CDC-RFA-PW-24-0080 National Partners CoAg Frequently Asked Questions

Contents

Background

Questions submitted during the NOFO informational webinars for applicants on March 5 and 6 are organized into topics below with responses from CDC. A recording of the webinar is available on the CDC NOFO webpage.

General

Q1: When are applications due?
A1: Application packages must be SUCCESSFULLY submitted to Grants.gov no later than April 1, 2024, 11:59 pm (EDT). Extensions to the due date will NOT be granted. The Centers for Disease Control and Prevention (CDC) encourages applicants to ensure all Grants.gov errors are resolved, and all application packages are submitted as early as possible.

Q2: When will applicants be notified that they were selected for award?
A2: We expect all applicants to be notified between May and July 2024. Public announcements will occur August 2024.

Q3: When will award announcement be made for each strategy?
A3: Awards will be made by CDC's Office of Grants Services.

- Funding Strategy 1 award announcement: August 2024
- Funding Strategy 2 award announcement: September 2024

Q4: Will recipients be required to reapply each year for funding?
A4: No, there will not be a reapplication process each year. The period of performance for this NOFO is five years. Applicants who are successfully awarded funds are required to submit

Performance Progress and Monitoring Reports (PPMRs), which provide progress to date and proposed activities for the next budget period.

Supplemental projects may be announced annually during the performance period. These supplemental projects are for successful applicants (recipients) of CDC-RFA-PW-24-0080 (funding strategy 1) and are subject to the availability of funds and agency priorities. The supplemental projects will be detailed in supplements to CDC-RFA-PW-24-0080 and published for recipients of funding strategy 1 to submit work plans and budgets.

Q5: How can people ask questions about the NOFO and about the capacity-building assistance initiative?
A5: Submit all inquiries to NationalPartnersCoAg@cdc.gov. Answers to FAQs will be posted for public review.

Q6: Will CDC offer informational conference calls about the NOFO?
A6:
The Informational Conference Calls were held on Tuesday, March 5, 2024, 10-11:30am ET and Wednesday, March 6, 2024, 4:30-6pm ET.

The recording is available on CDC.gov.

Q7: If we send an email describing our proposed work, will you tell us if our goals are aligned with those of this funding opportunity?
A7:
Due to the competitive nature of the cooperative agreement, CDC is unable to advise a potential applicant of their eligibility or appropriateness of specific activities. This is to maintain impartiality and avoid providing unfair advantage to a potential applicant. We encourage you to review the information posted on Grants.gov and review the applicant call recording.

Q8: What font should we use for the work plan template?
A8: The work plan is considered part of the Project Narrative. As noted within the NOFO, all components of the Project Narrative should use a 12-point font size.

Q9: If you are not awarded funding initially, are there opportunities to reapply for this grant?
A9: No, there will not be an opportunity to reapply for the cooperative agreement. A new cooperative agreement may be published for competition in 5 years.

Q10: How many awards are anticipated to be delivered to agencies that do not demonstrate a national reach?
A10: The goal is to fund organizations with demonstrated capability, expertise, resources, national reach, and track record to implement one or more of the CBA program strategies.

Q11: If you submit two applications, is it possible for both of them to be funded?
A11: Yes, an organization may receive funding for two separate applications.

Q12: Is funding for Funding Strategy 1 only awarded by PHIC?
A12: Yes. Funding amounts reflected throughout the NOFO represent approximate funding provided by the Public Health Infrastructure Center (PHIC) for Funding Strategy 1. Additional funding from other CDC centers, institutes, and offices (CIOs) may be available under Funding Strategy 2.

Q13: The NOFO stated the estimated award date is August 1, 2024. Will this be the start date for funding and programmatic activities under this cooperative agreement?
A13: Yes. August 1, 2024, the estimated award date for Funding Strategy 1, will be the start date for funded activities.

Q14: Please clarify and expand on the relationship between Funding Strategy 1 and Funding Strategy 2.
A14: The first competition, Funding Strategy 1, will award the initial funding. During this process, all applications that meet the eligibility and responsiveness criteria will be objectively reviewed according to the population of focus category indicated in the application. This initial funding will be awarded by PHIC.

The second competition, Funding Strategy 2, allows Funding Strategy 1 recipients to apply for additional funding. Under Funding Strategy 2, the recipients will be eligible to submit Work Plans in Response to CIO Project Plans as part of a supplement to CDC-RFA-PW-24-0080. The supplement package will detail the CIO Project Plans and the submission process. The CIO Project Plans will embody a broad range of CBA projects that represent public health disciplinary areas and cross-cutting disciplines and/or topics. The secondary funding may be awarded by other CDC centers, institutes, and offices (CIOs).

Q15: The NOFO notes the program implementation start date is August 1, 2024. What is the general timing for Funding Strategy 2 and review by other CDC CIOs?
A15: In general, projects under Funding Strategy 2 will begin in September 2024. Submission of proposals and reviews by CDC will take place between July and August 2024.

Q16: Will funding for Funding Strategy 2 be after year 1 of funding or year 5?
A16: Funding Strategy 2 will be available to organizations that receive funding under Funding Strategy 1. Funding Strategy 2 will be detailed in a supplement that will be published for recipients of Funding Strategy 1 to submit applications in early summer 2024.

Q17: Should applicants propose Funding Strategy 2 projects in the Funding Strategy 1 application?
A17: No, applications submitted by the April 1 deadline should address Funding Strategy 1 only.

Q18: Is the Report on Programmatic, Budgetary, and Commitment Overlap required for all applicants, or is it only required if there is overlap to report?
A18: The Report on Programmatic, Budgetary and Commitment Overlap is required if there is overlap to report. 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.

Eligibility

Q1: Can an applicant propose a partner so that together they fulfill the eligibility requirement?
A1: No, an application must be submitted by one organization. The organization that submits the application must meet the eligibility and responsiveness requirements.

Q2: Are any organizations *not* eligible for funding under this NOFO?
A2: Yes, for-profit and small business organizations are not eligible to apply for this NOFO in accordance with the statutory authorities establishing a federal financial assistance program or award.

Q3: Is there a minimum time an eligible organization must exist before applying for this NOFO?
A3: No, there is no minimum time an eligible organization must exist before applying for this NOFO. However, applications will be evaluated on their relationship and work experience with the selected population of focus, their organizational capacity, and the quality of the proposed work plan and evaluation strategy (see p. 33: Phase II, Section E of the NOFO).

Q4: Are organizations that currently receive CDC funding eligible to apply?
A4: Yes, organizations that are already receiving CDC funding may be eligible to apply if they meet the eligibility requirements of this NOFO. Proposed work must be complementary to or build upon prior work. Applicants should not propose activities that duplicate current CDC-funded work.

Q5: Are organizations applying for other CDC NOFOs eligible to apply for CDC-RFA-PW-24-0080?
A5: Yes, organizations applying for other CDC NOFOs **may be** eligible to apply if they meet the eligibility requirements of this NOFO. However, preference will be given to ensure funding of organizations that provide CBA services to populations of focus not duplicated in other CDC funding mechanisms. Applicants may propose activities that complement or build on prior

work. Applicants should not propose activities that duplicate work proposed for other CDC NOFOs.

Definitions

Q1: What is the difference between performance measures and process evaluation measures?

A1: Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals. A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
A process measure is one type of performance measure. Types of performance measures can include, but are not limited to:

- Input measures (e.g., dollars spent)
- Output measures (e.g., surveys completed)
- Process measures (e.g., days to analyze data)
- Outcome measures (e.g., increased compliance among staff)

Performance measures may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). The type of performance measure used is based on the part of the system that is being measured. So, a process measure would be the type of performance measure one uses to answer a process evaluation question.

Q2: What is the relationship between the process measures in the Work Plan table and the evaluation and performance measure plan?

A2: Page 25 of the NOFO describes information that should be included in the Applicant Evaluation and Performance Measurement Plan. This includes a description of the type of evaluation (i.e., process, outcome, or both). Process and outcome measures that are listed in the work plan should be addressed in the Applicant Evaluation and Performance Measurement Plan.

Q3: How are you defining evidence-based science?

A3: Evidence-based refers to any concept or strategy that is derived from or informed by objective evidence—most commonly, research or routinely collected valid and reliable performance measurement or evaluation findings. The related modifiers data-based and research-based are also widely used when the evidence in question consists largely or entirely of data, academic research, or scientific findings. While research and "quantitative" numerical data are arguably the most common forms of evidence, public health also uses a wide variety of "qualitative" information to identify issues or examine the effectiveness of solutions.

When used to modify the term "science," we mean only to emphasize that the evidence should rely primarily on valid and reliable data, but not necessarily exclusively quantitative sources and methods.

Q4: How are you defining community-based organizations?
A4: Community-based organizations are driven by community residents in all aspects of their existence. They are public or private nonprofit organizations rooted in a mission that serves their local community.

Q5: How are you defining clinical care?
A5: Clinical care refers to the provision of medical, diagnostic, prevention and treatment services to patients and includes services such as TB, immunizations, chronic disease prevention and management, HIV and STI prevention, treatment and case finding, asthma surveillance as well as surveillance related to health care utilization.

Q6: How are you defining the paperwork reduction act?
A6: The Paperwork Reduction Act (PRA) is the law that requires Federal agencies (1) to seek public comment on proposed information collections and (2) to obtain approval from the Office of Management and Budget (OMB) before collecting information from the public. Refer to CDC - Paperwork Reduction Act: Ensure Quality and Reduce Information Collection Burden - OSI - OADS for additional information.

Populations of Focus

Q1: How should our organization determine which population of focus and population of focus category are appropriate for our application?
A1: Please refer to the Population of Focus Considerations document posted on CDC.gov and Grants.gov.

Q2: How are the population of focus categories grouped?
A2: Generally, they are grouped to meet the CBA needs of governmental and nongovernmental components of the public health system.

- Category A: Governmental Public Health Departments
- Category B: Workforce Segments in Governmental Public Health Departments
- Category C: Public Health System Components

Q3: My organization serves governmental public health departments. Should my organization select Category A or Category B?
A3: Category A is best suited for applicants that provide CBA to one specific health department type—state, tribal, local, or territorial, and may include geographic subsets of these health department types (e.g., rural areas, urban areas, big cities). CBA activities reach agency-wide, target multiple disciplines or systems, and occur at the organizational level. For example, applicant X provides CBA only to state health departments while applicant Y provides CBA only to rural health departments.

Category B is best suited for applicants that provide CBA to one workforce segment across two or more health department types (state, tribal, local, territorial). CBA activities target a specific occupational series and occur at the workforce segment level. For example, applicant Z provides CBA to public health nurses across state and local health departments.

Q4: My organization provides cross-cutting CBA services to more than one population of focus category. What population of focus category should my organization select?
A4: If your organization works with multiple population of focus categories, identify one population of focus whose capacity your organization wants to build under this NOFO. Refer to the Populations of Focus Considerations document on CDC.gov to evaluate and inform your selection. Key considerations include your organization's history, relationship strength, experience, expertise, and success providing CBA to the population of focus category.

Q5: My organization wants to provide CBA for senior-level staff across multiple disciplines at state health departments. What category should my organization select?
A5: Category A because the CBA activities occur agency-wide and at only one health department type (e.g., state health departments).

Q6: My organization wants to provide CBA for one occupational series at state, local, and territorial health departments. What category should my organization select?
A6: Category B because the CBA activities will target a specific workforce segment and occur across multiple health department types.

Q7: My organization wants to provide CBA for public health professionals at nonprofit organizations. What category should my organization select?
A7: Category C because nonprofit organizations are outside of governmental public health.

Q8: Can you provide examples of possible CBA activities for each population of focus category?
A8:

- Category A: CBA to build local health department infrastructure (e.g., organization, policy, and fiscal resources) and systems. Population of focus: Local health departments
- Category B: CBA to strengthen surveillance capabilities of state and territorial epidemiologists. Population of focus: Epidemiologists
- Category C: CBA to increase the integration of public health in school-based health centers. Population of focus: School-based health centers

Q9: Under category B, can we identify 2 workforce segments?
A9: No, Category B meets the priority CBA needs of **one** workforce segment across two or more health department types.

Q10: For Category B, can a state health department with sufficient organizational capacity apply to provide CBA to local public health agencies (i.e., there are no tribal or territorial public health agencies in the state)?
A10: No, Category B meets the CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, data scientists, public health nurses, physicians in

health departments, and nutritionists. As a reminder, applications submitted in response to this NOFO will be evaluated on the extent to which the applicant demonstrates experience in delivering CBA that covers the 10 HHS Regions.

Q11: Does providing CBA support to a cross-sector team/workgroup/advisory body meet your definition of a single "population of focus"?
A11: No, Category C: Public Health System Components – meets the priority CBA needs of one type of organization or workforce outside of governmental public health system, including other sectors that support public health. Public health system components include, but are not limited to, community-based organizations, community health centers, primary care providers, hospitals, elected officials, education organizations, social action organizations, and public safety agencies. Please refer to the Population of Focus descriptions in the NOFO and the Population of Focus Considerations document on CDC.gov to assist in determining your population of focus.

Q12: If a local health department applies, can that health department implement the strategies within their own health department?
A12: Please note that the emphasis of the NOFO is for the provision of CBA services to a population of focus. Applicants should already be operating at full capacity, which is why it is important that applicants describe current and recent programs as related to the CDC program strategies and outcomes provided in the NOFO. As a reminder, applications submitted in response to this NOFO will be evaluated on the extent to which the applicant demonstrates experience in delivering CBA that covers the 10 HHS Regions.

Q13: For Category C, can we choose more than one type of organization type or workforce outside of governmental public health system to target?
A13: No, Category C meets the priority CBA needs of **one** type of organization or workforce outside of governmental public health system, including other sectors that support public health.

Q14: How is the workforce segment defined in Category B?
A14: Workforce segments may be a defined human resources title, occupational series, or a group of staff members who serve in that role. These should be workforce segments responsible for providing essential public health services and protections, and identifiable within public health departments. Applicants should clearly define the population of focus and provide supporting documentation such as a narrative description and data regarding the needs of the population of focus.

Q15: The NOFO provides examples of discipline-specific roles for workforce segments (e.g., public health lawyers) within public health. Can the applicant define its own segment that may reach across a few different disciplines?
A15: The applicant may define its own population of focus, but the population of focus must align with the population of focus category descriptions in the NOFO. The population of focus may span multiple disciplines if the individuals serve in the same role (e.g., performance

improvement managers (PIMs) may work in different disciplines but serve the same role as PIMs). Applicants should list those disciplines when defining the workforce segment in the application and letter of intent (LOI).

Q16: Is it possible to identify a population of focus not listed in the NOFO?
A16: Yes, applicants may identify a population of focus not listed in the NOFO; however, any proposed population of focus must align with a population of focus category description (i.e., governmental health department type, workforce segment in governmental public health department, or an organization type or workforce type outside of the governmental public health system).

Letters of Intent

Q1: When is the letter of intent due?
A1: The letter must be submitted via email attachment to NationalPartnersCoAg@cdc.gov by March 13, 2024, 11:59 pm (ET).

Q2: Our organization missed the letter of intent deadline or submitted a late letter of intent. Are we still eligible to apply?
A2: Yes, an organization that submits a late letter of intent is still eligible to apply. The letter of intent is strongly encouraged and enables CDC to plan NOFO activities accordingly.

Q3: If an organization submits a letter of intent, is that organization required to submit an application?
A3: No, submitting a letter of intent does not obligate an organization to submit an application.

Q4: Can an applicant change their population of focus after LOI submission?
A4: Yes, applicants may change their population of focus after submitting a letter of intent (LOI). Applicants may submit a revised LOI. Please indicate this is a revised LOI when submitting to CDC.

Application Process

Q1: If we missed the initial informational conference calls, is it still possible to apply?
A1: Yes, interested organizations are still able to apply. Materials from the conference calls and other application resources are available on Grants.gov and CDC.gov for review.

Q2: Is it possible to have two lead organizations on a proposal?
A2: No, it is not possible to have two lead organizations on a proposal.

Q3: What headings are required in the project narrative?
A3: The project narrative section must contain all the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. Refer to pages 25-27 of the NOFO.

Q4: How should application attachments be uploaded?
A4: As specified in the NOFO, applicants are required to upload attachments separately to Grants.gov. Refer to pages 44-45 of the NOFO.

Q5: What is the total length of the application, and what are the section page limits?
A5: Application lengths will vary slightly from applicant to applicant. Refer to pages 25-28 and 44-45 to review page limits and acceptable attachments.

Q6: Are applicants required to submit conflict of interest lists?
A6: Applicants are not required to submit conflict of interest lists as part of the application.

Q7: Can two non-profits apply in partnership with each other?
A7: An application must be submitted by one organization. Organizations that receive funding may subcontract with other organizations to complete the work.

Q8: If an applicant submits two proposals, can the applicant also be proposed as a subcontractor on another entity's application either in the same Category or a different Category?
A8: Yes, applicants may be proposed as a subcontractor on applications submitted by other entities. Prior to award, CDC will review subcontract requests to avoid duplication of efforts.

Q9: If we are submitting two stand-alone applications, do we have to submit two separate sets of 'other documents' such as indirect cost rate agreement, CDC certificate of assurances, OFR Financial risk certificate and other things that are common between both applications?
A9: Yes, each application should stand on its own merit and should contain the supporting documentation that reviewers will use to evaluate the application.

Q10: The "Organizational Capacity of Applicants to Implement the Approach" section of the NOFO instructs applicants to submit the guiding documents associated with affiliate organizations; however, the guiding documents are not included in the list of acceptable attachments. How should we provide the guiding documents for affiliate organizations?
A10: Applicants may include the guiding documents in the attachment for Proof of National Scope or Proof of Public Health Charge or Mission. Note which attachment the guiding documents were added to, along with the page numbers, within the narrative of the "Organizational Capacity of Applicants to Implement the Approach" portion of the application. For example, the applicant may include the information in the "Public Health Charge or Mission" attachment and provide a statement within the "Organizational Capacity of Applicants to Implement the Approach" that states: "The list of Affiliate Organizations and the respective guiding documents are included in the attachment labeled 'Proof of Public Health Charge or Mission' on pages x-y."

Q11: We developed a logic model for our proposal. How should we submit the logic model?
A11: The logic model should be included as part of the Project Narrative.

Q12: Where can I access the required work plan?
A12: The table must be created in Microsoft Excel or Word and should be included in the PDF of your Project Narrative. Refer to page 15 of the NOFO for a recommended work plan format.

Q13: Can multiple teams from the same university submit up to two applications, or is this limited to 2 applications for the entire university?
A13: A total limit of two stand-alone applications from the university would apply if the multiple teams at the university planned to apply under the same System for Award Management (SAM) and Unique Entity Identifier (UEI) numbers. SAM registration assigns organizations a SAM number and UEI based on the legal business name and physical address of the organization.

Q14: Due to page limit, can a separate bibliography page or works cited page be included as an attachment so it will not count toward page limit? Can a clickable hyperlink be used in lieu of citations?
A14: A separate bibliography page attachment is not included on the list of acceptable application attachments (see p. 44 of NOFO). If included as a separate attachment, the application will not be reviewed. Hyperlinks may be used in the project narrative.

Q15: The narrative and work plan should be a total of 20 pages, but is there a page limit for the attachments?
A15: There is no page limit for attachments; however, only documents included on the list of acceptable application attachments may be attached.

Q16: If an organization does not already have a negotiated federal indirect rate, may they budget a minimum rate (i.e., 10%) in their application?
A16: According to 2 CFR Part 200 Subpart E - Direct and Indirect (F&A) Costs, any non-Federal entity that does not have a current negotiated (including provisional) rate, except for those non-Federal entities described in appendix VII, paragraph D.1.b, may elect to charge a de minimis rate of 10% of modified total direct costs.

Q17: Does the mission statement need to be signed by the Board? or part of the Board resolution?
A17: Evidence of a public health charge or mission should be reflected in official documentation such as the applicant's articles of incorporation, bylaws, signed board resolutions, or mission statement. If including an official mission statement, it does not need to be signed by the board.

Q18: For evidence of procurement activities and the CV/Resume requirement, should CVs/Resumes be limited to those individuals named on the project? Or are you requiring CVs/Resumes for the institution as a whole (i.e., university-wide financial officers and/or treasurer)?

A18: Applicants must submit a CV/resume for staff who will be involved in procurement activities and describe the organization's capacity to execute contracts and consulting agreements.

Recipient Activities

Q1: Is there a limit to the number of activities an applicant can propose?
A1: No, applicants are not limited in the number of capacity-building activities provided to the population of focus. However, applicants are required to develop work plans based on the established Floor Award Amount, which is supported under Funding Strategy 1. The Floor Award Amount varies by the Population of Focus Categories A, B, and C to support CBA as outlined in the program's logic model.

Q2: CDC describes specific strategic areas for applicants to focus on. Do applicants have to select a minimum number of strategic areas?
A2: Applicants must select at least one strategic area. When selecting strategic areas, applicants should consider the CBA needs of their population of focus and the desired CBA outcome(s).

Q3: Can the NOFO funds be used to provide capacity-building assistance to the lead applicant/organization?
A3: No, the role of organizations successfully awarded under this program will be to serve as CBA providers to governmental public health agency types or other components of the public health system.

Q4: Do all proposed activities need to be evidence-informed? If so, what type of criteria should be used to identify evidence-based strategies?
A4: This NOFO asks that applicants justify their CBA plan according to the best available evidence of CBA needs for their population of focus. Best available evidence includes published literature, results from studies, applicants' knowledge of their population of focus, and other credible sources.

Q5: Are there specific training requirements for applicants who receive awards?
A5: No, applicants who receive awards are not required to complete or have completed specific training requirements.

Q6: Should the proposed work target certain areas/divisions etc. of ongoing CDC work or is this intended to provide CBA as described in the NOFO?
A6: Your proposed work should align with the CBA program's strategic areas, activities and outcomes as outlined in the NOFO's Approach section and as is shown in the Logic Model, beginning on page 5.

Q7: Will proposals from groups that provide CBA for a narrow issue area (e.g., unplanned pregnancy prevention) be considered for the cooperative agreement?
A7: All applications that are deemed eligible and responsive will move forward to Phase II Review. The cooperative agreement will fund organizations with demonstrated capability,

expertise, resources, national reach, and a track record of providing CBA. Program outcomes are designed to improve organizational and systems infrastructure and performance across the public health system to ultimately improve health outcomes and reduce health inequities. Please review the logic model to determine your proposal's appropriateness with regard to the intent and purpose of the NOFO.

Q8: Are we limited to the outcomes listed in the logic model?
A8:
Applications must identify at least one short-term or intermediate outcome from the NOFO's logic model. In addition, applicants may propose their own outcomes specific to their proposal.

Q10: Are we required to focus on one strategic area and multiple objectives under that strategy, or can we focus on multiple objectives across multiple strategic areas?
A10: Applicants should identify one or more of the strategic areas listed in NOFO. The NOFO provides examples of activities under each strategic area. Applicants should determine the strategic areas and activities based on the needs of the selected population of focus and a budget reflective of the Floor Award Amount for the population of focus category.

Q11: For the workforce strategic area, are you looking for projects that train workforces on tackling a specific public health issue, or that provide training on a variety of topics that are not public health issue-specific?
A11: The program strategic areas outlined in the NOFO address activities to develop and maintain a diverse workforce within the public health system with cross-cutting skills and competencies. CBA provided may address needs, such as:

- Recruiting, developing, and retaining qualified workers (building and sustaining the workforce).
- Identifying and assessing workforce gaps, training, and education needs.
- Developing and ensuring access to quality training and education that addresses identified needs.
- Developing and facilitating use of standards, competencies, and best practices for public health training and workforce development programs.
- Implementing culturally-appropriate, evidence-based, or evidence-informed strategies to develop and sustain supportive work environments.

We encourage applicants to identify the priority CBA needs of the selected population of focus and propose activities to address those needs.

Q12: When we select a strategic area, is it expected that we will do all activities in that strategy?
A12: The activities listed within the NOFO are examples. You may select some of the activities or develop your own. The proposed activities should meet the priority CBA needs of the selected population of focus.

Q13: Do the strategies and activities or the Work Plan need to be written as SMART objectives?
A13: The SMART format is not required.

Q14: The NOFO emphasizes national reach, but should we propose and budget for working in specific geographies for the first year?
A14: Applications will be evaluated on the extent to which they demonstrate experience in delivering CBA that covers the HHS Regions. Your organization will need to determine the work that is feasible and appropriate for the selected population of focus and how it will be implemented during the period of performance. While making this determination, please keep in mind that the NOFO indicates the goal is to fund organizations with demonstrated capability, expertise, resources, national reach, and track record to implement one or more of the CBA program strategies.

Q15: Does the organization have to have a national reach, or is the national reach part of CDC's strategic approach to reach various programs on a national level?
A15: Organizations are not required to have national reach to be considered eligible or responsive. However, the goal is to fund organizations with demonstrated capability, expertise, resources, national reach, and track record to implement one or more of the CBA program strategies. National reach is part of the CDC strategic approach and must be reflected in applications for them to receive the points associated with national reach. Applications submitted in response to this NOFO will be evaluated on the extent to which the applicant demonstrates experience in delivering CBA that covers the 10 HHS Regions.

Q17: Do we need to include a Data Management Plan within the application or merely state a commitment to it?
A17: A description of the Data Management Plan should be provided within the application, as part of the evaluation and performance measurement plan. The description can be brief or a statement of commitment. In a Data Management Plan, the applicant is expected to describe how they intend to manage, preserve, and make accessible data generated or collected with CDC funds. The DMP should be developed during the project planning phase prior to initiating data generation or collection activities.

Q18: Regarding the data management plan, does the data involve people (such as data collected through surveys, focus groups, and key informant interviews), and it not apply to data collected through rigorous analysis of laws and policies?
A18: A data management plan is required for projects that involve the collection or generation of public health data undertaken as part of the award. Public health data refers to digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation. Guidance regarding the Additional Requirement – 25 | Grants | CDC is available for applicants and CDC will work with recipients to determine DMP requirements based on their funded activities.

Q19: Can the funding be used to hire an internal staff full time?
A19: Funding may be used to hire staff working on the funded project. Note the budget request must be consistent with the purpose, outcomes, and program strategy outlined in the project narrative. Applicants and recipients must follow federal cost principles by showing costs are allowable, allocable, reasonable, and necessary. Refer to the Budget Preparation Guidelines (cdc.gov) and eCFR :: 45 CFR Part 75 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards for additional information.

Q20: We would like to call our groups together once a year for a summit meeting - can that be included under this grant?
A20: Applicants are reminded this is not a conference grant; therefore, all meetings or conferences must be ancillary to the individual project.

Reviewing and Scoring

Q1: Looking at the scoring criteria, it does not appear that work plans are scored. Is this the case?
A1: The work plan is scored. Components of the work plan are reflected throughout the evaluation criteria.

Q2: Our organization intends to submit two applications: one for Category B and one for Category C. Will this impact the scoring of either application?
A2: No, each application submitted will be objectively reviewed according to the evaluation criteria described on pages 33-35 of the NOFO.

Q3: My organization meets the eligibility criteria listed in the NOFO; however, it does not cover the 10 HHS regions. Will an application from my organization be competitive?
A3: We cannot determine how competitive your application is until the review and selection processes are completed. Refer to pages 33-35 of the NOFO to review how applications will be evaluated based on national reach and national scope.

Q4: Where can I find the review process criteria?
A4: Section E-1 (p.33) of the NOFO describes the scoring criteria for applicants.

Q5: What is the review process for this competition?
A5: The NOFO review and selection process will occur in phases:

- Phase I – Eligibility and responsiveness
- Phase II (Funding Strategy 1) – Objective review of responsive applications
- Phase III – CDC funding priority and preferences

Q6: How will the applications be scored?
A6: As described in the "Review and Selection Process" section, applications will be scored as follows:

- Approach (25 points)

- Evaluation and Performance Measurement (25 points)
- Organizational Capacity of the Applicant to Execute the Approach (50 points)
- Budget and Budget Narrative (reviewed, but not scored)

Budget

Q1: Is there any provision to award non-funded applicants at a later date?
A1: Yes, CDC's Office of Grants Services retains approved but unfunded applications for 24 months and may be used to award additional organizations should additional funding become available.

Q2: Should I expect my full application to be funded?
A2: It is possible that only a portion of the application will be funded. Funding of an application, in full or portion, is dependent on funding availability.

Q3: Please clarify the funding amount available per year in each category.
A3: The funding amount available to a recipient varies per year and is dependent on the availability of funds and availability of supplemental projects. The NOFO instructs applicants to develop the work plan and budget based on receipt of the award floor amount per year for the population of focus category identified within the application. This is the minimal amount a recipient should expect per year, pending funding availability. The award floor amounts are as follows:

- Category A: $500,000 per budget period, which is $2.5 million for the period of performance.
- Category B: $300,000 per budget period, which is $1.5 million for the period of performance.
- Category C: $200,000 per budget period, which is $1.25 million for the period of performance.

Q4: Please provide the award ceiling per budget period for Category A, B, and C.
A4: This NOFO does not have a ceiling. $0 is listed in the NOFO due to system requirements.

Q5: The total period of performance funding is listed as $62 million; however, the award ceiling is listed as $0. Please clarify the difference.
A5: The total period of performance funding represents the approximate amount PHIC will award under Funding Strategy 1. The amount does not reflect additional funding that is anticipated from other CDC centers, institute, or offices under Funding Strategy 2. The award ceiling is listed as $0 due to system requirements; however, the NOFO does not have a ceiling.

Q6: Please confirm if applicants are required to submit a five-year budget, or just a detailed year 1 budget on April 1,2024?
A6: The one-year detailed work plan should be supported by an itemized budget narrative. The work plan and budget should be developed in accordance with the floor award amount for the

selected population of focus category. The SF-424 must cover the period of performance (5 years).

Q7: Are the budget amounts listed in the NOFO inclusive or exclusive of indirect costs?
A7: The amounts listed within the NOFO are inclusive of indirect costs.

Q8: Will a budget above the average one-year award amount be acceptable?
A8: Applicants are encouraged to review page 14 of the published NOFO, which indicates each application includes 1 work plan developed based on the established Floor Award Amount for Categories A ($500,000), B ($300,000), and C ($200,000) to complete activities within 1 year. Applications submitted above the Floor Award Amount for the selected Population of Focus Category will be considered non-responsive and will not be considered for funding.