CDC-RFA-EH-24-0016: Advancing Health Equity in Asthma Control through EXHALE Strategies
Answers to Frequently Asked Questions, Version 1

Please Note: All the page numbers in this document refer to the Notice of Funding Opportunity (NOFO) found at: https://grants.gov/search-results-detail/347606.

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1. Answers to Frequently Asked Questions

Who is eligible for this opportunity?
Please see page 8 of the NOFO. To be eligible, you should:
• Serve a population of at least 100,000 people
• Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health survey or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits

Please also note that on page 6, the notice of funding opportunity states that "CDC will approve no more than one award within each state, territory, or Tribal nation."

Also, as stated on page 48, you must provide the following documentation to prove that you qualify under other required qualifying factors. Please:

- Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates)
- Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, State-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits

- Attach reports, fact sheets, data briefs, or other asthma surveillance documents that describe the burden of asthma in your entire area (state, territory, or tribe). These must include analysis from the following data sets:
    - Hospital discharge (or hospital in-patient file)
    - Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) core.

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.

How many strategies do I need to propose, and should I be using the interventions in the EXHALE Technical Package?

There are two overarching strategies in this notice of funding opportunity that applicants need to describe their plans for:

- Pages 14-15 detail Strategy 1: Implement EXHALE strategies for populations with high asthma burden.
- Pages 15-19 detail Strategy 2: Improve organizational infrastructure to advance health equity and sustainability.

Applicants must propose approaches detailed in the EXHALE Technical Package, which is linked on page 71 of the notice of funding opportunity.

On page 14, the notice of funding opportunity describes which EXHALE strategies are required, and which EXHALE strategies are optional: Activity 1.1: Work on at least four EXHALE strategies. We require the following two strategies:

• Linkages and coordination of care across settings
• Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources

Then, choose two or more from:

• Education on asthma self-management
• X-tinguishing smoking and secondhand smoke
• Home visits for trigger reduction and asthma self-management education
• Achievement of guidelines-based medical management

Please also see page 15 of the NOFO: We expect you to propose and define a set of activities under your required and selected EXHALE strategies in one or more settings.

In your project narrative strategies and activities section, explain:

• Which EXHALE strategies you plan to use
• The setting or settings in which you will implement the EXHALE strategies
• Your approach to implementing them

What are the surveillance requirements?

Core surveillance requirements are for state-level data. Data is required at the state-level. Surveillance requirements are detailed under the "Eligibility" section on page 8: "Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health survey or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits."

Please also see Activity 2.4 for more information about required surveillance activities, which begins on page 18: Maintain and enhance your asthma surveillance system to enable monitoring and use of data to guide strategic action.

Which BRFSS modules will be available for this funding opportunity?
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 explain the plan for this within their application.

How do I calculate my population and know what my maximum budget should be for my application?
For a budget limit, please refer to the Funding Strategy on page 7. Your budget should correspond with the line that details the budget jurisdiction's total population, according to U.S. Census 2020 estimates. For example, a state with a population of 11,500,000 would have a budget limit of $650,000. This would need to include any indirect costs. Although there is no limit on indirect costs, indirect costs will need to be included as part of your total budget.

Under no circumstances will CDC fund an applicant for more than what is indicated in the Funding Strategy table for that applicant's population. Please see pages 56 and 57 for more information about the selection process.

On page 48, you must provide documentation to prove that you qualify under other required qualifying factors. Please:

- Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates).

How many letters of collaboration are required?
The NOFO requires applicants to submit at least three letters of collaboration that meet the requirements detailed on Page 26, Page 48, and Page 52. There is not an upper limit to the number of collaboration letters.

Where do I need to put specific information within my application?
Please see the notice of funding opportunity sections for the narrative (beginning on page 43) and please review the attachments (starting on page 45) and the "Attachments Checklist" (on page 61). The work plan is part of the 25-page limit for the narrative section. We don't require a specific format for the work plan, but CDC recommends keeping one-inch margins throughout the application, as the system

might cut off information if an applicant uses smaller margins. A 10-point font can be used within graphics or within the Work Plan table. But 11-point font should be used elsewhere. 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.

2. Answers to Categories of Questions Received

2.1 Accessing the NOFO Document

Hope you aren't getting flooded with these emails, but we are unable to open the revised RFA announcement and the Other Supporting Documents zip files on grants.gov. Wanted CDC to be aware of this in case they were not.
The notice of funding opportunity can be accessed at: https://grants.gov/search-results-detail/347606. The FAQ answers will be uploaded to Grants.gov as a supporting material once it is cleared at CDC.

2.2 Eligibility

I am with [a large city]. We are aware that [our state health department] has been a recipient of the CDC's EXHALE grant for several cycles and plan to apply again. According to the NOFO CDC-RFP-EH-24-0016, page 6, "CDC will approve no more than one award within each state, territory, or Tribal nation." Does this mean that in no circumstances can we be awarded funding in both the city AND the state?
In order to apply for this notice of funding opportunity, an applicant must serve a population of at least 100,000 people and must meet eligibility as detailed on page 8 and page 48 of the notice of funding opportunity. On page 6, the notice of funding opportunity states that "CDC will approve no more than one award within each state, territory, or Tribal nation."

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.

We are so excited to see that the RFA for this grant has posted. Before we dive too deeply into the grant application, I wanted to see if CDC will even accept an application from a state that does not have BRFSS childhood asthma prevalence data (They do not do this optional module), and do not participate in the asthma call back survey. I see these are "core data sets." I do have access to some of the additional data sets such as state school health data and the all payer claims database. Please let

me know as soon as possible if our application would be dead on arrival without the state level data on the childhood questions for BRFSS, especially as we are a pediatric asthma program.

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.

Please see page 8 of the NOFO: To be eligible, you should:

- Serve a population of at least 100,000 people
- Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits

If you're a county government, are you expected to perform surveillance at the county level, state level, or both?

Core surveillance requirements are for state level data. Data is required for state level data. Please refer to the Eligibility section on page 8, as well as Documentation of Eligibility on page 48.

- On Page 8, under "other required qualifying factors," to be eligible, you should:
    - Serve a population of at least 100,000 people
    - Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health survey or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
- On page 48, you must provide documentation to prove that you qualify under other required qualifying factors. Please:
    - Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates)
    - Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, State-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
    - Attach reports, fact sheets, data briefs, or other asthma surveillance documents that describe the burden of asthma in your entire area (state, territory, or tribe). These must include analysis from the following data sets:
        - Hospital discharge (or hospital in-patient file)
        - Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) core."

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 to 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.

For county gov entities, are we expected to conduct surveillance for state-level data in addition to county?
Please refer to the Eligibility section on page 8, as well as 1.1d Surveillance on page 25, and the Documentation of Eligibility on page 48.

- On page 8, under "other required qualifying factors", to be eligible, you should:
    - Serve a population of at least 100,000 people
    - Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
- On page 25, an applicant should ensure that they can fulfill activities under 1.1d Surveillance."
- On page 48, you must provide documentation to prove that you qualify under other required qualifying factors. Please:
    - Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates)"
    - Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, State-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
    - Attach reports, fact sheets, data briefs, or other asthma surveillance documents that describe the burden of asthma in your entire area (state, territory, or tribe). These must include analysis from the following data sets:
        - Hospital discharge (or hospital in-patient file)
        - Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) core

Can you provide examples of surveillance documentation/certification that would be acceptable? Would citing the State Health and Safety Code that says that we are responsible for asthma surveillance and proof of access to surveillance data suffice?
On page 48, you must provide documentation to prove that you qualify under other required qualifying factors. Please:

- Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates)
- Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, state-specific children's health survey or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits

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.

Will a program be expected to report adult data if they are a pediatric program?
Core surveillance requirements are for state-level data. Data is required for state-level data. Please refer to the Eligibility section on page 8, as well as Documentation of Eligibility on page 48.

- On page 8, under "other required qualifying factors," to be eligible, you should:
    - Serve a population of at least 100,000 people
    - Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
- On page 48, you must provide documentation to prove that you qualify under other required qualifying factors. Please:
    - Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates)
    - Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, State-specific children's health survey or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
    - Attach reports, fact sheets, data briefs, or other asthma surveillance documents that describe the burden of asthma in your entire area (state, territory, or tribe). These must include analysis from the following data sets:
        - Hospital discharge (or hospital in-patient file)
        - Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) core

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.

Can a national organization that has representation in all states apply to work with a partner in one state and/or area of the state?
Please refer to the Eligibility section on page 8, as well as 1.1d Surveillance on page 25, and the Documentation of Eligibility on page 48.

- On page 8, under "other required qualifying factors," to be eligible, you should:
    - Serve a population of at least 100,000 people
    - Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health

survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits

- On page 25, an applicant should ensure that they can fulfill activities under 1.1d Surveillance.
- On page 48, you must provide documentation to prove that you qualify under other required qualifying factors. Please:
    - Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates)
    - Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, State-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
    - Attach reports, fact sheets, data briefs, or other asthma surveillance documents that describe the burden of asthma in your entire area (state, territory, or tribe). These must include analysis from the following data sets:
        - Hospital discharge (or hospital in-patient file)
        - Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) core

In reporting population size as a pediatric program should we use the entire population of the area we serve or only the pediatric population of that area? Or only the population numbers of the percentage prevalence of asthma in the service area?
Population amounts are determined using U.S. Census 2020 estimates. Please use U.S. Census 2020 estimates to determine population amount for your jurisdiction.

"…Question about scale for the project, notably related to the language about surveillance work. Most language in the opportunity seems focused on implementation in a region, locality, and communities where these interventions could have an impact. But there are two lines that seem to indicate some requirement for state-level scale (along with the note that no more than one organization in a state will be awarded):

1. Page 19: Describe the burden of asthma in your entire state, territory, or tribe using population-based surveillance data.

2. Page 25: Obtain, analyze, interpret, and report population-based emergency department and hospital discharge data for the entire state, territory, or tribe as well as local levels. Notably the language on page 25 appears to allude to a fairly expansive effort. Are you able to confirm that:

1. Data surveillance at the state-level is a requirement and;

2. Whether this implies state-level implementation of the program developed?

Core surveillance requirements are for state-level data. Data is required for state-level data. Please refer to the Eligibility section on page 8, as well as Documentation of Eligibility on page 48.

- On page 8, under "other required qualifying factors," to be eligible, you should:
    - Serve a population of at least 100,000 people
    - Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child

Selection and Childhood Asthma Prevalence modules, state-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits

- On page 48, you must provide documentation to prove that you qualify under other required qualifying factors. Please:
    - Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates)
    - Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, State-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
    - Attach reports, fact sheets, data briefs, or other asthma surveillance documents that describe the burden of asthma in your entire area (state, territory, or tribe). These must include analysis from the following data sets:
        - Hospital discharge (or hospital in-patient file)
        - Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) core

Would a tribal nation award be made separate from a state award? In other words, if an award was made to an enclave tribal nation located completely within a particular state, would that state still be eligible for a single award, or would it be disqualified based on the award to the enclave tribal nation?
In order to apply for this notice of funding opportunity, an application must serve a population of at least 100,000 people and must meet eligibility as detailed on page 8 and page 48 of the notice of funding opportunity. On page 6, the notice of funding opportunity states that "CDC will approve no more than one award within each state, territory, or Tribal nation."

Preference based on H.R. 2468: Can you clarify what "preference" means? In what way will applications that meet this requirement be given preference?
Please refer to pages 46, 47, 56, and 57 of the NOFO. If you qualify for preference based on the School-Based Allergies and Asthma Management Program Act and wish to have this preference considered as part of your application, please provide a letter signed by your authorizing business official attesting that your jurisdiction meets the four requirements to be considered for this preference. The four requirements must be listed in the letter. We will consider preference in making funding decisions as one of many factors listed on pages 56 and 57.

HR2468—-if we are a state applicant and do not have a state-level qualification, but have individual school districts or counties that qualify, can we submit those that qualify?
In order to claim preference in relation to H.R. 2468, an application would need H.R. 2468 items in place at the state level.

Does the population of at least 100,000 apply to the entire population of the area we are serving? Or is the 100,000 to be the target population?
100,000 is for the population of the jurisdiction, based on U.S. Census population estimates, to allow for public health level interventions.

Please refer to the Eligibility section on page 8, as well as 1.1d Surveillance on page 25, and the Documentation of Eligibility on page 48.

- On page 8, under "other required qualifying factors," to be eligible, you should:
    - "Serve a population of at least 100,000 people"
    - "Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits"
- On page 25, an applicant should ensure that they can fulfill activities under "1.1d Surveillance".
- On page 48, you must provide documentation to prove that you qualify under other required qualifying factors. Please:
    - Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates)
    - Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, State-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
    - Attach reports, fact sheets, data briefs, or other asthma surveillance documents that describe the burden of asthma in your entire area (state, territory, or tribe). These must include analysis from the following data sets:
        - Hospital discharge (or hospital in-patient file)
        - Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) core

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 to 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.

2.3 Formatting and Where to Place Information Within the Application

Are the tasks/approaches employed under each strategy only to come from the EXHALE technical guidance or are others allowed and allowed to be measured as well?
Applicants must propose approaches detailed in the EXHALE Technical Package, which is linked on page 71 of the notice of funding opportunity.

Please also see page 15 of the NOFO: "We expect you to propose and define a set of activities under your required and selected EXHALE strategies in one or more settings.
In your project narrative strategies and activities section, explain:
• Which EXHALE strategies you plan to use
• The setting or settings in which you will implement the EXHALE strategies

• Your approach to implementing them"

Is the work plan part of the narrative and does it contribute to the 25 pages limit?
Yes, the work plan is part of the 25-page limit for the narrative section. We don't require a specific format for the work plan, but CDC recommends keeping one-inch margins throughout the application, as the system might cut off information if an applicant uses smaller margins.

Is the work plan a "graphic" in which we can use 10 pt. font?
The work plan table provided on page 33 is simply a sample. Font size within graphics or tables can be 10-point font. Please see page 42 for more information.

How do we differentiate what to put in Activity 2.3 vs. the evaluation and performance measurement plan (EPMP)? Activity 2.3 says, "In your project narrative, strategies and activities section, describe your general approach to this activity." However, it seems like most of the detail regarding evaluation belongs in the EPMP. Is Activity 2.3 asking for a few sentences summarizing the approach, and then you can refer reviewers to the EPMP section for the details?
Applicants may summarize the approach for evaluation in activity 2.3 but include more detail in the evaluation and performance measurement plan (EPMP). Please see pages 17, 18, 31, and 32 of the NOFO for more details.

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 for this specification, Activity 2.3 on page 17, and "Data, Monitoring, and Evaluation" starting on page 29.

There is no official format for the evaluation and performance measurement plan. The evaluation and performance measurement plan and the work plan should be included in the Project Narrative Section. Please see pages 43 and 44 for more information about what to include in the project narrative.

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

Can you specify the format to be used for the evaluation and performance measurement plan specified in the funding opportunity?
There is no official format for the evaluation and performance measurement plan. The evaluation and performance measurement plan should be included in the Project Narrative Section. Please see pages 43 and 44 for more information about what to include in the project narrative. For additional information, please see "Activity 2.3. Leverage evaluation findings to support health equity and sustainability" on page 16 and the "Data, monitoring, and evaluation" section on page 29.

The Strategies and Activities scoring Criteria 3.1 on page 54 mentions "Work Plan." Is scoring based solely on what's listed in the work plan table, or does this 20-point criteria reflect content from both the narrative section of Strategies and Activities, as well as the separate work plan table? I don't see

how all of this information could be included in one work plan table, but it will be covered through the 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. Reviewers will be instructed to review the narrative (including the work plan) when determining a score for criteria 3.1 on page 54, but they must review everything, no matter where the information is included in the application.

Where does the EPMP fit in the merit review? Currently the "Measuring performance" (25 points) only awards points for describing outcomes and objectives. How the latter will be measured?
CDC objective reviewers review the entirety of the application when conducting a merit review. They must look everywhere in the application for each criterion. This includes, but is not limited to, the narrative section, which will include the evaluation and performance measurement plan (EPMP).

Will you provide a table of the "Associated Strategies and Activities" that correspond to "Outcomes" and "Performance Measures (PMs)"? This table was provided in the 1902 RFA. Thank you.
Performance Measures will be refined within the first 6 months of the first budget period of the award, in collaboration with funded recipients and the CDC National Asthma Control Program. For more information about the draft performance measures, please see pages 30 and 31 of the notice of funding opportunity.

Can you clarify where you would like the surveillance details to be in the narrative? Surveillance is worth 15 points, and it is unclear if all three aspects (responsibilities, ability to analyze, and examples) should be described under "strategies and activities" or "organizational capacity"?
CDC objective reviewers will be reviewing the entire application when determining a score for the surveillance section of the review criteria. Applicants can describe surveillance activities within the narrative section of the application, the organizational capacity section, the strategies and activities sections within the narrative section, and anywhere else the applicant would like to include that information in the application. The responsibility to analyze data should be covered in the "Documentation of Eligibility" attachment, which is described in further detail on page 48 of the notice of funding opportunity.

From page 48 in the NOFO, we must include a letter from our organization's director that states we have the authority to manage asthma datasets for our jurisdiction. Does this have to be a separate letter, or can we include this documentation in our letter of support from the director?
Eligibility documentation is separate from the letters of support, and they should not be combined into one letter. They should be submitted separately. Please see page 48 of the NOFO for more information.

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.

Regarding page 52, scoring section 1.4: Can you score a 5 (outstanding) if you only submit 3 letters? Or do you need to submit more than 3 letters in order to obtain the highest score? Is it preferred to have the third letter be from a new partner organization? Or is the new partner organization letter an alternative for those that don't have 3 letters from existing partners? Would you be scored lower for not including a 'new partner organization' letter?
The NOFO requires applicants to submit at least three letters of collaboration that meet the requirements detailed on Page 26, Page 48, and Page 52. There is not a limit to the number of collaboration letters.

Can we upload additional attachments besides the ones listed in the technical package (e.g., examples of past communications products, evaluation reports, etc.)?
Attachments, besides the attachments describe on pages 45-49 and listed on page 61, are not required.

Is it indeed the case that a complete eval plan is required - as that does not seem to follow the process recommended in the Asthma Learning and Growing materials. Should this be an abridged strategic evaluation plan?
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 for this specification, Activity 2.3 on page 17, and "Data, Monitoring, and Evaluation" starting on page 29.

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.

Is the Evaluation and PM Plan a required attachment? It is not listed in the list of attachments. Is there a page limit for this plan?
The Evaluation and Performance Measurement Plan should be included within the narrative section of the application.

3. Additional Questions

Will CAP continue to be a required measure if it is no longer supported by CDC?
The CDC National Asthma Control Program has paid for the Childhood 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.

Assuming that CAP means Child Asthma Prevalence, then funded recipients will be able to use the BRFSS Random Child Selection and Childhood Asthma Prevalence modules to provide CAP to CDC.

Can you please comment on any timeliness requirements for core data sources?
For the core data sets (see page 18), we will ask for data from the most recent available data sets for the budget year throughout the lifecycle of this cooperative agreement. For example, if budget year is 2025,

then usually by summer of 2025, 2024 BRFSS data will be available for states to use. Reporting for these data sets will happen through the Performance Measure A, which will be due 60 days after the end of each budget period, as specified on page 65. There are four 12-month budget periods during the 4-year period of performance for this funding opportunity.

Can you define how sustainability is defined in the context of this funding opportunity?
For more information about sustainability, please see page 16 of the NOFO: In years two through four, you will provide progress updates related to your health equity and sustainability efforts for asthma control. In your project narrative strategies and activities section, address the following:

- Health equity: Briefly describe your focus population, and address how your program's EXHALE activities will increase the focus population's inclusion in the process of refining and implementing the interventions. You will provide more detail about your focus population in that section of your project narrative.
- Sustainability: Describe how you plan to increase the CDC National Asthma Control Program's sustainability. You might consider topics such as:
    - Organizational capacity
    - Planning
    - Communications
    - Evaluation
    - Partnerships
    - Funding

These areas appear across several common tools that provide guidance on how to approach sustainability efforts, including the CDC Sustainability Planning Guide for Healthy Communities, the HHS Office of Population Affairs (OPA) Framework for Program Sustainability, the HUD Healthy Homes Program Guidance Manual (HHPGM), and the Program Sustainability Assessment Tool (PSAT).

Does the CDC EXHALE grant have a max indirect cost? Also, is this grant listed as a research grant?
This funding opportunity is a cooperative agreement. Research activities are not allowed as part of this notice of funding opportunity. There is no limit on indirect costs, but indirect costs will need to be included as part of your total budget. For a budget limit, please refer to the "Funding Strategy" on page 7. Your budget should correspond with the line that details the budget jurisdiction's total population, according to U.S. Census 2020 estimates. For example, a state with a population of 11,500,000 would have a budget limit of $650,000. This would need to include any indirect costs.

Consistent with the stated goals of advancing health equity through implementation of EXHALE strategies at the community level, one element of our planned proposal is to create a mobile asthma clinic that would go into underserved rural communities in our state and serve those populations through partnering with school and faith-based organizations. This program would marry 3 different asthma programs in our state to create a cohesive partnership of academic, state, and non-profit agencies. As we reviewed the allowable expenses for this funding opportunity, we were not sure if the expenses for equipment such as a van or bus for the mobile clinic would be allowable?
Funds for this NOFO cannot be used to purchase vehicles or provide direct clinical services. For more documentation about unallowable costs, please see pages 34 and 35 of the NOFO.

Please define "Population" as listed for the Funding Strategy chart on page 7 of NOFO?
The population is the applicant's jurisdiction's total population. The NOFO states on page 48 that U.S. Census 2020 estimates are used to define the minimum population specified for applicants. Please also use U.S. Census 2020 estimates to determine your jurisdiction's population for the funding strategy table on page 7.

How has the funding changed over the current cycle. The ceiling used to be $800,000 for large states, which has been reduced by $75,000 this cycle?
The funding strategy has been modified to expand the number of recipients awarded as part of this funding opportunity.

To whom do we address the LOI and the population eligibility letters?
The optional letter of intent (LOI) should be addressed to the CDC National Asthma Control Program and sent to asthma@cdc.gov by 11:59 p.m. Eastern Time on March 19, 2024. For more information about the optional LOI, please see page 60. The Documentation of Eligibility should be included as an attachment with your application. Applications are due by 11:59 p.m. Eastern Time on April 19, 2024. Please see page 48 for more information about the Documentation of Eligibility.
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 to 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.

Can you provide more details on the specific performance measures (for example, what might some of the sub-measurements for these performance measurements be)?
Performance Measures will be refined within the first 6 months of the first budget period of the award, in collaboration with funded recipients and the CDC National Asthma Control Program. For more information about the draft performance measures, please see pages 30 and 31 of the notice of funding opportunity.

Regarding the period of performance mentioned on page 43: It states, "Using the logic model in Program Description, Approach, identify the outcomes you expect to achieve or make progress on by the end of the period of performance." When you say 'period of performance', do you mean by end of the first year or end of 4-year period?
The "period of performance" is for the entire duration of the funding opportunity, so all 4 years, or by the end of year 4 of the period of performance The logic model would include all 4 years of the period of performance.

For EXHALE strategies, are we limited to the approaches described in the Technical Package? Or can we propose approaches that fit the description of the strategy but aren't specifically mentioned in the Technical Package under that strategy?
Applicants should propose approaches described in the EXHALE Technical Package. A link to the EXHALE Technical Package can be found on page 71 of the notice of funding opportunity. Please focus on strategies within the Technical Package. Services should be consistent with the National Asthma

Education and Prevention Program (NAEPP), Expert Panel Report-3 (EPR-3) guidelines as stated on page 11 of the notice of funding opportunity.

Should we include bios of contractors funded by the NOFO to demonstrate org capacity?
Organizational capacity should speak to the capacity of the organization applying for this funding opportunity, including their ability to contract for work or skills. Contractor bios are not required for inclusion in the application. Information about contractors can be included in the narrative section of the application, and the applicant may want to highlight contractor in a letter of collaboration if they so choose. Applicants may also elect to include contractor bios in an additional attachment to their application, but this is not required.

I heard from our BRFSS coordinator that CDC will not be supporting the Child Asthma Prevalence (CAP) as an optional module, and therefore we would need to include CAP as a state-added question. Is this true?
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.

Is an applicant required to have access to the BRFSS Random Child selection and Childhood Asthma Prevalence modules if the state (VA) does not use this module? Is this true even if the program and population is pediatric?
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.

Is it allowable for an applicant to request a funding amount and propose a budget for an amount greater than what is listed in the Funding Strategy table on page 7?
Applicants may **not** request funds greater than the amounts specified in the Funding Strategy on page 7 for the corresponding population of the applicant's jurisdiction.

Total funding limit is inclusive of indirect costs. Population amounts are determined using U.S. Census 2020 estimates. Please use U.S. Census 2020 estimates to determine population amount for your jurisdiction. Funding details can be found on page 6 of the notice of funding opportunity. Expected total program funding over the 4-year performance period is $64,000,000. Expected total program funding per budget period is $16,000,000. Expected awards is 28. The funding amount per applicant per budget period ranges based on the Funding Strategy table on page 7, with a floor of $400,000 (for applicants whose population ranges from 100,000 to 299,999) to a ceiling of $725,000 (for applicants whose population is 20,000,000 or above). Budgets should include indirect costs. Expected average award amount per budget period is $500,000.

For example, if the applicant is a state health department whose state has a population of 11,500,000, the state could apply for up to $650,000, inclusive of indirect costs. That applicant's budget should not exceed $650,000 for any reason.

Will there be an FAQ page/document?
FAQ documents will need to be officially cleared by CDC. Cleared FAQ documents will then be posted to the listing on Grants.gov for this funding opportunity. We anticipate posting a few FAQ documents between now and the application due date.

How is population amount determined?
Population amounts are determined using U.S. Census 2020 estimates. Please use U.S. Census 2020 estimates to determine population amount for your jurisdiction.

As for the overall funding strategy for this funding opportunity, funding details can be found on page 6 of the notice of funding opportunity. Expected total program funding over the 4-year performance period is $64,000,000. Expected total program funding per budget period is $16,000,000. Expected awards is 28. The funding amount per applicant per budget period ranges based on the Funding Strategy table on page 7, with a floor of $400,000 (for applicants whose population ranges from 100,000 to 299,999) to a ceiling of $725,000 (for applicants whose population is 20,000,000 or above). Budgets should include indirect costs. Expected average award amount per budget period is $500,000.

As an example, if the applicant is a state health department whose state has a population of 11,500,000, the state could apply for up to $650,000, inclusive of indirect costs. That applicant's budget should not exceed $650,000 for any reason.

What is expected timeline to meet required short-term outcomes? Intermediate outcomes? As listed in logic model on page 13?
The logic model's long term is 4+ years. The period of performance for this funding opportunity is 4 years. The short-term outcomes are generally expected to be achieved within 1-2 years, and the medium-term outcomes are generally expected to be achieved from 2-4 years.

Will separate funds be provided to support the costs of conducting the BRFSS childhood modules?
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.

Could CDC provide a sample line in the work plan for a bit more specificity?
The work plan table is an example table. There is not a required format.

Does the 10% limit apply to CDC contracted organizations, such as ALA and NACDD? Can we contract with them for more than 10% of our budget?
The CDC National Asthma Control Program would like to clarify that the 10% was a suggestion to strongly encourage collaboration with community-based organizations. As such, we would like to clarify

that the 10% is not a limit, and applicants may propose that more than 10% of their budget go to one or more community-based organizations, which could include local health departments or other organizations, in order to achieve the activities proposed in the work plan. We encourage collaborations, including but not limited to the organizations listed on page 6, within the "Collaborations" section on pages 26 through 28, and within each of the settings which are described on pages 20 through 23. Please ensure your organization follows its policies and procedures for funding third party vendors. Page 6 states: If you receive funding, we will expect you to:
• Strengthen existing organizational infrastructure in areas such as leadership, program management, strategic partnerships, surveillance, communication, and evaluation
• Collaborate with diverse partners like coalitions, community and faith-based organizations, racial, ethnic, and minority organizations, tribal communities, schools, transportation systems, housing, healthcare systems, and nongovernmental organizations
• Implement EXHALE strategies, working with community members to expand the reach and sustainability of asthma control services

Page 34 of the FOA states that up to 10% of the budget can be designated to a community-based organization. Can you clarify the definition of community-based organization? Would a local health department fall under that category?
We encourage expansive thinking when considering partnerships. A local public health department can fall within this category, as long as they are directly working with the focus populations. Please also see the answer to the previous question, where CDC will not limit an applicant to only 10%. An applicant may also award funding to more than one community-based organization. We encourage collaborations, including but not limited to the organizations listed on page 6, within the "Collaborations" section on pages 26 through 28, and within each of the settings which are described on pages 20 through 23. Please ensure your organization follows its policies and procedures for funding third-party vendors.

I think I may have misheard, but is clinical care allowed or unallowable?
The "Unallowable Costs" section on page 34 of the notice of funding opportunity states the following item is an **unallowable** cost: "Clinical care except as allowed by law."

Should there be a separate evaluation and performance measurement plan attachment or is the draft plan to be part of the project narrative under the section on page 31?
The evaluation and performance measurement plan should be included within the narrative section of the application.

Is the funding limit inclusive of indirects?
Yes.

To clarify the above question ("Is the funding limit inclusive of indirects?"), not an amount greater than $725,000, but an amount greater than the amount listed in the appropriate row for that jurisdiction's population?
Your limit corresponds to the population for your jurisdiction. Population amounts are determined using U.S. Census 2020 estimates. Please use U.S. Census 2020 estimates to determine population amount for

your jurisdiction. Funding details can be found on page 6 of the notice of funding opportunity. Expected total program funding over the 4-year performance period is $64,000,000. Expected total program funding per budget period is $16,000,000. Expected awards is 28. The funding amount per applicant per budget period ranges based on the Funding Strategy table on page 7, with a floor of $400,000 (for applicants whose population ranges from 100,000 to 299,999) to a ceiling of $725,000 (for applicants whose population is 20,000,000 or above). Budgets should include indirect costs. Expected average award amount per budget period is $500,000.

For example, if the applicant is a state health department whose state has a population of 11,500,000, the state could apply for up to $650,000, inclusive of indirect costs. Please see the Funding Strategy table on page 7 and use U.S. Census 2020 estimates to determine your jurisdiction's population.

Can you provide additional information about the expectation to establish a strategic partnership—is the expectation that an individual partner is named in the application? And can you specify the criteria that is being used to define a strategic partner?
On page 5, the notice of funding opportunity states, "We aim to address systems-level, environmental, and social drivers of disparities through strengthening strategic partnerships to help implement EXHALE strategies." More information is provided on page 17, under Activity 2.2, which states "Advance health equity partnerships with community organizations, community health workers, and multi-sector agencies."

Is a budget required for all four years of the funding period or for a single 12-month funding period?
General guidance for "funding policies and limitations" can be found on page 34 under general guidance. Details for the "budget narrative" can be found on page 45. A detailed budget is required for the first budget period (first 12 months of the period of performance). Within the Annual Performance Report is where a funded recipient would include the "budget for the next 12-month budget period" (that is, the budget for the upcoming year), as applicable, as detailed on page 64.

Do you require the inclusion of projected Intermediate Outcomes (4-5yrs) and Long-Term Outcomes (5+ yrs) as part of the high-level Year 2-4 Work Plan?
The period of performance is 4 years. We expect funded recipients to report against asterisked outcomes within the Logic Model on page 13, as detailed on pages 12 and 13. Long term outcomes are not included as part of the Year 2-4 Work Plan.

You may have already mentioned this, but will this recording be available on the Grant Opportunity page?
FAQ documents will need to be officially cleared by CDC. Cleared FAQ documents will then be posted to the listing on Grants.gov for this funding opportunity and will also be posted on the CDC National Asthma Control Program website as well. We anticipate posting a few FAQ documents between now and the application due date.

Will separate funds be provided to support the costs of conducting the BRFSS CAP and RCSM?
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.

We are planning on applying through our higher education institution which is asking for a much higher percentage than 10% for "indirect costs." Are these costs included in the grant or are they provided in addition to the grant?
Indirect costs need to be included as part of the total budget. Total budget cannot exceed the amount that corresponds to the population of your jurisdiction, as displayed on the Funding Strategy table on page 7. For example, if the applicant is a state health department whose state has a population of 11,500,000, the state could apply for up to $650,000, inclusive of indirect costs. Please see the Funding Strategy table on page 7.

The logic model mentions drivers of inequity. Are there examples of these drivers?
Please see the link for SDOH on page 28 for more information.
(https://www.cdc.gov/about/sdoh/index.html).

Do we anticipate any clinical data will be requested as part of the performance measures?
Performance Measures will be refined within the first 6 months of the first budget period of the award, in collaboration with funded recipients and the CDC National Asthma Control Program. For more information about the draft performance measures, please see pages 30 and 31 of the notice of funding opportunity. At this point, clinical data are not anticipated to be a part of performance measure data, but that may change based on conversations with funded recipients of this funding opportunity.

The eligibility requirement to collect and analyze data says the letter should be from the organization's director. Could the director be the main data steward like the state epidemiologist or does it need to be the director?
Please refer to page 48, where the notice of funding opportunity states "affirm in a letter from your organization's director."

If a national 501(c) (3) organization provides both asthma quality improvement services but also has some advocacy work, can they apply?
Please refer to the Eligibility section on page 8, as well as 1.1d Surveillance on page 25 and the Documentation of Eligibility on page 48.

- On page 8, under "other required qualifying factors," to be eligible, you should:
    - Serve a population of at least 100,000 people
    - Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health survey or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
- On page 25, an applicant should ensure that they can fulfill activities under "1.1d Surveillance"
- On page 48, you must provide documentation to prove that you qualify under other required qualifying factors. Please:

- Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates)
- Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, state-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits.
- Attach reports, fact sheets, data briefs, or other asthma surveillance documents that describe the burden of asthma in your entire area (state, territory, or tribe). These must include analysis from the following data sets:
    - Hospital discharge (or hospital in-patient file)
    - Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) core

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.

As for "advocacy", please refer to page 34 of the Unallowable Cost section:

Other than for normal and recognized executive-legislative relationships:

- publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.
- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

Are we limited to three letters of support?
The NOFO requires applicants to submit at least three letters of collaboration that meet the requirements detailed on Page 26, Page 48, and Page 52. There is not an upper limit to the number of collaboration letters.

Is an external evaluator preferred?
The CDC National Asthma Control Program does not have a preference as to whether the evaluator is internal or external to the applicant's organization.

Please define "relevant period of performance outcome" from the headings in the work plan?
The sample format for the work plan on page 33 is a sample. The funding opportunity states that the work plan should connect to outcomes. Please see page 33 and page 66 for more information.

Can you clarify why the current funding opportunity is 4 years, not 5 years, like past opportunities?
CDC has selected a four-year period of performance for this funding opportunity.

Can funds be used to establish an asthma program at the state health department?
Please refer to the Eligibility section on page 8, as well as 1.1d Surveillance on page 25, and the Documentation of Eligibility on page 48.

- On page 8, under "other required qualifying factors," to be eligible, you should:
    - Serve a population of at least 100,000 people
    - Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
- On page 25, an applicant should ensure that they can fulfill activities under 1.1d Surveillance.
- On page 48, you must provide documentation to prove that you qualify under other required qualifying factors. Please:
    - Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates)
    - Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, state-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
    - Attach reports, fact sheets, data briefs, or other asthma surveillance documents that describe the burden of asthma in your entire area (state, territory, or tribe). These must include analysis from the following data sets:
        - Hospital discharge (or hospital in-patient file)
        - Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) core

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.

What is the payment mechanism for the child prevalence and random child section modules? Does that mechanism provide for cleaning and weighing of the data?
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 to 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.

Is the budget required for all years of the funding period or for a single 12-month period?
General guidance for funding policies and limitations can be found on page 34 under general guidance. Details for the budget narrative can be found on page 45. A detailed budget is required for the first budget period (first 12 months of the period of performance). Within the Annual Performance Report is

where a funded recipient would include the budget for the next 12-month budget period (that is, the budget for the upcoming year), as applicable, as detailed on page 64.

When can we expect the FAQ document to be released?
FAQ documents will need to be officially cleared by CDC. Cleared FAQ documents will then be posted to the listing on Grants.gov for this funding opportunity and will also be posted on the CDC National Asthma Control Program website as well. We anticipate posting a few FAQ documents between now and the application due date.

Where would you like the surveillance details to be in the narrative? Surveillance is worth 15 points, and it is unclear if all three aspects (responsibilities, ability to analyze, and examples) should be described under "strategies and activities" or under "organizational capacity"?
CDC objective reviewers review the entirety of the application when conducting a merit review. They must look everywhere in the application for each criterion. Applicants can include surveillance information within the organizational capacity section and the narrative section, the Documentation of Eligibility letter (see page 48), and other areas as appropriate.

Is it a requirement that partnership with one of the current NGOs is represented in the narrative and budget portion of the application? One of the NGOs is sending out communication indicating this.
For more information, please see page 6: Collaborate with diverse partners like coalitions, community and faith-based organizations, racial, ethnic, and minority organizations, tribal communities, schools, transportation systems, housing, healthcare systems, and nongovernmental organizations.

I am still unclear between the authority to analyze data sets and a responsibility to manage data sets. Can you please clarify this?
Applicants should have the ability to access and analyze the core data sets, as mentioned within this notice of funding opportunity on page 18 and page 48, for their jurisdiction.

Please refer to the Eligibility section on page 8, as well as 1.1d Surveillance on page 25, and the Documentation of Eligibility on page 48.

- On page 8, under "other required qualifying factors," to be eligible, you should:
    - Serve a population of at least 100,000 people
    - Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health survey or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits
- On page 25, an applicant should ensure that they can fulfill activities under 1.1d Surveillance
- On page 48, you must provide documentation to prove that you qualify under other required qualifying factors. Please:
    - Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates)
    - Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, state-specific

children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits

- Attach reports, fact sheets, data briefs, or other asthma surveillance documents that describe the burden of asthma in your entire area (state, territory, or tribe). These must include analysis from the following data sets:
  - Hospital discharge (or hospital in-patient file)
  - Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) core

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 whom do we address the LOI and the population eligibility letters?
The optional letter of intent (LOI) should be addressed to the CDC National Asthma Control Program and sent to asthma@cdc.gov by 11:59 p.m. Eastern Time on March 19, 2024. For more information about the optional LOI, please see page 60. The Documentation of Eligibility should be included as an attachment with your application. Applications are due by 11:59 p.m. Eastern Time on April 19, 2024. Please see page 48 for more information about the Documentation of Eligibility.

Will the recording be made available?
FAQ documents will need to be officially cleared by CDC. Cleared FAQ documents will then be posted to the listing on grants.gov for this funding opportunity and will also be posted on the CDC National Asthma Control Program website as well. We anticipate posting a few FAQ documents between now and the application due date.

Can you provide additional information around the expectation to establish a strategic partnership—is the expectation that an individual partner will be named in the application? And can you specify the criteria that is being used to define a strategic partner?
On page 5, the notice of funding opportunity states, "We aim to address systems-level, environmental, and social drivers of disparities through strengthening strategic partnerships to help implement EXHALE strategies." More information is provided on page 17, under Activity 2.2, which states "Advance health equity partnerships with community organizations, community health workers, and multi-sector agencies."

Many questions are not being answered. Will you all follow up with responses to all questions?
FAQ documents will need to be officially cleared by CDC. Cleared FAQ documents will then be posted to the listing on grants.gov for this funding opportunity and will also be posted on the CDC National Asthma Control Program website as well. We anticipate posting a few FAQ documents between now and the application due date.

Will the recording be made available?

FAQ documents will need to be officially cleared by CDC. Cleared FAQ documents will then be posted to the listing on grants.gov for this funding opportunity and will also be posted on the CDC National Asthma Control Program website as well. We anticipate posting a few FAQ documents between now and the application due date. We are also working to clear and provide a transcript of the March 8 call, if possible.

Regarding the period of performance mentioned on page 43, it states, "Using the logic model in Program Description, Approach, identify the outcomes you expect to achieve or make progress on by the end of the period of performance." When you say "period of performance", do you mean by end of the first year or end of 4-year period?
"Period of Performance" refers to the four years of the cooperative agreement. Each individual year of the cooperative agreement is referred to as a budget period.

The "Strategies and Activities" scoring criteria 3.1 on page 54 mentions the "Work Plan." Is scoring based solely on what's listed in the work plan table, or does this 20-point criteria reflect content from both the narrative section of "Strategies and Activities," as well as the separate work plan table? I don't see how all of this information could be included in one work plan table, but it will be covered through the narrative?
Work plan information should match the narrative section. CDC objective reviewers review the entirety of the application when conducting a merit review. They must look everywhere in the application for each criterion. They will review the narrative section, the work plan section, and other areas of the application.

Please also see page 33: This work plan should cover the four-year performance period at a high level but include specific activities for Year 1. We don't require a specific work plan format, as long as it is clear to the reviewers how the components in the work plan are related to the strategies and activities, outcomes, evaluation and performance measures presented in the logic model and the narrative sections of the NOFO.

In regards to providing clinical care, does this include asthma education provided to individual families in a clinic setting? Case management services that are provided in a clinic setting by program staff?
Please review the EXHALE Technical Guidance, linked on page 71 of the notice of funding opportunity, to learn more about strategies and activities related to the six EXHALE strategies, including but not limited to "E: Education on Asthma Self-Management" and "L: Linkages and coordination of care across settings."

If our jurisdiction is not currently implementing the BRFSS childhood asthma module, can we use funds from the NOFO to support it?
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 to 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.

Can you clarify the number of letters of collaboration we can submit? I thought Eric said not to submit more than 3, but Paige wrote in the Q & A, "You can submit more than 3, if you wish. Applicants must submit a minimum of 3 letters of collaboration"?
On the March 8 informational call, Eric has answered this question, but what Eric said with a limitation is incorrect. The NOFO does not limit applicants. Paige was clarifying this in the chat. The NOFO requires applicants to submit at least three letters of collaboration that meet the requirements detailed on Page 26, Page 48, and Page 52. There is not an upper limit to the number of collaboration letters.

For strategy 1, does each intervention need to cover the 2 required EXHALE strategies plus 2 additional EXHALE strategies, or is that requirement over all interventions?
Please see page 15 of the NOFO: "We expect you to propose and define a set of activities under your required and selected EXHALE strategies in one or more settings.
In your project narrative strategies and activities section, explain:
• Which EXHALE strategies you plan to use
• The setting or settings in which you will implement the EXHALE strategies
• Your approach to implementing them"

If an applicant has an existing strategic plan that covers a portion of the new funding period, is there an expectation that a new strategic plan will be developed to cover remainder of the funding period?
Please see page 15 of the NOFO: "Within the first 6 months after your award, you must update your strategic plan for asthma control to include components for health equity and sustainability."

Could a local health department contract with a national asthma advocacy organization that provides direct asthma QI?
Applicants should have the ability to access and analyze the core data sets, as mentioned within this notice of funding opportunity on page 18 and page 48, for their jurisdiction.

Please refer to "Eligibility" section on page 8, as well as "1.1d Surveillance" on page 25, and the "Documentation of Eligibility" on page 48.

- On page 8, under "other required qualifying factors," to be eligible, you should:
    - "Serve a population of at least 100,000 people"
    - "Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits"
- On page 25, an applicant should ensure that they can fulfill activities under "1.1d Surveillance".
- On page 48, you must provide documentation to prove that you qualify under other required qualifying factors. Please:
    - "Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates)"
    - "Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, state-specific

children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits"
    - "Attach reports, fact sheets, data briefs, or other asthma surveillance documents that describe the burden of asthma in your entire area (state, territory, or tribe). These must include analysis from the following data sets:
        - Hospital discharge (or hospital in-patient file)
        - Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) core"

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 to 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.

Question about advocacy collaborators: Could a local health department contract with a national asthma advocacy organization that provides direct asthma services?
Applicants should have the ability to access and analyze the core data sets, as mentioned within this notice of funding opportunity on page 18 and page 48.

Please refer to "Eligibility" section on page 8, as well as "1.1d Surveillance" on page 25, and the "Documentation of Eligibility" on page 48.

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Is it a requirement that partnership with one of the current NGOs is represented in the narrative and budget portion of the application? One of the NGOs is sending out communication indicating this.
For more information, please see page 6: "If you receive funding, we will expect you to:

- Strengthen existing organizational infrastructure in areas such as leadership, program management, strategic partnerships, surveillance, communication, and evaluation
- Collaborate with diverse partners like coalitions, community and faith-based organizations, racial, ethnic, and minority organizations, tribal communities, schools, transportation systems, housing, healthcare systems, and nongovernmental organizations
- Implement EXHALE strategies, working with community members to expand the reach and sustainability of asthma control services"

Is the work plan included in the page count limit?
Yes. The work plan needs to be included in the narrative section, which should total no more than 25 pages.

Will the PMs be expanded further to require the collection of individual level data for ASME, as is the case under the current award?
We will work with funded recipients in the first 6 months to determine the Performance Measures (PMs) and associated data to be collected.