

CDC-RFA-EH-24-0016

Second FAQ Document

How much detail do we need to provide for activities for years 2–4?

The notice of funding opportunity does not specify a level of detail that is required for years 2 through 4. Applicants are encouraged to provide enough information that helps describe the work that will happen in years 2 through 4.

Page 30 in the NOFO says "use a strategic evaluation plan and individual evaluation plans to guide evaluations." However, on page 64 when it talks about the documents that must be submitted to CDC if you are awarded funding, it doesn't say anything about a strategic evaluation plan. Is the "Recipient Evaluation and Performance Measurement Plan" taking the place of a strategic evaluation plan?

A strategic evaluation plan is not required as part of the application. Instead, you will finalize your strategic evaluation plan in collaboration with CDC within six months after the award. However, you are required to submit a draft Evaluation and Performance Measurement Plan when you submit your application. This is part of the Narrative section. See page 64 of the notice of funding opportunity for more details.

The strategic evaluation plan is part of a list of activities that will happen “throughout the period of performance” as mentioned on page 29. The period of performance is the entire four years of the cooperative agreement.

On page 56 of the NOFO, under Selection Process, the notice of funding opportunity states, “Merit review results. These are key in making decisions but are not the only factor.” Are all the other factors for making decisions only those that are included in the selection process? Will there be a process for awarding other than those listed?

For funding decisions, CDC will take into consideration all of the bulleted items listed in the Selection Process section on pages 56 and 57. Merit review results are a very important factor of the decision-making process, but they are not the only factor.

During the selection process, applications may be marked “Approved but Unfunded” or ABU if there is not enough funding to approve all applications. ABU status allows the asthma program to fund additional applications during the second year of the performance period. This opportunity might happen if we receive an increase in our congressional authorization of funding.

On page 56 of the NOFO, under Selection Process, the notice of funding opportunity states “Fund application out of the rank order developed in merit review.” Does this only apply to number of applicants per State? Does this only apply to the selection criteria mentioned in the previous bullet points?

The phrase “out of the rank order developed in merit review” refers to the score of all applications. Applications will be rank ordered from highest merit review score to lowest merit review score. This list and order are what comprise “rank order.” CDC will then apply additional considerations to this list. For example, if an applicant claims preference based on H.R.2468: School-Based Allergies and Asthma Management Program Act, then CDC can provide preference in the funding decision-making process. If there are 10 applications from a specific state or territory, the application with the highest merit score would likely be awarded for that area.

On page 57 of the NOFO, under Selection Process, the notice of funding opportunity states “Fund applications in whole or in part; Choose to fund no applications under this NOFO; Fund applications at a lower amount or less than the amount requested.” Will this be due to funding availability at NACP or due to objective review?

This language is standard language in the CDC Notice of Funding Opportunity template. It exists in case there is some unforeseen event or decision that affects a notice of funding opportunity. It is not common for such a situation to occur. If it does happen, it is usually a result of changes in the congressionally-approved funding for a particular program.

Occasionally, funding availability may necessitate a decision in which an application may not receive 100% of requested funding. Generally, this is limited to an application towards the lower end of the rank order list. For example, consider a theoretical scenario in which CDC has determined that there are enough funds to fully fund the first 27 applications for Budget Period 1. But perhaps there is \$500,000 remaining, and the 28th application is for \$525,000. NACP leadership may elect to fund that final application at \$500,000.

I would like to clarify a response you provided in the FAQs document. For several questions, you said that " Please note that the CDC National Asthma Control Program has paid for the Child Asthma Prevalence module and the Random Child Selection Module for use by state health departments. State health departments need to participate in these modules to collect, access, and analyze these two BRFSS modules. If applicants need support to help collect this data, then the applicant would need to plan for this within their application."

In the past, our program has paid for the CAP and RCSM using grant funds. Are you planning to pay for the CAP and RCSM so we no longer need to use grant funds? Or do you mean you paid CDC to provide the CAP and RCSM as optional modules and the recipients would still be responsible for paying for data collection?

On page 2 of the first FAQ document, CDC stated, “Please note that the CDC National Asthma Control Program has paid for the Child Asthma Prevalence module and the Random Child Selection Module for use by state health departments. State health departments need to participate in these modules to collect, access, and analyze these two BRFSS modules. If applicants need support to help collect this data, then the applicant would need to plan for this within their application.”

To clarify, for childhood asthma prevalence estimates, applicants can use state-specific data from BRFSS Random Child Selection and Childhood Asthma Prevalence modules, OR a state-specific children’s health survey (if their state has such a survey), OR the National Survey of Children’s Health.

The National Survey of Children’s Health is publicly available telephone-based survey, so there would be no additional cost needed to use this data source. This survey covers 50 states and Washington, D.C.

However, use of the BRFSS Random Child Selection and Childhood Asthma Prevalence modules may require additional cost for implementation (e.g., data collection).

If an applicant decides to use the BRFSS modules and needs financial support to collect state-level data for asthma prevalence among children, they should request the associated funding needed to implement this data collection as part of their proposed budget that is submitted as part of their NOFO application.

In the [Question-and-Answer document](#), page 13, you mention that bookmark hyperlinks are allowed to other areas in the application narrative. “Can we put hyperlinks and bookmarks in the pdfs we provide (e.g., in the project narrative file, can we put bookmarks/hyperlinks to refer to other sections within the document)? An applicant can provide internal bookmarks that link to other areas within their document.”

Due to limited page count, would CDC please clarify if hyperlinks are allowed to websites, or other external locations, to support the application narrative information? For example, we would like to demonstrate county- and local-level data by providing a hyperlink to [applicant’s resource].

Please see the answer at the top of page 4, in particular this piece:

“Although the NOFO does not state applicants cannot include links in the project narrative, CDC cautions against it. It is possible the reviewer may print the application and will be unable to see the link in a hard copy. Instead, CDC advises applicants to provide the website address in the project narrative. CDC objective reviewers review the entirety of the application when conducting a merit review. They must look everywhere in the application for each criterion.”

It is up to the applicant to decide exactly how that is done.

In the Measuring Performance section of the proposal scoring rubric the term “objectives” is used — to both frame the work and to evaluate. However, objectives are not mentioned anywhere else in the NOFO and the evaluation section of the NOFO (page 32) implies that we should use evaluation questions to frame our evaluation plan. Could you please clarify how we are to approach this, i.e, are we to develop objectives in the evaluation section, are objectives to be included in the narrative discussion of the work, and/or should evaluation questions be guiding our evaluation plans? Thank you.

Evaluation questions should be proposed by the applicant within the Narrative section and the work plan component of the Narrative section.

The work plan connects your period of performance outcomes, strategies and activities, and measures. It should provide detail on how you will measure outcomes and processes. Please see page 33 for more information about the work plan. Also, please note that CDC objective reviewers review read the entirety of the application when conducting a merit review. They must look everywhere in the application for each criterion.

CDC will work with funded recipients to refine and finalize an Evaluation and Performance Measurement Plan within the first 6 months of the first budget period. For more information, please see page 64, Activity 2.3 on page 17, and “Data, Monitoring, and Evaluation” starting on page 29.