prevention and Control (2015). CDC Injury Center: Research Priorities. Atlanta, GA: Centers for Disease Control and Prevention. [Injury Research Priorities \(cdc.gov\)](https://www.cdc.gov/injury/research/priorities/)
- Nurius, P. S., Logan-Greene, P., & Green, S. (2012). Adverse childhood experiences (ACE) within a social disadvantage framework: Distinguishing unique, cumulative, and moderated contributions to adult mental health. *Journal of prevention & intervention in the community*, 40(4), 278-290. <https://doi.org/10.1080/10852352.2012.707443>
- Ottley, P. G., Barranco, L. S., Freire, K. E., Meehan, A. A., Shiver, A. J., Lumpkin, C. D., ... & Holmes, G. M. (2022). Preventing childhood adversity through economic support and social norm strategies. *American journal of preventive medicine*, 62(6), S16-S23. <https://doi.org/10.1016/j.amepre.2021.11.016>
- Peterson, C., Aslam, M. V., Niolon, P. H., Bacon, S., Bellis, M. A., Mercy, J. A., & Florence, C. (2023). Economic burden of health conditions associated with adverse childhood experiences among US adults. *JAMA network open*, 6(12), e2346323-e2346323. <https://doi.org/10.1001/jamanetworkopen.2023.46323>
- Petrucelli, K., Davis, J., & Berman, T. (2019). Adverse childhood experiences and associated health outcomes: A systematic review and meta-analysis. *Child abuse & neglect*, 97, 104127. <https://doi.org/10.1016/j.chiabu.2019.104127>
- Ports, K. A., Tang, S., Treves-Kagan, S., & Rostad, W. (2021). Breaking the cycle of Adverse Childhood Experiences (ACEs): Economic position moderates the relationship between mother and child ACE scores among Black and Hispanic families. *Children and youth services review*, 127, 106067. <https://doi.org/10.1016/j.childyouth.2021.106067>
- Raissian, K. M., & Bullinger, L. R. (2017). Money matters: Does the minimum wage affect child maltreatment rates?. *Children and youth services review*, 72, 60-70. <https://doi.org/10.1016/j.childyouth.2016.09.033>
- Shonkoff, J. P. (2016). Capitalizing on advances in science to reduce the health consequences of early childhood adversity. *JAMA pediatrics*, 170(10), 1003-1007. <https://doi.org/10.1001/jamapediatrics.2016.1559>
- Skinner, G. C. M., Bywaters, P. W., & Kennedy, E. (2023). A review of the relationship between poverty and child abuse and neglect: Insights from scoping reviews, systematic reviews and meta-analyses. *Child Abuse Review*, 32(2), e2795. <https://doi.org/10.1002/car.2795>
- Swedo, E. A., Aslam, M. V., Dahlberg, L. L., Niolon, P. H., Guinn, A. S., Simon, T. R., & Mercy, J. A. (2023). Prevalence of adverse childhood experiences among US adults—behavioral risk factor surveillance system, 2011–2020. *MMWR. Morbidity and mortality weekly report*, 72. <http://dx.doi.org/10.15585/mmwr.mm7226a2>

Van Niel, M. S., Bhatia, R., Riano, N. S., De Faria, L., Catapano-Friedman, L., Ravven, S., ... & Mangurian, C. (2020). The impact of paid maternity leave on the mental and physical health of mothers and children: a review of the literature and policy implications. *Harvard Review of Psychiatry*, 28(2), 113-126.

<https://doi.org/10.1097/HRP.0000000000000246>

W. K. Kellogg Foundation (2004). About the WK Kellogg Foundation. *Logic Model Development Guide*. 63. <https://www.issuelab.org/resources/35303/35303.pdf>

Wilkins, N., Tsao, B., Hertz, M. F., Davis, R., & Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

https://stacks.cdc.gov/view/cdc/31552/cdc_31552_DS1.pdf

Healthy People 2030 and other National Strategic Priorities

NCIPC is committed to achieving the health promotion and disease prevention objectives of “Healthy People 2030.” This funding announcement addresses the “Healthy People 2030” focus areas of injury and violence prevention. Specific Healthy People core objectives addressed in this NOFO include:

- Reduce child abuse and neglect deaths – [IVP-15](#)
- Reduce nonfatal child abuse and neglect – [IVP-16](#)
- Reduce intimate partner violence-[IVP-D04](#)
- Reduce contact sexual violence- [IVP-D05](#)
- Reduce adolescent sexual violence by anyone – [IVP-17](#)
- Reduce homicides –[IVP-09](#)
- Reduce nonfatal physical assault injuries – [IVP-10](#)
- Reduce physical fighting among adolescents – [IVP-11](#)
- Reduce firearm-related deaths – [IVP-13](#)
- Reduce nonfatal firearm-related injuries – [IVP-14](#)

This NOFO is aligned with CDC Injury Center’s research priorities to evaluate the effectiveness of policies or community-level change strategies designed to enhance the economic and social environment to reduce multiple forms of violence and ACEs throughout the lifespan. For additional information about the CDC injury research priorities, see [Injury Research Priorities \(cdc.gov\)](#) . This funding announcement supports CDC CORE Health Equity Goals to embed health equity principles in the design, implementation, and evaluation of its research, data, surveillance, and intervention strategies. For more information about CDC CORE Health Equity Goals, see <https://www.cdc.gov/healthequity/core/index.html>.

Public Health Impact

Exposure to adverse childhood experiences (ACEs) can have significant impacts on future experiences of violence, and lifelong health and opportunity. To date, ACEs have been associated with over 40 such outcomes, including toxic stress; physiological changes of the nervous, endocrine, and immune systems; risky health behaviors; chronic health conditions; infectious diseases; suicidal behavior; education and occupational opportunities, and early

death (Felitti et al., 1998; Gilbert et al., 2015; Metzler et al., 2017; Shonkoff, 2016). CDC's Injury Center is committed to building the evidence base for what works to prevent ACEs. The results from the research funded under this announcement will have direct benefits to communities seeking to implement ACEs prevention strategies that are based on the best available evidence and will contribute to reductions in ACEs-related morbidity and mortality.

Relevant Work

For more than 30 years, CDC's Injury Center has been the nation's leading public health authority on violence and injury prevention. CDC's approach involves three elements: 1) a focus on prevention, 2) a science-driven approach to identify risk and protective factors, and 3) multidisciplinary collaboration to address the problem and keep people safe and healthy. NCIPC's Division of Violence Prevention (DVP) developed Prevention Resources for Action to help states and communities take advantage of the best available evidence to prevent violence. The strategies and approaches in the Prevention Resources for Action represent different levels of the social ecology with efforts intended to impact individual behaviors as well as the relationship, family, school, community, and societal factors that serve as risk and protective factors for violence.

CDC also developed a document that combines the best available evidence from the Prevention Resources for Action that is related to the prevention of ACEs ([cdc.gov/violenceprevention/pdf/aces-prevention-resource_508.pdf](https://www.cdc.gov/violenceprevention/pdf/aces-prevention-resource_508.pdf)). NCIPC's research priorities (<https://www.cdc.gov/injury-violence-prevention/programs/research-priorities.html>) and the Division of Violence Prevention's Strategic Vision (<https://www.cdc.gov/injury/divisions-offices/about-division-of-violence-prevention.html>) support the need for evaluating the effectiveness of programs and policies that lack rigorous evaluation research. In addition, NCIPC's research priorities and DVP's Strategic Vision highlight the need to evaluate the efficacy and effectiveness of programs and policies across all levels of the social ecology and to expand evidence for populations that experience a disproportionate burden of ACEs.

- Information about Adverse Childhood Experiences, including resources, data, and prevention information is available at: <https://www.cdc.gov/violenceprevention/aces/index.html>
- Descriptions of violence prevention initiatives are available on NCIPC's website: <https://www.cdc.gov/violenceprevention/index.html>.
- Information about CDC research priorities in violence prevention and examples of guiding questions is available at: <https://www.cdc.gov/injury-violence-prevention/programs/research-priorities.html>
- Information about CDC's Strategic Vision for violence prevention is available at: <https://www.cdc.gov/injury/divisions-offices/about-division-of-violence-prevention.html>
- CDC's definition of child abuse and neglect is available at: <https://www.cdc.gov/child-abuse-neglect/about/index.html>

NCIPC previously supported prior funding opportunity announcements to rigorously evaluate approaches to prevent ACEs, and can be found at <https://www.grants.gov/search-grants>:

- RFA-CE-21-004

- RFA-CE-20-003
- RFA-CE-19-005

2. Approach

For NOFO RFA-CE-25-025, applicants are expected to submit proposals that will help expand and advance the understanding of strategies that prevent ACEs. Applicants may propose rigorous research that falls under more than one objective, but a single objective must be selected and stated in the application. The Specific Aims section of the application **must** clearly describe the primary prevention approach to prevent ACEs that will be evaluated. The Specific Aims section of the application **must** also clearly name and describe which of the three Research Objectives aligns with the proposed research study:

- **Research Objective 1:** Effectiveness research to evaluate existing primary prevention approaches that address societal- or community-level conditions by **ensuring a strong start for children.**
- **Research Objective 2:** Effectiveness research to evaluate existing primary prevention approaches that address societal- or community-level conditions by **promoting social norms and narratives that protect against violence and adversity.**
- **Research Objective 3:** Effectiveness research to evaluate existing primary prevention approaches that address societal- or community-level conditions by **strengthening economic supports to families.**

Note: It is possible for a program or policy to align with more than one of the research objectives. For the purposes of the application, the applicant must choose the one research objective that best fits their research proposal. This does not mean the applicant cannot incorporate elements of the other research objectives into their proposal.

General Considerations for All Research Objectives

- The selected program or policy should be a **primary prevention** approach; that is, it should focus on preventing ACEs before they begin.
- At minimum, applicants must propose studies focused on preventing at least one form of CAN and at least one additional ACE outside of CAN. Further details on qualifying outcomes can be found in the Objectives/Outcomes section below. Applications are discouraged from proposing to only investigate prevalence/incidence or correlates of ACEs.
- Applicants are expected to propose the use of **rigorous quantitative evaluation designs**, which for the purposes of this funding opportunity can include those that utilize experimental designs (i.e., randomized controlled trials) or quasi-experimental designs (e.g., comparative interrupted time series design, difference-in-difference with multiple time periods, instrumental variables, regression discontinuity, regression point displacement, stepped wedge, propensity score matching, comparison groups, etc.). Applicants are encouraged to also include a qualitative component to support the rigorous quantitative evaluation. If proposing to augment the rigorous quantitative with qualitative or mixed methods, applications should propose appropriate qualitative analysis methods.
- Applicants are expected to propose evaluations of programs or policies for which the chosen approach can be conceptually linked to the primary prevention of ACEs outcomes

in the population of interest and can have practical implication to prevention practice. The proposed program or policy is expected to expand, and not replicate, the existing evidence base for ACEs prevention.

- Applications are expected to propose evaluations of **existing** approaches (i.e., policies or programs that are already developed and implemented or ready for implementation in the community or population of interest) with promising or undetermined evidence of impact on ACEs.
 - For applications proposing evaluations of **existing policies**, applicants should describe the federal, state, local, tribal or organizational policy to be evaluated, including details about when the policy was enacted and implemented, and justification that the timeframe of the policy's implementation allows for rigorous evaluation of its impact on ACEs. Applicants should describe the level of policy implementation and intended reach (e.g., population(s), geographic region) and level of evaluation that are appropriate. The proposed evaluation may build upon a previous non-rigorous evaluation in order to extend the evidence base for the policy's impact on ACEs. Applicants must describe the availability of baseline data that will be used to demonstrate effectiveness of the existing policy on ACEs outcomes.
 - This NOFO is not intended to support new policy implementation. The policy selected for evaluation must have been implemented prior to the proposed period of evaluation (though it may or may not be ongoing).
 - For applications proposing evaluations of **existing programs**, applicants should show evidence that the program is fully developed and ready for implementation and evaluation within the community or with the population of interest. The applicant must describe any preliminary or practice-based evidence demonstrating readiness for rigorous evaluation (e.g., pre-post data, small pilot outcome data) and submit copies of any publications describing prior evaluations, and program materials or procedures (e.g., facilitator guides or manuals) used by the recipient or partner organization. Applicants must also provide documentation of necessary community partnerships to ensure successful implementation and evaluation of the program in the jurisdiction where implementation of the program is occurring or will occur. The application should clearly describe the commitment, specific plans for implementation and evaluation, and include a detailed timeline. Applicants must also describe the availability of baseline data that will be used to demonstrate effectiveness of the existing program on ACEs outcomes.
- Evaluation of policies or programs that address the needs of communities experiencing disproportionate burden of ACEs (including but not limited to persons with disabilities, persons experiencing homelessness, persons who are immigrants or refugees, racial/ethnic minorities, tribal populations, sexual and gender minorities, and persons who hold multiple disproportionately impacted identities) is strongly encouraged.
- Applicants are discouraged from proposing only formative research (e.g., feasibility, fidelity, satisfaction, etc.).
- Applicants are discouraged from proposing to evaluate therapeutic interventions, including therapy for children, adults and families who experienced ACEs (e.g., cognitive

behavior therapy, substance abuse counseling, crisis intervention, or court-mandated therapy such as Multisystemic Therapy).

- Applicants are discouraged from proposing to evaluate criminal justice focused responses (e.g., community policing, arrest strategies) or perform criminal justice research.

Prevention policies or programs are expected to be theoretically justified (e.g., include a conceptual model or theory of change, with proposed mediators and moderators, for how the community- or societal level primary prevention approach will produce the proposed reductions in ACEs) and supported with prior epidemiological and behavioral research. Mediating factors help explain the mechanism or process through which an exposure leads to an outcome. Moderating factors qualify the impact of an exposure on an outcome (Baron & Kenny, 1986). Applicants are encouraged to measure mediating and moderating factors.

Applicants are expected to assess prevention processes and mediators at the appropriate level and include plans for assessing outcomes and impacts. Examples of process data include policy or program implementation fidelity and prevention approach exposure data. Other examples of mediators or moderators appropriate to the proposed research include changes in risk and protective factors specific to the proposed policy or program. Applicants are also encouraged to include data on positive childhood experiences (PCEs), given emerging evidence that PCEs may prevent or mitigate the impacts of ACEs (Bethell et al., 2019).

Applications must be scientifically responsive to NOFO RFA-CE-25-025 in order to be forwarded for peer review. Responsiveness criteria are listed in *Section III. Eligibility Information 5. Responsiveness* of this NOFO. It is the applicant's responsibility to ensure that the submitted research proposal meets all responsiveness criteria listed in *Section III. Eligibility Information 5. Responsiveness*.

Objectives/Outcomes

Primary Outcomes to be achieved with funded research:

The focus of this announcement is to support research that evaluates the effectiveness of community- and societal-level primary prevention approaches that address social and health inequities that place some populations at greater risk for ACEs. At minimum, applicants must propose to conduct such studies focused on preventing **at least one form of CAN and at least one additional ACE outside of CAN**. Applicants are strongly encouraged to evaluate impacts of the selected approach on multiple ACEs.

There are three forms of child abuse (emotional, physical, and sexual) and two forms of neglect (emotional and physical). Where possible, these different forms of CAN should be evaluated separately as they may have different underlying etiologies (e.g., Holdroyd et al., 2023; Raissian & Bullinger, 2017). However, this may not always be possible depending on the data source used for the evaluation, and applicants should provide justification CAN are combined as a composite measure. Additional ACEs beyond CAN encapsulate a wide range of potentially traumatic events that occur in childhood (0-17 years). For the purposes of this NOFO, other forms of childhood adversity (in addition to CAN) that applicants may propose as a primary outcome include the following:

Experiencing other violence in childhood:

- Physical violence (from someone other than a parent or caregiver), including peer or community violence
- Emotional violence (from someone other than a parent or caregiver), including bullying
- Sexual violence (from someone other than a parent or caregiver)

Witnessing violence in or outside the home:

- Exposure to intimate partner violence
- Exposure to other familial violence (e.g., witnessing abuse of a sibling by a parent or caregiver)
- Exposure to community or peer violence

Other household challenges:

- Household member with poor mental health
- Household member with substance abuse
- Household member ever incarcerated
- Traumatic separation from a loved one (including divorce or separation, death, or other separation due to other institutionalized, non-voluntary settings)

Applicants may consider other childhood adversities as long as the applicant provides adequate justification that the proposed outcome meets the definition of an ACE (i.e., a preventable, potentially traumatic event occurring in childhood that can result in lasting harms in adolescence and/or adulthood). For example, other childhood adversities applicants may consider include:

- Experiencing basic needs instability (e.g., food insecurity, material hardship)
- Discrimination-related experiences
- Contact with systems that could potentially cause trauma (e.g., involvement in child welfare, foster care, or juvenile justice systems).

Applicants must provide justification for all proposed measures for capturing the above childhood adversities, including information regarding the reliability and validity of selected measures, where available. Importantly, some secondary data sources may not capture whether a child was exposed to a particular household challenge (e.g., using healthcare data to assess intimate partner violence or experiencing poor mental health). Measures that indirectly capture the above ACEs (e.g., measuring overall intimate partner violence in the population as a proxy for capturing childhood exposure to intimate partner violence in the home) may meet the intent of this NOFO, but require further justification. Applicants must describe the strengths and limitations of the selected measure, summarize alternative measures that were considered, provide strong justification for why the selected measure is an appropriate indirect assessment of the corresponding ACE, and describe how the proposed research with the selected outcome measure will advance the evidence base for prevention of ACEs.

Applicants may leverage multiple data sources to construct their proposed study outcomes and other relevant measures to include in analyses. Examples include, but not limited to, existing data sources such as:

- State Youth Risk Behavior Survey (YRBS) data
- State Behavioral Risk Factor Surveillance System (BRFSS) data

- State and local surveys
- Administrative records (e.g., screened in reports of child maltreatment to child protective services)
- Emergency department data electronic health records
- Near real-time data on ACE indicators, such as syndromic surveillance and hotline data

Proposals should provide a clear, well-supported theory of change (ToC) narrative that describes the hypothesized causal relationships between the program or policy, any proposed short-term outcomes (e.g., decreases in risk factors, increases in protective factors), and the primary outcome of ACEs. See ToC examples in Leviton, Kettel, Khan, Rog, Dawkins, Cotton (2010); Lipsey (1993); and W. K. Kellogg Foundation (2004). Even programs and policies which were not originally developed to have an impact on ACEs specifically must be explicated via a ToC for the purposes of the proposed research. **Approaches that are hypothesized to impact ACEs prevention at the outer levels of the social-ecological model (i.e., community and societal levels) are required since the evidence base for such strategies is comparatively limited.** Given that approaches at the outer levels have the potential to reach a large number of people, they also have the potential to demonstrate population-level impacts on preventing ACEs and reducing inequities in ACEs.

Applicants must elaborate on the following aspects of their selected program or policy and the evaluation design, as well as other features of their proposed projects that will assist peer reviewers in understanding the potential impact of their work.

- Describe how the proposed project aligns with one of the three research objectives of this funding opportunity.
- The selected approach should have theoretical and empirical support to suggest that the program or policy may be effective in the primary prevention of ACEs.
- The approach should be described in detail, including the current status and any planned adaptation prior to start of the funding period. Details might include background information on the development of the approach; when and where the approach has been implemented in the past and currently; population(s) of interest; any data to support preliminary evidence; and how the 3-year period of performance will allow for measurement of the primary outcome of reductions in CAN and other adversities as well as any proposed short-term outcomes (e.g., decreases in risk factors, increases in protective factors) and/or secondary measures (e.g., additional childhood adversities, positive childhood experiences).
- Describe at which level of the social-ecological model the approach will be implemented (i.e., community or societal) and intended reach (e.g., population, geographic region). Relatedly, describe the level(s) at which the approach and the ACEs outcomes will be measured (e.g., national, state, organization, tribal, or local). For example, a local program or policy should be evaluated at the local level only. A state-level approach could be evaluated at the state and/or local level. A federal-level approach could be evaluated at national, state, and/or local levels.
- Describe the extent to which the approach will prevent ACEs among specific populations (e.g., racially and ethnically minoritized groups), subgroups (e.g., males vs. females), or settings (e.g., urban vs. rural).

- Describe any potential unintended or adverse consequences of the approach you propose to evaluate.

Health Equity. All prevention approaches have the potential to exacerbate health inequities or otherwise cause harm. This is particularly relevant when addressing the outer levels of the social ecology, as the increased reach magnifies the potential for both benefits and harms. As such, all applications must include plans to empirically examine the equity implications of the selected prevention approach. Examples of equity-focused analyses may include, but are not limited to proposals that additionally investigate inequities in aspects of implementation (e.g., exposure to, distribution, timing, and uptake) across population(s) disproportionately impacted by ACEs; conducting focus groups or interviews with populations disproportionately impacted by ACEs to interpret quantitative findings, stratified analyses examining the differential impacts of the approach across population(s) disproportionately impacted by ACEs; and analyses investigating potential unintended consequences of the selected approach on population(s) disproportionately impacted by ACEs. The Specific Aims section of the application must describe where the plan to evaluate equity implications of the selected approach is located within the application.

Note: This funding announcement supports CDC CORE Health Equity Goals to embed health equity principles in the design, implementation, and evaluation of its research, data, surveillance, and intervention strategies. For more information about CDC CORE Health Equity Goals, see <https://www.cdc.gov/healthequity/core/index.html>.

Implementation: Applicants are strongly encouraged to evaluate the implementation of the program or policy thoroughly, including cost measures, when applicable. This will inform future economic evaluations, offering a clearer view of the effectiveness and value of the chosen approach. Applicants are also strongly encouraged to measure any unintended consequences and examine the differential impacts of the selected program or policy on subpopulations, if applicable, to ensure a comprehensive understanding of the approach's purpose and effects. This includes understanding the extent to which the evidence reflects experiences of the intended populations or settings and whether it addresses social and structural factors that may lead to inequities. Measuring unintended consequences and differential impacts on subpopulations is particularly important for community- and societal-level approaches, where the potential to reach a large number of people magnifies the potential to exacerbate health inequities or otherwise cause harm.

Rigorous evaluation designs. For the purposes of this research opportunity, required **rigorous quantitative evaluation designs** include those that utilize experimental designs (i.e., randomized controlled trials) or quasi-experimental designs (e.g., comparative interrupted time series design, difference-in-difference with multiple time periods, instrumental variables, regression discontinuity, regression point displacement, stepped wedge, propensity score matching, etc.). Applicants are encouraged to additionally propose a qualitative component to support the rigorous quantitative evaluation. If proposing to augment the rigorous quantitative with qualitative or mixed methods, applications should propose rigorous qualitative research

methods. These rigorous qualitative or mixed methods should be stringent and disciplined to ensure credibility, dependability, confirmability, and transferability of research findings.

Data collection, acquisition, and analysis. Applicants must identify and describe appropriate data sources and provide evidence of their ability to acquire and/or collect data of sufficient quantity and quality to conduct a rigorous quantitative evaluation, or qualitative evaluation as applicable during the 3-year period of performance. Applications should clearly describe and justify the proposed sampling methods, sample size, power estimates, and data collection methods for the primary outcome of reductions in ACEs, at a minimum, and any proposed secondary measures, and subgroup analyses as applicable. The timeline for data acquisition (requests for extant data and/or primary data collection) must be specified. Numerous data sources can be used for the outcome data, including emergency department data, law enforcement data, self-report data, and other sources of ACEs data. In addition, administrative data from relevant agencies and survey data collected prior to or in the context of the evaluation are potential sources. Appropriate data sources will vary by the approach selected, the exact specification of the ACEs outcome measure, and the evaluation design. The ACEs outcome(s) can be measured at or below the level at which the program was implemented (e.g., national, state, organization, tribal, local). For example, a state-level approach could be evaluated at the state and/or local level. Applicants must also identify the population of interest and the data sources available or collected for the purposes of this project (e.g., administrative, survey, surveillance, hospital or emergency departments, detention facilities, etc.).

Population of Focus

Applicants should focus on ACEs impacting children ages 0-17 years. At minimum, applicants must propose studies focused on preventing CAN and at least one other form of childhood adversity as detailed elsewhere in this announcement. Applicants are expected to empirically evaluate the extent to which the selected policy or program may reduce inequities in ACEs. Applicants should include a description of how they will evaluate the extent to which the selected existing primary prevention approach was able to reach all intended populations and/or whether the selected approach had differential impacts across sub-populations disproportionately burdened by social and health inequities. Evaluation of policies or programs that address the needs of communities experiencing disproportionate burden of ACEs (including but not limited to persons with disabilities, persons experiencing homelessness, persons who are immigrants or refugees, racial/ethnic minorities, tribal populations, sexual and gender minorities, and persons who hold multiple disproportionately impacted identities) is also strongly encouraged.

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

Collaboration/Partnerships

Applicants are expected to demonstrate significant and meaningful community partnerships, as appropriate, to ensure successful implementation and evaluation of the strategy in the jurisdiction where implementation of the policy or program will occur. This includes partnership with any local organizations and entities involved in implementing the proposed prevention approach, all entities participating in the development, implementation, and/or evaluation of the strategy, all organizations and entities providing access to outcome data or study participants, and all

organizations and entities supporting and facilitating community engagement activities during the development, implementation, and/or evaluation of the strategy.

Applicants should specify the roles of all research partners and describe whether and how each partner has been involved in developing the research proposal and the manner in which the partners will participate in the rigorous evaluation. Partner roles should be specified for site and participant recruitment (if applicable), collecting and analyzing the proposed data, interpreting results, developing any recommendations based on outcomes, presenting findings at public or professional venues, identifying audiences, and crafting information products for dissemination. Recipients are strongly encouraged to convene a community advisory board with a range of partners [e.g., youth from different sociodemographic backgrounds, community members, community-based organizations (CBOs), individuals with lived experiences] to ensure that the selected existing primary prevention policy or program is of value to the community and to meaningfully incorporate community input throughout the implementation, evaluation, and dissemination of the selected approach.

It is expected that for all applications, the majority (60% or greater) of the proposed research work plan, as evidenced by the proposed budget, will be directly carried out by the applicant organization throughout the entirety of the period of performance. The applicant organization cannot serve as a “pass through” to fund another entity to conduct the majority of the research.

Letters of Support: Documentation of collaboration/partnerships with Letters of Support or memoranda of understanding between the applicant and **all** organization(s) and outside entities that will participate in the research or provide data access should be included in the letters of support section of the application.

Collaborative partnerships may be necessary to achieve the objectives of proposed research. If needed, the application must include letters of support, or memoranda of understanding, that describe the nature and extent of proposed partnership(s) for CDC to assess. Specifically, for all collaborations, documentation must clearly describe the nature of the proposed partnership, including the roles and responsibilities of the Principal Investigator(s) and of the outside entities or partner agencies, the existing working relationship, plans for the proposed research, the nature and extent of the involvement to be provided by the applicant institution and outside entity, the outside entity’s scope of work, and how the partnership will ensure implementation and sustainability of the proposed research plan.

Applicants must describe all data sources and processes used to ensure data access. Evidence of access to the data from outside entities may be demonstrated by data sharing agreements, memoranda of understanding, or letters of support detailing the data availability. The proposed budget should include travel funding for research staff to directly meet with and monitor study implementation within both the program and partner sites if the sites are not local to the research investigators.

The Letters of Support section of the application must include an appropriate Letter of Support from the organization(s) that are responsible for implementing the policy or program to be evaluated. This Letter of Support must attest that the organization supports the evaluation in the jurisdiction where the organization is implementing the policy or program.

This NOFO aims for diversity among applicant institutions, research investigators, and partnering organizations to ensure research experiences and outcomes benefit all segments of the population and social ecology. Applicant organizations from or conducting research in collaboration or partnership with institutions that have a demonstrated record of or historical commitment to serving underrepresented students, including racial and ethnic minorities, individuals from disadvantaged backgrounds and individuals with disabilities may be considered during the second level of review (see Section V. Application Review Information, 4. Review and Selection Process). Applicants may indicate this in the Research Strategy of their application.

Early-Stage Investigators

This NOFO encourages the inclusion of early-stage investigators as members of the SF-424 Senior/Key Personnel research team to help build experience and expertise in violence prevention research.

Demonstration of Necessary Skills and Experience

Applications should demonstrate that the research staff have necessary skills and experience to ensure quality and timeliness of proposed activities. The participation of students and other researchers-in-training is encouraged. Applicants planning to incorporate training and/or mentorship roles into their research activities should describe the plans for the recruitment, training, and supervision of trainees/mentees and the ongoing quality assurance of their scientific products.

Evaluation/Performance Measurement

Applicants are expected to conduct a rigorous quantitative evaluation of a program or policy for its effectiveness on the primary prevention of ACEs; therefore, most of the application should be dedicated to describing the prevention approach proposed for rigorous evaluation, the evaluation plan, and measurement issues. Evaluation of the proposed project itself, that is, the degree to which a funded project is meeting its recruitment, implementation, data acquisition, and management goals will be aided by a detailed project workplan and timeline, accompanied by discussion of how unanticipated delays or adverse events of any kind will be handled.

Applicants must measure the primary outcome of reductions in at least one form of CAN and at least one additional ACE outside of CAN. Additional ACE outcomes are encouraged.

Proposals should provide a clear, well-supported theory of change (ToC) narrative that describes the hypothesized causal relationships between the program or policy, any proposed short-term outcomes (e.g., decreases in risk factors, increases in protective factors), and the primary, long-term behavioral outcome of reductions in ACEs. Applicants are also encouraged to examine aspects of the primary prevention approach, such as implementation and cost, as well as the effectiveness of the approach by subgroups, such as groups disproportionately affected by ACEs.

Translation Plan

Applicants must describe how their research may be applied to prevention practice, including how their research findings will be used to expand the evidence base for populations at risk for ACEs. The application is expected to clearly describe the potential for widespread dissemination, implementation, and sustainability of the proposed policies or programs. Applicants are expected to either have formalized program materials or procedures (for example, program curricula

and/or facilitator guides or manuals) or plans to develop these materials based on the policy or program being implemented where feasible. These materials are intended to support implementation, fidelity training and monitoring, and ensure it will be sustained by communities without prohibitive costs or resources.

Applicants should also include plans to appropriately document the policy or program implementation methods as well as lessons learned to facilitate future replication in another research or non-research setting if the prevention strategy is found to be effective. These plans may include, but are not limited to, identifying the core components of the policy or program and documenting lessons learned from the study that might inform decisions about future adaptation or modification of the program or policy for other settings or populations, particularly populations at risk for ACEs.

Grant recipients may be required to attend one reverse site visit per year in Atlanta, GA with CDC/NCIPC staff during the period of performance to review their progress and findings and to discuss opportunities for widespread dissemination of their research achievements and lessons learned. Travel costs for attending this meeting must be included in the application's travel budget submitted in response to this NOFO.

3. Funding Strategy

N/A

Section II. Award Information

Funding Instrument Type:

CA (Cooperative Agreement)

A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

Application Types Allowed:

New - An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round.

Estimated Total Funding:

\$2,700,000

Anticipated Number of Awards:

2

Awards issued under this NOFO are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

Award Ceiling:

\$450,000

Per Budget Period

Award Floor:

\$0

Per Budget Period

Total Period of Performance Length:

3 year(s)

Throughout the Period of Performance, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement (<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>) will apply to the applications submitted and awards made in response to 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.

Section III. Eligibility Information

1. Eligible Applicants

Eligibility Category:

00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

Additional Eligibility Category:

The following types of Higher Education Institutions are always encouraged to apply for CDC support as Public or Private Institutions of Higher Education:

Hispanic-serving Institutions

Historically Black Colleges and Universities (HBCUs)

Tribally Controlled Colleges and Universities (TCCUs)

Alaska Native and Native Hawaiian Serving Institutions

Nonprofits (Other than Institutions of Higher Education):

Nonprofits (Other than Institutions of Higher Education)

Other:

Faith-based or Community-based Organizations

Regional Organizations

Bona Fide Agents: A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms."

Federally Funded Research and Development Centers (FFRDCs): FFRDCs are operated, managed, and/or administered by a university or consortium of universities, other not-for-profit or nonprofit organization, or an industrial firm, as an autonomous organization or as an identifiable separate operating unit of a parent organization. A FFRDC meets some special long-term research or development need which cannot be met as effectively by an agency's existing in-house or contractor resources. FFRDC's enable agencies to use private sector resources to accomplish tasks that are integral to the mission and operation of the sponsoring agency. For more information on FFRDCs, go to <https://gov.ecfr.io/cgi-bin/searchECFR>.

2. Foreign Organizations

Foreign Organizations **are not** eligible to apply.

Foreign components of U.S. Organizations are not eligible to apply.

For this announcement, applicants may not include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Additional Information on Eligibility

Please see *Section III. Eligibility Information*

4. Justification for Less than Maximum Competition

N/A

5. Responsiveness

1. Applicants must include a SF-424 Biographical Sketch for the Principal Investigator (PI) or Co-Investigator (Co-I) that documents at least one first-authored, peer-reviewed journal publication, as defined by the [NIH National Library of Medicine](#), in a relevant area of violence prevention (e.g., CAN, ACEs), OR by serving as a principal investigator on a research grant in this area of violence prevention. Experience requirements may be demonstrated through the combined experiences of a PI and Co-I(s) (if applicable). The citation of the relevant publication(s) or research experience must be clearly identified (by bold text or highlight) in the appropriate SF 424 Biographical Sketch. **Applications that do not include documentation to meet this PI/co-PI requirement will be considered non-responsive and will not be forwarded for peer review.**
2. Applications must designate in the Abstract which of the following research objectives they are aligned with. Applications can include elements of multiple objectives, but one primary objective must be selected and stated:
 - Research Objective 1: Effectiveness research to evaluate existing primary prevention approaches that address societal- or community-level conditions by ensuring a strong start for children.
 - Research Objective 2: Effectiveness research to evaluate existing primary prevention approaches that address societal- or community-level conditions by promoting social norms and narratives that protect against violence and adversity.
 - Research Objective 3: Effectiveness research to evaluate existing primary prevention approaches that address societal- or community-level conditions by strengthening economic supports to families.
 - **Applications that do not propose one of the stated objectives of this NOFO in the Abstract will be considered nonresponsive and will not be forwarded for peer review.**
3. In the Research Strategy section of the application, applicants must propose to measure as outcomes at least one form of child abuse and/or neglect (CAN) and at least one additional ACE outside of CAN, as described in *Section I: Approach* of this NOFO. **Applications that only propose to measure CAN as outcomes, and no additional ACEs beyond that, as evidenced in the Research Strategy section of the application, will be considered nonresponsive and will not be forwarded for peer review.**
4. Applications must include at least one Letter of Support from the organization that is responsible for implementing the proposed policy or program. The Letter(s) of Support should be included in the letters of support section of the application. **Applications that do not include appropriate Letter(s) of Support will be considered nonresponsive and will not be forwarded for peer review.**
5. Applications must **not** propose to engage in advocacy efforts designed to enact laws, regulations, administrative actions. Additional information about anti-lobbying

restrictions for CDC recipients is available at: <https://www.cdc.gov/grants/additional-requirements/ar-12.html>. **Applications that propose to engage in advocacy efforts will be considered non-responsive and will not be forwarded for peer review.**

6. The proposed budget for each fiscal year must be less than or equal to the budget ceiling of \$450,000 as outlined in *Section II: Award Information*. **Applications that exceed the budget in any year will be considered nonresponsive and will not be forwarded for peer review.**

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Unique Entity Identifier (UEI) number in order to begin each of the following registrations.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission. The UEI replaced the Data Universal Numbering System (DUNS) and 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](#).

(Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: [NCAGE Tool / Products / NCS Help Center \(nato.int\)](#).

System for Award Management (SAM) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, [SAM.gov](#).

[Grants.gov](#)

[eRA Commons](#)

All applicant organizations must register with Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The one-time registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

All Senior/Key Personnel (including Program Directors/Principal Investigators (PD/PIs) must also work with their institutional officials to register with the eRA Commons or ensure their existing Principal Investigator (PD/PI) eRA Commons account is affiliated with the eRA commons account of the applicant organization. All registrations must be successfully completed and active before the application due date. Applicant organizations are strongly encouraged to start the eRA Commons registration process at least four (4) weeks prior to the application due date. ASSIST requires that applicant users have an active eRA Commons account in order to prepare an application. It also requires that the applicant organization's Signing Official have an active eRA Commons Signing Official account in order to initiate the submission process. During the submission process, ASSIST will prompt the Signing Official to enter their Grants.gov Authorized Organizational Representative (AOR) credentials in order to complete the submission, therefore the applicant organization must ensure that their Grants.gov AOR credentials are active.

7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a Unique Entity Identifier (UEI) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The UEI number is a twelve-digit number assigned by SAM.gov. An AOR should be consulted to determine the appropriate number. If the organization does not have a UEI number, an AOR should register through SAM.gov. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a UEI number.

Additionally, organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later.

SAM.gov is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at [SAM.gov](#) and the [SAM.gov Knowledge Base](#).

If an award is granted, the recipient organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its UEI number to the recipient organization.

8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. CDC does not make awards to individuals directly. Individuals from organizations that are uniquely prepared to examine research relevant to underserved groups, including sexual orientation and gender identity minorities as well as individuals with disabilities are always encouraged to apply.

9. Cost Sharing

This NOFO does not require cost sharing as defined in the HHS Grants Policy Statement (<http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>).

10. Number of Applications

As defined in the HHS Grants Policy Statement, (<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Eligible organizations may submit multiple applications to this NOFO, provided each is scientifically distinct. To prevent duplication, project titles must be unique. However, institutions may only submit one application per contact PD/PI. Only one application for each contact PD/PI will be considered for funding under this announcement. If multiple applications from the same contact PD/PI are submitted, only the most recent one, based on the time and date stamp in Grants.gov, will be reviewed. Applicants must withdraw any duplicate applications before the review date.

Furthermore, institutions that submit applications proposing essentially the same research to multiple CDC/ATSDR NOFOs will not receive funding for more than one NOFO.

Section IV. Application and Submission Information

1. Address to Request Application Package

Applicants will use a system or platform to submit their applications through Grants.gov and eRA Commons to CDC. ASSIST, an institutional system to system (S2S) solution, or Grants.gov Workspace are options. ASSIST is a commonly used platform because, unlike other platforms, it provides a validation of all requirements prior to submission and prevents errors.

To use ASSIST, applicants must visit <https://public.era.nih.gov> where you can login using your eRA Commons credentials, and enter the Notice of Funding Opportunity Number to initiate the application, and begin the application preparation process.

If you experience problems accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: <https://era.nih.gov/erahelp/assist>. Additional support is available from the NIH eRA Service desk via: <http://grants.nih.gov/support/index.html>

- Email: commons@od.nih.gov
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552.
Hours: Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding Federal holidays.

2. Content and Form of Application Submission

Application guides for FORMS-H application packages are posted to the [How to Apply - Application Guide](#) page.

It is critical that applicants follow the instructions in the SF-424 (R&R) Application Guide [How to Apply - Application Guide](#) except where instructed in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. The package associated with this NOFO includes all applicable mandatory and optional forms. Please note that some forms marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF-424 [Application Guide](#) to ensure you complete all appropriate “optional” components.

When using ASSIST, all mandatory forms will appear as separate tabs at the top of the Application Information screen; applicants may add optional forms available for the NOFO by selecting the Add Optional Form button in the left navigation panel.

3. Letter of Intent

Due Date for Letter Of Intent 11/01/2024

While a letter of intent is not mandatory, nor is it binding or part of the subsequent application review, it does help NCIPC staff in preparing for the peer review of scientific and technical merit. By the date specified in *Part 1. Overview Information*, interested applicants are encouraged to submit a letter of intent containing the following details:

- Descriptive title of the proposed research
- The objective(s) the application will address
- A brief description (one to two paragraphs) of the proposed research, including its objectives
- Contact information of the Principal Investigator/Project Director (name, address, and telephone number)
- Names of all other Senior/Key Personnel
- Names of all participating institutions
- The number and title of this funding opportunity

The letter of intent should be sent electronically to:

Aisha L. Wilkes, MPH
Scientific Review Official
National Center for Injury Prevention and Control (NCIPC)
Email: ncipc-peer-review@cdc.gov

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this NOFO in Grants.gov includes all applicable components for this NOFO, required and optional. In ASSIST, all required and optional forms will appear as separate tabs at the top of the Application Information screen.

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of components. Not all components of the Research Plan apply to all Notices of Funding Opportunities (NOFOs). Specifically, some of the following components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guide at [How to Apply - Application Guide](#) for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).

Follow the page limits stated in the SF 424 unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

1. **Introduction to Application** (for Resubmission and Revision ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the NOFO.
2. **Specific Aims** – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.
3. **Research Strategy** – the research strategy should be organized under 3 headings: Significance, Innovation, and Approach. Describe the proposed research plan, including staffing and timeline.
4. **Progress Report Publication List** (for Continuation ONLY)

Other Research Plan Sections

5. **Vertebrate Animals**
6. **Select Agent Research**
7. **Multiple PD/PI Leadership Plan**
8. **Consortium/Contractual Arrangements**
9. **Letters of Support**
10. **Resource Sharing Plan(s)**
11. **Other Plan(s)**
12. **Authentication of Key Biological and/or Chemical Resources**
13. **Appendix**

All instructions in the SF424 (R&R) Application Guide at [How to Apply - Application Guide](#) must be followed along with any additional instructions provided in the NOFO.

Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Other Plan(s) section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.

The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights - this section should address access to identifiable and de-identified data);
- A statement (required) of any limitations you may encounter with sharing data collected or generated under this award with CDC (such as legal, regulatory, policy, or technical concerns);
- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and

- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified (this section should address archiving and preservation of identifiable and deidentified data).

The AR-25 outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

<https://www.cdc.gov/grants/additional-requirements/ar-25.html>

CDC OMB approved templates may be used (e.g. NCCDPHP template

<https://www.cdc.gov/nccdp/h/dch/media/files/Data-Management-Plan-template.docx>

Other examples of DMPs may be found here: USGS, <http://www.usgs.gov//products/data-and-tools/data-management/data-management-plans>

Application guides for FORMS-H application packages are posted to the [How to Apply - Application Guide](#) page.

Applicants should develop and include, as part of the application's Resource Sharing Plan section of the PHS 398 Research Plan Component, a data management plan that meets the requirements of AR-25 using their own template. Award recipients funded under this NOFO will be required to use NCIPC's Data Management Plan Template, OMB NO: 0920-1301 and to make revisions to the DMP as required during the award's period of performance.

6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publicly available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

The three 'not publicly available' publications will count towards the ten PDF documents allowed in the appendix. The five appendices described below for the Research Plan supporting materials will also count towards the 10 PDF documents allowed in the appendix. The total number of pages in the appendix may not exceed 25 pages.

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 12 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 5 PDF files with a maximum of 25 pages for all appendices. Pages that exceed page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.

CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide at [How to Apply - Application Guide](#).

Application guides for FORMS-H application packages are posted to the [How to Apply - Application Guide](#) page.

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are strongly encouraged to allocate additional time and submit in advance of the deadline to ensure they have time to make any corrections that might be necessary for successful submission. This includes the time necessary to complete the application resubmission process that may be necessary, if errors are identified during validation by Grants.gov and the NIH eRA systems. The application package is not complete until it has passed the Grants.gov and NIH eRA Commons submission and validation processes. Applicants will use a platform or system to submit applications.

ASSIST is a commonly used platform because it provides a validation of all requirements prior to submission. If ASSIST detects errors, then the applicant must correct errors before their application can be submitted. Applicants should view their applications in ASSIST after submission to ensure accurate and successful submission through Grants.gov. If the submission is not successful and post-submission errors are found, then those errors must be corrected and the application must be resubmitted in ASSIST.

Applicants are able to access, view, and track the status of their applications in the eRA Commons.

Information on the submission process is provided in the SF-424 (R&R) Application Guidance and ASSIST User Guide at https://era.nih.gov/files/ASSIST_user_guide.pdf.

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk at:

Toll-free: 1-866-504-9552; Phone: 301-402-7469

<http://grants.nih.gov/support/index.html>

Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on Federal holidays)

Problems with Grants.gov can be resolved by contacting the Grants.gov Contact Center at:

Toll-free: 1-800-518-4726

[https://www.grants.gov/support
support@grants.gov](https://www.grants.gov/support/support@grants.gov)

Hours: 24 hours a day, 7 days a week; closed on Federal holidays

It is important that applicants complete the application submission process well in advance of the due date time.

After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. A third and final e-mail message is generated once the applicant's application package has passed validation and the grantor agency has confirmed receipt of the application.

Unsuccessful Submissions: If an application submission was unsuccessful, the **applicant** must:

1. Track submission and verify the submission status (tracking should be done initially regardless of rejection or success).
 - a. If the status states "rejected," be sure to save time stamped, documented rejection notices, and do #2a or #2b
2. Check emails from both Grants.gov and NIH eRA Commons for rejection notices.
 - a. If the deadline has passed, he/she should email the Grants Management contact listed in the Agency Contacts section of this announcement explaining why the submission failed.
 - b. If there is time before the deadline, correct the problem(s) and resubmit as soon as possible.

Due Date for Applications 12/02/2024

Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

10. Funding Restrictions

Expanded Authority:

For more information on expanded authority and pre-award costs, go to <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf> and speak to your GMS.

All HHS/CDC awards are subject to the federal regulations, in 45 CFR Part 75, terms and conditions, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

Public Health Data:

CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards.

Data Management Plan:

Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of

generating or collecting public health data and must be included in the Other Plan(s) section of the PHS 398 Research Plan Component of the application.

Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, but not limited to, any statutory limitations prohibiting data sharing, privacy and confidentiality considerations, embargo issues).

Applications submitted without the required DMP may be deemed ineligible for award unless submission of DMP is deferred to a later period depending on the type of award, in which case, funding restrictions may be imposed pending submission and evaluation.

Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please see: <https://www.cdc.gov/grants/additional-requirements/ar-25.html>

Human Subjects:

Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions.

If the proposed research project involves more than one institution and will be conducted in the United States, awardees are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research, and include a single IRB plan in the application, unless review by a sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy or a compelling justification based on ethical or human subjects protection issues or other well-justified reasons is provided. Exceptions will be reviewed and approved by CDC in accordance with Department of Health and Human Services (DHHS) Regulations (45 CFR Part 46), or a restriction may be placed on the award. For more information, please contact the scientific/research contact included on this NOFO.

Note: The sIRB requirement applies to participating sites in the United States. Foreign sites participating in CDC-funded, cooperative research studies are not expected to follow the requirement for sIRB.

Protection of Human Subjects and Personally Identifiable Information

The Research Strategy section should clearly outline the data type, source, accessibility, and safeguards for the data and human subjects involved in the study. It must detail access to non-public, previously collected data, supported by a signed Data Sharing Agreement or Letter of Support within the Research Strategy. Similarly, access to public, pre-existing data should be explicitly stated in the Research Strategy.

Safeguarding previously collected data encompasses the protection of personal identifiable information against loss and/or misuse.

Each performance site engaged in human subjects research must be identified in the application, including the FWA number for the applicant institution and each performance site. For research involving multiple institutions, a single Institutional Review Board (sIRB) is expected to carry out the ethical review mandated by HHS regulations.

11. Intergovernmental Review

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

12. Other Submission Requirements and Information

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 under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Application Submission

Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**

Applicants must complete all required registrations before the application due date. Section III.6 "Required Registrations" contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11144).

Important reminders:

All Senior/Key Personnel (including any Program Directors/Principal Investigators (PD/PIs) must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will

prevent the successful submission of an electronic application to CDC.

It is also important to note that for multi-project applications, this requirement also applies to the individual components of the application and not to just the Overall component.

The applicant organization must ensure that the UEI number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.

If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications:

- http://grants.nih.gov/grants/ElectronicReceipt/avoiding_errors.htm
- http://grants.nih.gov/grants/ElectronicReceipt/submit_app.htm
- https://era.nih.gov/files/ASSIST_user_guide.pdf
- <http://era.nih.gov/erahelp/ASSIST/>

Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (<https://www.cdc.gov/about/divisions-offices/index.html>), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact

Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria

Reviewers will consider each of the review criteria below in the determination of scientific merit and give a separate score for each. An application does not need to be strong in all categories to

be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance

Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or public health be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

- To what extent will the successful completion of the proposed research advance current knowledge of the effectiveness of community- and societal-level primary prevention approaches for reducing adverse childhood experiences and reduce social and/or structural inequities?
- To what extent does the application detail a rigorous plan for the evaluation of a primary prevention approach focused on at least one form of CAN neglect and at least one additional ACE outside of CAN?
- To what extent does the applicant include plans to empirically examine the equity implications of the selected prevention approach (as described in the Background and Approach Sections)? The Specific Aims section of the application must describe where the plan to evaluate equity implications of the selected approach is located within the application.
- To what extent is the engagement of the community and population of focus factored into the various sections of the application (e.g., need, partnerships and collaborations, dissemination plans, etc.)

Investigator(s)

Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

- To what extent do the PI and/or Co-I or other members of the research team have prior experience conducting etiological research or evaluation of prevention strategies for each of the forms of CAN and ACEs being examined by the proposed research?
- To what extent do the PI and/or Co-I and other members of the research team have prior and diverse experience and knowledge in conducting rigorous evaluations consistent with that which is proposed in the application?
- To what extent is there evidence of past collaboration between the proposed research team and external partners to support the success of the proposed research and demonstrated expertise working in partnership with populations disproportionately impacted by ACEs?
- To what extent does the application demonstrate that the research team has the skills, experience, and sufficiently devoted time to complete the proposed activities within the 3-year period of performance?

- To what extent do the applicant and/or its collaborators/partner organizations (if any) have the experience and capability to collect, manage, and analyze accurate data in an appropriate and timely manner?
- To what extent does the applicant provide a description of the duties, percentage-of-time commitments, and responsibilities of project personnel including clear lines of authority and supervisory capacity over the behavioral, administrative, data management, and statistical aspects of the research?
- To what extent does the application incorporate first time and early-stage investigators as members of the Senior/Key Personnel research team to help build their experience and expertise in violence prevention research?
- To what extent are the relationships and activities of the partnerships necessary to the project, specifically the intent and capabilities of each partnership, documented by a signed Data Sharing Agreement, Letter of Support, or Memorandum of Understanding?
 - Are all of the partnerships necessary to complete the proposed project supported by letters of support (LOS) or memoranda of understanding (MOU) that include detailed information about the nature of existing the relationships?
 - Do the LOS or MOU clearly describe the working relationships between the research institution and all partner organizations and include detailed information about the anticipated extent of involvement and scope of work to which community organizations, community leaders, and other partners are willing to commit to ensure the successful implementation and evaluation of the prevention strategies, including providing or facilitating access to relevant study participants, implementation or outcome data?

Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

- To what extent do the approaches go beyond individual-level factors and address community, social and structural factors that can increase or reduce risk for ACEs?
- If the proposed policy or program has been previously evaluated for ACEs-related outcomes, to what extent does the proposed research address a particular gap in the literature (i.e., additional ACEs outcomes that have not previously been addressed) such that it will not be duplicative of previous or current research?
- To what extent is the proposed research innovative (e.g., propose use of novel data sources and/or methodology to address research questions) and offer reasonable potential of meeting the purpose and Research Objectives of this NOFO?

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the research project is in the early stages of development, will the strategy establish feasibility, and will particularly risky aspects be managed?

If the project involves human subjects and/or clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

If applicable, how will populations with health disparities be considered and addressed in the design and implementation of the proposed research activities?

- To what extent does the applicant address a specific research objective as stated in Section I of the NOFO? Is the research plan appropriate for the specific research objective proposed for evaluation in the application? Do the investigators avoid proposing projects that are outside the scope of this funding opportunity (i.e., proposing to examine secondary or tertiary prevention approaches, proposing only formative research, proposing to evaluate therapeutic interventions, proposing to evaluate criminal justice focused responses or conducting criminal justice research)?
- To what extent does the study assess the health equity implications of selected approach on population(s) disproportionately impacted by ACEs (e.g., persons with disabilities, persons experiencing homelessness, persons who are immigrants or refugees, racial/ethnic minorities, tribal populations, sexual and gender minorities, and persons who hold multiple disproportionately impacted identities).
- To what extent does the application effectively propose measures and methods that can show how the proposed approach will address health inequities and modifiable differences at the population level within the period of performance and budget requested?
- To what extent does the proposed research describe an appropriate and rigorous quantitative or mixed-methods evaluation strategy for assessing effectiveness of the proposed approach for the primary prevention of ACEs through an experimental or quasi-experimental design?
- To what extent does the proposed approach for evaluation have sufficient theoretical and/or evidentiary support to suggest that it may be effective in reducing ACEs?
- To what extent does the applicant propose an evaluation design that will determine the effectiveness of the proposed approach on CAN and at least one additional childhood adversity?
- To what extent does the applicant appropriately anticipate, conceptualize, and measure the intended and potential unintended outcomes and the effects of threats to internal and external validity relevant to the study proposed?
- To what extent does the applicant demonstrate the ability to access the necessary data for the evaluation of the proposed approach? Are these data appropriate for documenting the effects of the approach and likely to show the expected changes in the time available?
- To what extent is the proposed community- or societal-level approach to preventing ACEs well-supported by the Theory of Change? Are the outcomes, risk or protective factors, and proposed moderators or mediators to be examined clearly described, and appropriate according to the Theory of Change (TOC)?
- To what extent does the applicant propose a study with adequate sample size to test the proposed hypotheses, if applicable?

- To what extent does the application specify how recruitment strategies will be sufficient to achieve and retain the projected sample size, if applicable?
- To what extent does application propose to work collaboratively and in equitable partnership with communities disproportionately impacted by violence in selecting policies or programs for evaluation?
- To what extent does the application describe working collaboratively and in equitable partnership with communities and community members disproportionately impacted by violence to create a plan for disseminating findings with impacted communities?

Environment

Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

To what extent will findings be disseminated to communities and populations of focus in an appropriate and accessible manner?

- To what extent will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment, and other physical resources available to the investigators adequate for the project proposed?
- Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

Protections for Human Subjects

If the research involves human subjects but does not involve one of the six categories of research that are exempt under [45 CFR Part 46](#), the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (<https://www.cdc.gov/grants/additional-requirements/ar-1.html>).

Inclusion of Women, Minorities, and Children

When the proposed project involves clinical research, the committee will evaluate the proposed

plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (<https://www.cdc.gov/women/research/index.htm>) and the policy on the Inclusion of Persons Under 21 in Research (<https://www.cdc.gov/grants/additional-requirements/ar-28.html>).

Vertebrate Animals

The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following four points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 4) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (<https://grants.nih.gov/grants/olaw/VASchecklist.pdf>).

Biohazards

Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

Dual Use Research of Concern

Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.

For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: <http://www.phe.gov/s3/dualuse>. Tools and guidance for assessing DURC potential may be found at: <http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx>.

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but will not give scores for these items, and should not consider them in providing an overall impact/priority score.

Applications from Foreign Organizations

N/A

Resource Sharing Plan(s)

Reviewers will comment on whether the Resource Sharing Plan(s) (e.g. [Sharing Model Organisms](#)) or the rationale for not sharing the resources, is reasonable.

Budget and Period of Support

Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain budget preparation guidance for completing a detailed justified budget on the CDC website, at the following Internet address: <https://www.cdc.gov/grants/applying/application-resources.html>. Following this guidance will also facilitate the review and approval of the budget request of applications selected for award.

The budget can include both direct costs and indirect costs as allowed.

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 modified total direct costs 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.

Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of \$25,000.

If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.

As part of the scientific peer review, all applications:

- Will undergo a selection process in which only those applications deemed to have the highest scientific and technical merit (generally the top half of applications under review), will be discussed and assigned an overall impact/priority score.
- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office. Applications will compete for available funds with all other recommended applications submitted in response to this NOFO. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding recommendations:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

Applications that meet scientific and technical merit as determined by scientific peer review may also undergo consideration at the second level of review for:

- Consideration for meritorious applications that contribute to a diverse mix of prevention approaches in proposed research to address reducing ACEs as evidenced by the Research Strategy section of the application's research plan.
- Consideration for meritorious applications that contribute to a geographic balance of proposed projects, as evidenced by the congressional district of the applicant organization, to broaden the distribution of awards.
- Consideration for applicant organizations from or conducting research in collaboration or partnership with institutions that have a demonstrated record of or historical commitment to serving underrepresented students, including racial and ethnic minorities, individuals from disadvantaged backgrounds and individuals with disabilities. Applicants may indicate this in the Research Strategy section of their application.
- Consideration for research to better address inequities in risk for ACEs, including exposure to community violence, and strategies that address social and structural conditions that contribute to inequities in risk for violence, as evidenced by the Research Strategy section of the application's research plan.
- Consideration of research conducted in collaboration/ partnership with the community, as evidenced by the Letters of Support section of the application. This may include state and/or local health departments, local governmental agencies and/or businesses, and community-based organizations.
- Consideration for applications in which the contact Eligible PD/PI meets NIH Early Stage Investigator (ESI) status, as verified by the [NIH Determination of Investigator Status](#) process.
- Exclusion from funding consideration, regardless of the scientific or technical merit of the proposed project, as evidenced by the Research Strategy section of the application's research plan:
 - Application that propose to evaluate an existing policy or program that has already been rigorously evaluated or is currently undergoing rigorous evaluation for its impact on preventing ACEs.

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 with 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards if it is determined that the information is not relevant to the current Federal

award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207. CDC's review of risk may impact award eligibility.

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

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under 45 CFR Part 75, subpart F, or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities. Additionally, we may ask for additional information prior to the award based on the results of this risk review.

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

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this NOFO will be subject to the UEI, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>).

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission. 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 formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is

the authorizing document and will be sent via email to the recipient's business official.

Recipient must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants

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

Specific requirements that apply to this NOFO are the following:

[AR-1: Human Subjects Requirements](#)

[AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research](#)

[AR-3: Animal Subjects Requirements](#)

[AR-9: Paperwork Reduction Act Requirements](#)

[AR-10: Smoke-Free Workplace Requirements](#)

[AR-11: Healthy People 2030](#)

[AR-12: Lobbying Restrictions](#)

[AR-14: Accounting System Requirements](#)

[AR-16: Security Clearance Requirement](#)

[AR-21: Small, Minority, And Women-owned Business](#)

[AR-22: Research Integrity](#)

[AR-24: Health Insurance Portability and Accountability Act Requirements](#)

[AR-25: Data Management and Access](#)

[AR-26: National Historic Preservation Act of 1966](#)

[AR-28: Inclusion of Persons Under the Age of 21 in Research](#)

[AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009](#)

[AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973](#)

[AR-31: Research Definition](#)

[AR-32: Appropriations Act, General Provisions](#)

[AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern](#)

[AR-34: Accessibility Provisions and Non-Discrimination Requirements](#)

[AR-36: Certificates of Confidentiality](#)

[AR-37: Prohibition on certain telecommunications and surveillance services or equipment for all awards issued on or after August 13, 2020.](#)

Organization Specific ARs:

[AR-8: Public Health System Reporting Requirements](#)

[AR-15: Proof of Non-profit Status](#)
[AR 23: Compliance with 45 C.F.R. Part 87](#)

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>

To view brief descriptions of relevant CDC requirements visit:
<https://www.cdc.gov/grants/additional-requirements/index.html>

Additional CDC Award Requirements

The following Additional Requirements, some of which emphasize and expand upon those above, will be required for all recipients funded under this NOFO.

All award recipients under this NOFO will be required to complete pre-registration of the research project(s) using publicly available platforms or ClinicalTrials.gov as applicable, consistent with the National Science Foundation's open science principles. The platform for intended pre-registration should be described in the Research Plan at the time of application.

All award recipients under this NOFO will be required to make data publicly available within 30 months of completing data collection, this includes making source code available to the public, and ensuring open access to research publications consistent with the National Science Foundation's open science principle.

The CDC will follow established implementation schedules and procedures for making grant awards under this NOFO in accordance with HHS and CDC Policy for Grant Program Administration and CDC Policy for Peer Review of Research and Scientific Programs to ensure that these awards support ideologically and politically unbiased research projects.

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications: This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy applies to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: <https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html>.

Federal Funding Accountability and Transparency Act of 2006: 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 grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website: <https://www.fsr.gov/>.

Plain Writing Act: The Plain Writing Act of 2010, Public Law 111-274, was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: <https://www.plainlanguage.gov/>.

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

Copyright Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Applicants may include reasonable publication costs and costs associated with submission, curation, management of data, and special handling instructions as allowable expenses in all research budgets. 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 without any embargo or delay after publication. Also at the time of submission, Recipient and/or Recipient's submitting author must also post the manuscript through PMC without any embargo or delay after publication. 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.

Language Access for Persons with Limited English Proficiency: Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take reasonable

steps to provide meaningful access to their programs by persons with limited English proficiency.

Dual Use Research of Concern: On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Recipients (foreign and domestic) receiving CDC funding on or after September 24, 2015, are subject to this policy. Research funded by CDC, involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution.

Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.

If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at <http://www.phe.gov/s3/dualuse>.

Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG-funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG-funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG-funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

Data Management Plan(s): CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, “public health data” means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation.

This requirement ensures that CDC is in compliance with the following; Office of Management and Budget (OMB) memorandum titled “Open Data Policy–Managing Information as an Asset” (OMB M-13-13); Executive Order 13642 titled “Making Open and Machine Readable the New Default for Government Information”; and the Office of Science and Technology Policy (OSTP) memorandum titled “Increasing Access to the Results of Federally Funded Scientific Research” (OSTP Memo).

The AR-25 <https://www.cdc.gov/grants/additional-requirements/ar-25.html> outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

Certificates of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC-

supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to this award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at: <https://www.cdc.gov/grants/additional-requirements/ar-36.html>.

4. Cooperative Agreement Terms and Conditions

The following special terms of the award are in addition to, and not in lieu of, otherwise applicable

U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (DHHS) grant administration regulations at 45 CFR Part 75, and other HHS, PHS, and CDC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the recipients is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC's purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; CDC Project Officers are not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility reside with the recipients for the project as a whole, although specific tasks and activities may be shared among the recipients and HHS/CDC as defined below.

The PD(s)/PI(s) will have the primary responsibility for:

- Complying with the responsibilities for the Extramural Investigators as described in the Policy on Public Health Research and Non-research Data Management and Access <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>
- Designing and conducting research to address the described research objectives of this cooperative agreement.
- Undertaking any data collection solely to meet the applicant's research needs. Retaining custody of and exercising primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies.
- Partnering effectively with any outside entities expected to participate in the proposed research. Such partnerships should be well-defined and documented by letters of support or Memoranda of Understanding detailing the nature and extent of involvement.
- Establishing goals and objectives that are realistic, measurable, and time-oriented for all phases of the project.
- Developing a research protocol involving human subjects for Institutional Review Board (IRB) review and approval by all cooperating institutions participating in the research project, including CDC if applicable.
- Assuring that IRB approvals are current for research involving human subjects for all participating sites.

- Considering suggestions from CDC on the design and implementation of research and the analysis, interpretation, and dissemination of study findings.
- Developing, designing, and piloting research protocols and instruments; recruiting participants; and conducting appropriate data management procedures.
- Analyzing data and disseminating findings in peer-reviewed journals and presentations at scientific conferences and other meetings.
- Requesting consultation and technical assistance from CDC, as needed. Considering suggestions from CDC on the design and implementation of research and the analysis, interpretation, and dissemination of study findings.
- Collaborating with CDC in translating and disseminating research findings.
- Participating in an initial kick-off meeting with CDC by phone or in Atlanta.
- Participating in one reverse site visit with CDC in Atlanta on an annual basis to review the project's progress with CDC scientists and staff.
- Developing and implementing a plan for sharing research resources and data with other collaborating partners, the agency, the public, and scientific community. The PI is responsible for developing and updating a data management plan that identifies the level of data access and plans for data sharing.

CDC staff has substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below. CDC staff will work collaboratively with the PIs/PDs, as described below:

- Assist the PI, as needed, in complying with the investigator responsibilities described in the Policy on Public Health Research and Non-research Data Management and Access www.cdc.gov/grants/additionalrequirements/ar-25.html
- Provide suggestions for refining research protocols (e.g., for sampling, recruitment, assessment, and data management).
- Participate in the analysis, interpretation, and dissemination of study findings (may include co-authorship of peer-reviewed manuscripts and scientific presentations). CDC will not initiate or direct data collection, own or manage the data, require the use of a specific methodological approach, or disseminate findings as part of an official CDC report.
- Collaborate with the grant recipient to ensure human subjects assurances are in place as needed.
- As necessary, collaborate in the development or amendment of a research protocol involving human subjects for Institutional Review Board (IRB) review by all collaborating institutions, including CDC if applicable.
- Obtain IRB approvals as required by CDC when CDC is engaged in research involving human subjects. If applicable, the CDC IRB will review the protocol initially and on an annual basis until the project is complete.
- Monitor and evaluate the scientific and operational accomplishments of the project through conference calls, site visits, and review of technical reports.
- Provide ongoing suggestions as needed to ensure project success.

- The agency Scientific Program Official (SPO) and CIO program director will be responsible for the normal scientific and programmatic stewardship of the award. The SPO will be named in the award notice.

Areas of Joint Responsibility include:

- The grant recipient and CDC will agree upon and establish a schedule for regular phone calls to discuss ongoing research project progress.

The recipient agrees that upon award, their application and the summary of reviewers' comments will be shared with the CDC staff, who will provide support as described above. Recipient organization will retain custody of and have primary rights to the information, data, and software developed under this award

5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually (see <https://grants.nih.gov/grants/rppr/index.htm>; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, 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 Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.

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 recipients:

- 1) Information on executive compensation when not already reported through the SAM Registration; and
- 2) Similar information on all sub-awards/ subcontracts/ consortiums over \$25,000. It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsr.gov on all subawards over \$25,000. See the HHS Grants Policy Statement (<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>).

A. Submission of Reports

The Recipient Organization must submit:

Annual Performance Report (APR)/RPPR is due 120 days before the end of the current budget period, or the date identified in the guidance that CDC distributes. The RPPR form (<https://grants.nih.gov/grants/rppr/index.htm>; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on the eRA Commons website. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, 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.

Annual Federal Financial Report (FFR) SF-425 ([Reporting | Grants | CDC](#)) is required and must be submitted to the Payment Management System accessed through the FFR navigation link in eRA Commons or directly through PMS **within 90 days after the budget period ends.**

Closeout Reports: a final progress report, invention statement, equipment/inventory report, and the **Final FFR (SF-425)** are required **120 days after the end of the period of performance.**

B. Content of Reports

1. Annual Performance Report (APR)/RPPR: The recipient's continuation application/progress report should include:
 - Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the RPPR form in eRA Commons (<https://grants.nih.gov/grants/rppr/index.htm>). Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.
 - Research Aims: list each research aim/project
 - a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
 - b) Leadership/Partnership: list project collaborations and describe the role of external partners.
 - Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. Questions to

consider in preparing this section include:

- How will the scientific findings be translated into public health practice or inform public health policy?
- How will the project improve or effect the translation of research findings into public health practice or inform policy?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
- How will the findings advance or guide future research efforts or related activities?

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. Questions to consider in preparing this section include:
 - How will this project lead to improvements in public health?
 - How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
 - How will the findings, results, or recommendations contribute to documented or projected reductions in morbidity, mortality, injury, disability, or disease?

- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.

- New Budget Period Proposal:
 - Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
 - Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).

- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.

- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate "Not applicable: No publications or presentations have been made."

- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your

narrative.

- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project's data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.
- Additional Reporting Requirements:

Technical Review and Summary Statement Response Requirements

Recipients will be required to electronically submit a response to the peer reviewers' comments and/or concerns, as documented in the Summary Statement, within 30 days of the notification of their initial award. Recipients will also be required to electronically submit a response to any progress concerns or areas for improvement noted on their annual Technical Review within the time period specified in the annual award continuation notice. Annual Report Requirements Recipients will be required to electronically submit an Annual Report within 90 to 120 days before the end of the current budget period. The Annual Report should include:

- A description of the completion status of each Specific Aim and/or research objective or milestone for the budget period.
- A complete list of the publications planned or completed to date - including status (e.g., published [include reference], in review, under development).
- A description of any changes made in the use of human subjects or IRB approval status.
- A description of any changes made in the Data Management Plan. Award recipients funded under this NOFO will be required to use NCIPC's Data Management Plan Template, OMB NO: 0920-1301 to make revisions to the DMP as required during the award's period of performance.

2. Annual Federal Financial Reporting The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted through the Payment Management System (PMS) within 90 days after the end of the budget period. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The Final FFR (SF-425) 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 in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.

Additional resources on the Payment Management System (PMS) can be found at <https://pms.psc.gov>.

Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a Final FFR (SF-425), final progress report, and Final Invention Statement and Certification within 120 days after the end of the period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Organizations may verify their current registration status by running the “List of Commons Registered Organizations” query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to <https://commons.era.nih.gov/commons/> for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.

The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: https://era.nih.gov/docs/Commons_UserGuide.pdf.

3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The recipient's final report should include:

Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.

Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the Period of Performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.

Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.

Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC-funded activity. Please include any additional dissemination efforts that did or will result from the project.

Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

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.

7. 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.

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts

Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)

Contact Center Phone: 800-518-4726

<https://www.grants.gov/support>

Email: support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

<https://www.era.nih.gov/need-help>

Email: commons@od.nih.gov

Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time; closed on Federal holidays

Scientific/Research Contact

Joyce Dieterly, MPH

National Center for Injury Prevention and Control (NCIPC)

Email: jdieterly@cdc.gov

Peer Review Contact

Aisha Wilkes, MPH

National Center for Injury Prevention and Control (NCIPC)

Email: awilkes@cdc.gov

Financial/Grant Management Contact(s)

Manal Ali

Grants Management Specialist

CDC Office of Grants Services

Email: hfo8@cdc.gov

Section VIII. Other Information

Other CDC Notices of Funding Opportunities can be found at www.grants.gov.

All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations

Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code of Federal Regulations.

All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Successful recipients may be permitted expanded authorities in the administration of this award as provided for in the Code of Federal Regulations, Title 2, Subtitle A, Chapter II, Part 200, Subpart D, §200.308(d)(4). Specific authorities granted will be detailed in the official Notice of Award document.

Application Submission Process

Applications must be successfully submitted and complete all validation actions prior to 11:59 PM U.S. Eastern Time of the application due date for this NOFO. Applicants are encouraged to submit the application in ASSIST three (3) business days before the stated due date to provide sufficient time to correct any errors. If post-submission errors are identified during the validation process, the errors must be corrected and the application must be re-submitted in ASSIST prior to 11:59 PM U.S. Eastern Time of the application due date. HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems.

Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk and the Grants.gov Contact Center. See Section IV. Application and Submission Information, 9 Submission Dates & Times for contact information.

General Information

All applications submitted for this NOFO must be responsive to the specific requirements and objectives of this NOFO and must be submitted as a new application through www.grants.gov.

All applicants are advised to carefully review the responsiveness requirements and instructions on how applicants must document responsiveness in Section III. Eligibility Information 5. Responsiveness of this NOFO.