Questions and Answers

Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations CDC-RFA-DP17-1701

Responded to on January 6, 2017

Q1: It was noted in the FOA that there could be one grant application or three different ones - is that correct? Also, are two different agencies within the same State able to apply for different components?

A: It is one application. If you are applying for more than one program, or subcomponent under NPCR Component 2, you must submit (in the single application) a separate project narrative and a separate budget narrative for each program and subcomponent.

If they are an eligible applicant or their designated bona fide, then yes.

Eligible applicants for this FOA are basically:

- State health departments (including DC) or their bona fide agents.
- Territories or their bona fide agents.
- Tribes or tribal organizations.

Please refer to the FOA for further details on eligibility, under C. Eligibility Section; 2. Additional Information on Eligibility on page 32.

Q2: Are the LIDS are supposed to align very closely with the project period objective and/or annual objective? For example, the project period objective and/or annual objective is supposed to have the words "colorectal cancer mortality rate" in it, if that is selected for the LID. Are the sections for direction of change and unit of measurement referring to the objective or the LIDS indicator? It is unclear.

A: For project period objectives (PPOs) please select a LIDS indicator appropriate for a long-term (5 year) objective. For annual objectives (AOs), please select a LIDS indicator appropriate for a short-term (1 year) objective.

Q3: Is it allowable to have two different LIDS indicators—one for the project period objective and one for the annual objective? Conversely, is it allowable to have the same LIDS indicator for the project period objective and for the annual objective?

A: Direction of change refers to the selected LIDS indicator. LIDS indicators can be repeated.

Q4: Can one project period objective have more than one annual objective? If so, does each annual objective have to have a different LIDS indicator?

A: PPOs can have more than one AO. The AOs do not have to be different.

Q5: Will the CDC have a list of frequently asked questions?

A: We are working on getting those through clearance in order to be able to provide them to potential applicants.

Q6: The FOA states that letters of commitment to participate in the leadership team are to be addressed to CDC. Do you have an address or person's name that these should be addressed to? Is putting, "To Whom It May Concern: Centers for Disease Control and Prevention" adequate?

A: Yes, Perfectly adequate. The letter should be uploaded with your application and the letter does not have to be directed or addressed to anyone in particular.

Q7: Please tell me if there is a recorded version of the Informational calls that can be accessed?

A: The informational calls were recorded. We are working on making those links available.

Responded to on January 5, 2017

Q1: On page 35, last sentence on TRAVEL—All Programs: Budget for CDC sponsored travel including: one reverse site visit, and the 2017 cancer conference / DP17 1701 Program kickoff meeting in August 2017. My question is—is it 2 different meetings or one single meeting? If it is two different meetings, then we have to keep budget for 2 different meetings in the budget narrative. Please clarify.

A: They are two different meetings—

1. the reverse site visit meeting
2. the 2017 CDC National Cancer Conference / DP17 1701 Program kickoff

The 2017 cancer conference is August 14–16. The kickoff meeting will be held in conjunction. Grantees and CDC will schedule reverse site visits at other times.

Q2. The guidance says that plans for updating the DMP should be included, if applicable. Is this something that is applicable to any of the components?

A. Please see page 43 of 57:

> 16d. Data Management Plan
> As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See Web link for additional information: www.cdc.gov/grants/additionalrequirements/.

If you will be collecting data, then you must submit a DMP as part of your Evaluation and Measurement Plan. Within 6 months of award, grantee must update, or provide additional elaboration as needed, to their initial Evaluation and Measurement Plan and DMP.

Q3: If our Comprehensive Control Program has an Advisory Board, can we join with them and use the same Advisory Board? Currently, we have an Advisory Board but are losing a few members due to retirement and some changes in responsibility. They are starting an Advisory Board for the Mississippi Partnership for Comprehensive Cancer Control. It seems to me that having two different Boards discussing much of the same things is unnecessary. If we have to have our own Advisory Board, then I will keep mine separate.

A: Yes, NPCR Registries are permitted to share Advisory Boards with other relevant CDC-funded programs as long as the Advisory Board can effectively support and meet the needs of the registry.

Q4: Are CVs, letters of support, and other optional attachments from the full announcement, Amendment Publication - CDC-RFA-DP17-1701 page 54, counted in the page limits? Regarding the 424A, looking to confirm that we are doing a single 424A with each program identified separately; in other words, only one 424A with separation of programs and activities, correct?

A: Approved attachments do not count toward the project narrative page limit. Applicants are required to submit a single 4242A for the FOA (DP17-1701) in grants.gov. We are asking that you also submit a 424A per program along with the corresponding budget narrative.

Q5: Will the CDC be publishing/sharing Q&A documents sharing the questions and responses to questions submitted by other states/territories related to this funding opportunity?

A: The Q&A document must first go through clearance before it can be made available to potential applicants. We hope to have that available in the near future.

Q6: Does the 40% staffing limit for the NCCCP program include indirect rates? The conference call noted that the 40% cap included salary and fringe costs, but did not note that indirect was part of that formula. In our state, indirect fees are generally calculated at 60% of the salary costs, so it would add a significant amount under the salary cap.

A: Staffing limit is for salary and fringe benefits only and does not impact contractual services for projects that help implement the comprehensive cancer control plan.

Q7: Would the 40% staffing limit include staffing under State offices of local health? In Vermont, unlike many other states, all of our local health office staff are considered to be state employees, but they operate independently in their communities such as in other states where they are municipal or county employees. We may plan to target regions where the cancer burden is high in Vermont, and funding local health offices to do specific projects may be part of that formula if funding allows.

A: Staffing limit is for salary and fringe benefits only and does not impact contractual services for projects that help implement the comprehensive cancer control plan.

Q8: Is the award floor as noted on page 31 ($300,000) for states receiving more than one component? Would that be the minimum of any single component? I'm particularly interested in looking at a minimum funding amount for the CCC component. A $150,000 base minimum for CCC is listed in the FOA, but I'm wondering if the award floor is more representative of this program funding amount.

A: The "award floor" on page 31 speaks to all the funding for all programs and subcomponents under DP17-1701.

Q9: The FOA notes that programs will need to budget for SAS licenses in years 2–5, but does not indicate whether we should include that in our Year 1 budget proposal. Should we if we intend to utilize SAS?

A: SAS licenses are based on calendar year. Therefore, DP17-1701 awardees will continue to use their 2017 license, or 2018 licenses will be available through DA for January 2018.

Q10: Do the letters of support for the CCC program count as part of the narrative page limit? I am pretty sure they don't, but it isn't specifically noted anywhere that I noticed.

A: Please see page the list of approved attachments on page 54. Letters of Support are listed.

Q11: Is it acceptable/appropriate for applicants for the CCC Program funding to attach a copy of their state cancer plan? It isn't listed as one of the acceptable attachments on page 54. Or, would it be more appropriate to add links to the electronic version of the Cancer Plan in the narrative?

A: It is appropriate to add links to the electronic version of the current cancer plan.

Q12: Regarding the optional work plan template for the comprehensive cancer control program, if we use the template, should we include project period objectives for management, evaluation, and administrative work? Or are management, evaluation, and administrative work addressed at the strategy level in the optional work plan template provided by CDC?

A: Strategies 1, 2, 3, and 7 are at the activity level within the optional workplan template. Program management and administrative work is not documented in the workplan template.

Q13: The guidance for the NPCR program does not delineate whether states currently funded for SEER, and not through CDC with this programming option, are eligible to apply for the NPCR portion. Is it intended that all states regardless of NCI/SEER funding for their registries currently apply for this funding opportunity for the NPCR component?

A: The information you are looking for can be found under C. Eligibility Section; 2. Additional Information on Eligibility on page 32:

Program 3: National Program of Cancer Registries (NPCR)

- State health departments or their Bona Fide Agents (this includes the District of Columbia) including Central Cancer Registries that are currently funded by the National Cancer Institute for the Surveillance, Epidemiology, and End Results program (Connecticut, Hawaii, Iowa, New Mexico, and Utah) are eligible to apply.

- Territorial governments or their bona fide agents in American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Federated States of Micronesia, Guam, the Republic of the Marshall Islands, the Republic of Palau, and the Virgin Islands.

Q14: NCCCP: Should the work plan include PPOs/AOs outside the prescribed NCCCP priorities (e.g. administration, evaluation, fiscal and coalition)? These PPOs/AOs are a required part of our current Action Plan to demonstrate ability to implement the work plan.

A: Program collaboration, external partnerships, using data, and evaluation are documented as activities within the workplan. Please refer to the workplan template and instructions on www.cdc.gov/cancer/dcpc/pdf/dp17-1701-ncccp-workplan-instructions-forms.pdf.

Q15: NCCCP page 25, Staffing states: "Identify adequate program management and staffing with sufficient knowledge, skills and abilities to ensure program success. Appropriate positions may include but are not limited to: Program Director, Policy Systems and Environmental Change Strategy expert, and Program Evaluator." Is there a FTE minimum allocation or must these positions be 100%?

A: No, adequate staffing allocation for recommended positions are at the discretion of the applicant.

Q16: Clarification of the page limit. A maximum of 35 pages, single spaced, 12-point font, 1-inch margins, and number all pages?

A: 35 pages per program (NBCCEDP, NCCCCP, NPCR) and 15 pages per NPCR Component 2 subcomponent.

Q16: NCCCP: Starting on page 12 of 54 Program Management Staffing should not comprise more than 40% of the award. Please verify if the 40% limitation includes Salary, Fringe and Indirect cost. Is travel to be included in the 40% limitation?

A: The 40% limitation on the Comprehensive Cancer Control budget includes both salary and fringe benefits for staff. This limitation does not apply to staffing through subcontracts for "services" to implement cancer plan strategies is allowable. Travel is also not included in this limitation.

Q17: Must we utilize the CCCP work plan on the resources page or can we utilize our own work plan as long as all the information is contained within? Will reviewers be given a digital copy since formatting does not print the complete narrative under EBIs?

A: We encourage you to use the workplan template instructions and template as a guide. If you prefer to generate your own workplan, this is permissible as long as you use the headings that are depicted in the workplan template and refer to the FOA, LIDS, and logic model for guidance.

Q18: Are the indicators (from the NCCCP library of indicators and Data sources) for the work plan template to be used as suggestions or are they binding? For example, cervical cancer indicator: adolescent females age 13–15. Can we focus on adolescent boys? Or only on provided indicators as written?

A: Per page 13 of the FOA, evidence-based interventions and their associated indicators should be selected from the CDC NCCCP Library of Indicators and Data Sources.

Q19: Please clarify what this following statement means: "Multi-component FOAs may have a maximum of 15 pages for the 'base' (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component. Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

A: Disregard the language above concerning the maximum number of pages for the project narrative. If applying for a single program: a maximum of 35 pages, single-spaced, 12-point font, 1-inch margins, and number all pages. If applying for more than one program: maximum of 35 pages for each program and up to 15 additional pages are allowed for each subcomponent under NPCR Program 3.

Q20: NCCCP: Do all AOs have to fit exactly as written as a LIDS? What if one initiative such as practice transformation or professional education (being the AO, not an EBI or LIDS) but results in multiple EBIs yet the initiative/AO would not be considered an EBI or LIDS?

A: AOs correspond with the indicators that are listed in LIDS.

Q21: NCCCP: Survivorship is a FOA program priority, but the work plan does not have a drop down to include all cancers or survivorship.

A: The workplan template has a survivorship section, which starts on page 10. All Cancers is a selection in the drop-down entitled cancer type or risk factor.

Q22: NBCCEDP: Should a Data Management Plan (DMP) be submitted with the FOA application? If so, is the DMP included in the Evaluation and Performance Measurement portion?

A: Yes, DMP is required with the evaluation plan. All awardees will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, within the first 6 months (page 23). Please note on page 43, it states that applications involving data collection must include a DMP.

Q23. I just wanted to double check: the evaluation plan and logic model cannot be appendices, they need to be a part of the project narrative? The full evaluation plan will be counted towards the project narrative's page limit, correct?

A: The Applicant Evaluation and Performance Measurement Plan is part of the Project Narrative; please refer to page 36 for additional information.

Q24. Page 39 refers to the Paper Reduction Act of 1995. Does this mean that we have to get Office of Management and Budget approval for an annual membership survey we assist with for our state cancer coalition? I just briefly read about the Paper Reduction Act of 1995 on the Web site in the FOA, and that Web site says that grants are not usually subject to it and that the approval process takes 6 to 9 months. If the membership survey (or another survey) is conducted by the state coalition directly through a subcontract we have with them, do they have to get Office of Management and Budget approval?`

A: OMB approval is not required for the annual membership survey.

Q25. Will the CDC template workplan be updated so that the boxes can expand as more text is added to them? One line is not enough room for many of our activities, and it's difficult to read when the boxes don't expand for more text.

A: This functionality is not built in to the workplan template. If you prefer to generate your own workplan, this is permissible as long as you use the headings that are depicted in the workplan template and refer to the FOA, LIDS, and logic model for guidance.

Q26: On page 40, it states, "In addition to the 424A, one 424A should be submitted that shows funding request by Object Class Categories for each of the components." Does "component" mean "program"? Something else?

A: Applicants are ask to submit a separate 424A for each program and NPCR Component 2 subcomponent for which they are applying.

Q27: Program outcomes are listed on the most recent FOA pages 12 and 13. Is it required to address all the outcomes listed? OR Is it appropriate to select only the ones that programs can best impact?

A: You should address outcomes as they relate to your proposed strategies and activities.

Q28: Is it required to address all strategies/activities in listed in the FOA (p. 13-18)? OR is it appropriate to select only the strategies/activities that will have the most impact?

A: You should address the strategies and activities you are proposing to implement in your application.

Q29: Page 19 of the FOA states, "Applicants for each program are required to include a letter of commitment addressed to CDC pledging full support of and active participation on the Leadership Team in the application." We assume this is one letter with each program director's signature: Is that assumption correct? Is this a required page in the Project Narrative and does it count towards the page limit?

A: A single letter under NCCCP. Letters of support are an approved attachment; see page 54. If uploaded as an attachment, it does not count against your project narrative page limit.

Q30: Can you share the specific formula for funding (page 22) so applicants can be realistic in the dollar amounts they request? (Realizing there are areas of subjectivity.)

A: Applicants should submit a budget that is consistent with their proposed purpose, outcomes, and program strategy.

Q31: On page 23 of the FOA, "ii. *Applicant Evaluation and Performance Measurement Plan,*" it describes the requirements for the evaluation and performance measurement plan. It is unclear what the difference is between the "evaluation and performance plan" submission included in the response to the FOA and the evaluation and performance management plans that are due 6 months post award receipt. Can you clarify/delineate? Are there different requirements and detail required depending on the program?

A: Within 6 months of awards, grantees are required to submit a more expanded evaluation and performance plan than what is often submitted at the time of application submission. The amount of needed detail could vary based on the initial submitted plan.

Q32: Is it expected that each program (B & C, CCC, Registry) write a background section for their separate project narrative? Or is it one background section for the whole application?

A: A separate project narrative, of which background is a part of, should be submitted for each program and NPCR Component 2 subcomponents that you are applying for. Applicants are reminded that applications will be reviewed separately based on the program and reviewers will only be reviewing the corresponding project narrative.

Q33: May use some of the 35 pages per component towards a combined background, program collaboration, etc.?

A: Applicants must best to determine how to structure their application. However, applicants are reminded that applications for each program will be objectively reviewed separately, and combined information could be overlooked as reviewers will only being reviewing the Project and Budget narratives for a single program (NBCCEDP, NCCCP, NPCR or Component 2 subcomponents).

Responded to on January 4, 2017

Q1: If our Comprehensive Control Program has an Advisory Board, can we join with them and use the same Advisory Board? Currently, we have an Advisory Board but are losing a few members due to retirement and some changes in responsibility. They are starting an Advisory Board for the Mississippi Partnership for Comprehensive Cancer Control. It seems to me that having two different Boards discussing much of the same things is unnecessary. If we have to have our own Advisory Board, then I will keep mine separate.

A: Yes, ensure that the representatives on the CCC board can address the needs of the Cancer Registry.

Q2: The grant states we are to include one reverse site visit and the 2017 Cancer conference/kickoff meeting. Do we know when we will have the hotel costs/registration fees (if any) for the conference will be available for our budgets? What is the number of staff that can come for each component?

A: At least one representative, no more than 3, from each funded program should attend. Applicants should use travel estimates/costs associated traveling to Atlanta, Georgia for approximately 5 business days. Registration is $375 in advance and $425on-site.

Q3: Please clarify whether there are 15 pages for the "base application" and an additional 35 pages for each component? For example if we intend to apply for NBCCEDP (35), NCCCP (35), NCRP (35) and Component 2—Strategy 2 (15) + Base (15) do we have 135 pages total? Or do we have 120 pages total and we could plan to use 15 of those pages for our "base"?

A: Applicants should follow the last four sentences under 10. Project Narrative, for page limits. If applying for a single program: a maximum of 35 pages, single-spaced, 12-point font, 1-inch margins, and number all pages. If applying for more than one program: maximum of 35 pages for each program (NBCCEDP, NCCCP, NPCR) and up to 15 additional pages are allowed for each subcomponent under NPCR Program 3. Text should be single-spaced, 12-point font, 1-inch margins, and number all pages. Page limits include workplans. Content beyond specified limits may not be reviewed.

Q4: The FOA guidance says that applicants need an NCCCP work plan for strategies 4–6. Do we need a work plan for strategies 1–3, 7?

A: Strategies 1–3, 7 are documented as activities within the workplan. Additional instructions and guidance regarding the workplan can be found on www.cdc.gov/cancer/dcpc/pdf/dp17-1701-ncccp-workplan-instructions-forms.pdf.

Q5: In looking at the eligibility requirement, does the University of Mississippi Medical Center count as "State" under government organizations or do we need a Bona Fide agent letter from the state to apply?

A: All bona fide agents must provide evidence of their status in order to meet eligibility requirements for the FOA. This documentation may be in the form of a letter from the state conferring the Bona fide agent status, a memorandum of understanding, etc.

Q6: In past RFAs, there has been the following statement: "Letter from Attorney General or highest ranking legal officer in the State/Territory/Jurisdiction/Tribe describing to what extent the applicant is in compliance with and the extent to which regulations have been promulgated to support all eight criteria in Public Law 102-515 (Public Health Service Act, 42 USC 280e)." I may have overlooked this, but I do not see it this time. Is this letter required?

A: On the FOA Web site, under the NPCR section, the following form is required to meet eligibility:

> Assurance of Compliance with the Cancer Registries Amendment Act Public Health Service Act, (42 USC 280e-280e-4) (Public Law 102-515).

If a state wishes to provide additional documentation, that is fine.

Q7: Can a legible version of the logic model at www.cdc.gov/cancer/dcpc/pdf/dp17-1701-ncccp-logic-model.pdf be shared?

A: We have adjusted the logic model to make it more legible. Please access to the site and try downloading it again.

Q8: Where can we download the "Health Disparities template" referenced on page 2 of the workplan template pdf available at www.cdc.gov/cancer/dcpc/pdf/dp17-1701-ncccp-workplan-instructions-forms.pdf?

A: The Health Disparities workplan template starts on page 13 of the same document.

Responded to on January 3, 2017

Q1: We have a probable schedule conflict with our assigned area time for the January 5th informational conference calls. Can we participate in one of the other slots?

A: Yes, if necessary. Calls will also be recorded for later access.

Q2: For Program 2: NCCCP, the FOA indicates on page 38 that, "Applicants must ensure that not more than 40% of the requested budget is allocated for program staffing. In addition, applicant must ensure that at least 60% of the requested budget is allocated to program implementation at state and local levels." What is considered program staffing? Personnel and Fringe Benefits only or does program staffing also include categories such as travel, supplies, indirect, contractual funds used towards staffing and oversight of local implementation efforts, etc.?

A: The 40% limitation on the Comprehensive Cancer Control budget includes both salary and fringe benefits for staff. This limitation does not apply to staffing through subcontracts for "services" to implement cancer plan strategies is allowable.

Q3: We are a non-profit tribal organization. It appears as though only currently funded programs are eligible. Can you please clarify eligibility?

A: This is a new, competitive funding opportunity that is open to any entity on the eligibility criteria list. Eligibility is not limited to currently funded grantees.

Q4: On page 35 of the FOA, a background is requested. Should that be an inclusive background of Breast and Cervical, Comprehensive Cancer, and the Cancer Registry? Or a background be submitted for Breast and Cervical, a background for Comprehensive Cancer, and a background for the Cancer Registry—a submission of three backgrounds?

A: The background is a part of the Project Narrative (10.Project Narrative, a. Background) required for each program and NPCR Component 2 three focus areas for which each applicant is applying. Therefore, a separate background should be submitted as part of the Projective Narrative. A Budget Narrative should be submitted for each program that a potential applicant is applying for under DP17-1701 as well.

Project Narrative Questions

Q1: Is there a type of font we should use? No types of fonts are suggested.

A: Only 12-point font is required. Therefore, applicants may determine the particular font style used.

Q2: If we have a header on every page of the project narrative, does that count for or against margin requirement (of 1 inch)? Is having a header on every page not recommended? Is there a recommended place for numbering the pages, and if it's in the footer, does that count towards the margin?

A: Applicants should follow the following sentences, listed below, under 10. Project Narrative. Outside of these instructions, it is up to the applicant to make other determinations for formatting.

- If applying for more than one program: maximum of 35 pages for each program and up to 15 additional pages are allowed for each subcomponent under NPCR Program 3 is allowed.
- Text should be single spaced, 12-point font, 1-inch margins and number all pages.
- Page limits include workplans: content beyond specified limits may not be reviewed.

Q3: Does page limit not include appendices?

A: Only the following optional attachments can be uploaded as PDF files as part of the application and do not count against the Project Narrative page limit:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

Q4: Does the page limit not include the evaluation plan?

A: The evaluation plan is a part of the Project Narrative (see section 10. Project Narrative) and therefore does count against the stated page limit.

Q5: Is there a template project narrative or at least a sample outline?

A: Under 10. Project Narrative, use subsections “a” through “d” to determine the areas to address within the Project Narrative along with 11.Workplan, which is part of the Project Narrative. Applicants should also take the Evaluation Criteria into consideration when writing their application.

LIDS Question

Q: For lung cancer screening, the LIDS/evidence-based intervention is under Quality of life/survivorship, not early detection. Can we have a lung cancer screening project objective and annual objective under early detection? There were no evidence-based interventions listed for lung cancer screening in the evidence-based interventions list.

A: Please refer to the LIDS Early Detection Indicators and Strategies document which also includes indicators and strategies for “All Cancers.”

Budget Question

Q: Since no more than 40% of the budget can be on staffing, does that include fringe benefits? Does that include contracts to other organizations (since some contracts also involve paying for staffing)?

The 40% limitation on the Comprehensive Cancer Control budget includes both salary and fringe benefits for staff. This limitation does not apply to staffing through subcontracts for "services" to implement cancer plan strategies is allowable.

Workplan Questions

Q1: How many project objectives and annual objectives do applicants usually have? Is there a recommended amount?

A: No, there is no recommended amount. Please refer to the FOA for guidance on pages 12–13 and page 26, as well as supplementary documents: NCCCP Library of Indicators and Data Sources, NCCCP logic model, and NCCCP Workplan and Instructions.

Q2: Physical activity and nutrition are separate on the workplan template. Can we combine them?

A: No. Please select the most appropriate risk factor.

Q3: There is no "all cancers" option and no administrative or evaluation topic option on the workplan template (to have their own project period objectives and annual objectives). Will the workplan template be changed to add those?

A: The workplan template will be updated to include an all cancers option to coincide with the LIDS document. Administrative or evaluation topics do not have their own objectives; any activity related to evaluation should be documented under the Program Monitoring and Evaluation Activity section.

Q4: The FOA says that "awardees should select three (3) evidence-based intervention strategies for each of the following priority areas" (page 15), but the workplan template instructions say "At minimum, applicants must have one PPO for each NCCCP priority area. Each PPO must have at least one annual objective (AO). Each AO must have at least three evidence-based interventions (EBIs)." Should we follow the more detailed workplan instruction guidelines? (The FOA makes it sound like there just needs to be 3 EBIs total per priority area, not per each AO.)

A: On page 13 of 54, awardees are required to select 3 EBIs per priority area (primary prevention, screening and early detection of cancer, and improving quality of life of cancer survivors). Selected EBIs can be environmental approaches for sustainable cancer control; community-clinical linkages; or health systems changes.

Q5: Can you provide guidance for specific ceiling funding for eligible applicants?

A: Only the program-specific ceilings are available. Not specific ceiling information for potential applicants. Yes as applications are reviewed separately by Program.

Q6: Does each program need to provide separate letters of support from the same partners?

A: Yes separate letters of support should be submitted as applications will be objectively reviewed separately by Program and subcomponents.

Q7: Can you provide clarification on the NCCCP work plan template, the instructions and the form seem disconnected. Each PPO should have multiple objectives and activities the template doesn't support this structure. Does the template provided need to be utilized or can a different format be submitted?

A: We encourage you to use the workplan template instructions and template as a guide. If there is not enough space available within the current template, you can save and submit multiple workplan template files. If you prefer to generate your own workplan, this is permissible as long as you use the headings that are depicted in the workplan template and refer to the FOA, LIDS, and logic model for guidance.

Q8: What is the page limit for each program's narrative when submitting program 1 (NBCCEDP) and program 2 (NCCCP) together?

The FOA states, "Multi-component FOAs may have a maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration,

etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component. Text should be single-spaced, 12-point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed. If applying for a single program: a maximum of 35 pages, single-spaced, 12-point font, 1-inch margins, and number all pages. If applying for more than one program: maximum of 35 pages for each program and up to 15 additional pages are allowed for each subcomponent under NPCR Program 3. Text should be single-spaced, 12-point font, 1-inch margins, and number all pages. Page limits include work plan. Content beyond specified limits will not be reviewed."

Unfortunately, pre-populated information is included in the FOA template. Applicants should follow the following three sentences under section 10. Project Narrative:

- If applying for more than one program: maximum of 35 pages for each program, and up to 15 additional pages are allowed for each subcomponent under NPCR Program 3.
- Text should be single-spaced, 12-point font, 1-inch margins and number all pages.
- Page limits include workplans. Content beyond specified limits may not be reviewed.

Q9: What is meant by the terms "program" and "component" in the FOA? Do components only apply to Program 2 (NPCR)?

A: Three national programs are funded under the FOA. The NPCR has two funding components: component 1 is the core NPCR registry, and component 2 is the optional funding for the enhanced surveillance project for the three subcomponents.

Q10: Please could you clarify the page limit instructions? At first it says there will be a 15 page 'base' common to all components and 4 pages for each component but later it says 35 pages per program.

A: Unfortunately, pre-populated information is included in the FOA template.

- If applying for more than one program: maximum of 35 pages for each program, and up to 15 additional pages are allowed for each subcomponent under NPCR Program 3.
- Text should be single-spaced, 12-point font, 1-inch margins and number all pages.
- Page limits include workplans. Content beyond specified limits may not be reviewed.

Q11: Is there one abstract per program, or one overall for a multicomponent application?

A: One overall abstract should be submitted.

Q12. The FOA calls for Letters of Support or MOU/MOAs from local and national organizations that are members of the cancer surveillance community (e.g. IHS, NAACCR, NCRA, etc.). Is NPCR asking that each of the 48 cancer registries get MOU/MOA from the national governmental and non-governmental organizations? It seems like a large administrative burden.

A: Similar language was used in the past. The intent is for registries to send in letters of support from partners such as ACS, NAACCR etc. if it is appropriate and relevant. Applicants are not expected to get letters of support from all the national organizations.

Q13: Please clarify for Program 3 NPCR, Strategy 3, Data Submission, 2nd bullet—"Participate in all CDC-created and hosted analytic datasets and Web-based data query systems as outlined in the annual NPCR CSS Data Release Policy." Does this mean there will no longer be a consent process to participate in the datasets and that as a participant in the NPCR, it is expected that all data will be included in the datasets?

A: Participation in and funding by the National Program of Cancer Registries implies consent for data submitted through the NPCR Cancer Surveillance System (a required activity) to be included in all NPCR datasets and analyses. Future NPCR-CSS Submission Specifications will not include a Dataset Participation Agreement. All appropriate confidentiality measures will remain in place.

Responded to on December 30, 2016

Q1: Can you provide any guidance regarding the ceiling funding amounts for NBCCEDP and NCCCP?

A: Information on program specific ceilings were provided in the recently published Amendment 1 for DP17-1701:

- Program 1/NBCCEDP: $9,000,000
- Program 2/NCCCP: $750,000
- Program 3 (Component 1)/NPCR: $3,300,000
- Program 3 (Component 2)/NPCR Optional Funding:
  - CIN3 $75,000
  - Screening $250,000
  - Biomarkers $200,000

Q2: Question regarding the Breast and Cervix precursor/prognosis FOA. Will there be guidance as to the specific data items that will be collected or will that be decided as the project goes forward?

A: Yes, awarded grantees will be provided further details related to data collection and reporting requirements.

Q3: On page 23 of the FOA, the NBCCEDP staffing section says that there must be a Program Manager at 0.5 FTE minimum. Is it acceptable to split the Program Manager duties (and FTE) between two people? For instance, can one person at 0.50 FTE handle the clinical/ supervisory lead role while a different 0.25 FTE person handles the program administrative roles (grant writing, reporting, program surveys, operations management, coordination between grantee and contractors/partners)? We have used this model to successfully coordinate between NBCCEDP and related chronic disease prevention grant programs.

A: It is up to the applicant to determine how to best set staffing resources while still meeting the established minimum staffing requirements.

Responded to on December 29, 2016

Q1: Will there be guidance as to the specific NBCCEDP data items that will be collected or will that be decided as the project goes forward?

A: Yes, awarded NBCCEDP grantees will be provided further details related to data collection and reporting requirements.

Q2: On page 32 of the FOA, it describes the calculation of Maintenance of Effort (MoE) for NBCCEDP and refers to "the two-year period preceding the first Federal fiscal year of funding for NBCCEDP". Our organization has had NBCCEDP funding continuously for many years. What 2-year period does the FOA mean:

a. 2 years before our first-ever NBCCEDP funding

b. 2 years before we began writing this FOA (DP17-1701) (2014 & 2015?)

Also, is there a specific form to use to document this Maintenance of Effort? Past applications have had them, but I have not found specific a MoE form in this FOA or on the related Web site.

A: As stated under 5. Maintenance of Effort:

For NBCCEDP Maintenance of Effort is required for this program in accordance with the authorizing legislation PL 101-354. The average amount of non-Federal contributions toward breast and cervical cancer programs and activities ***for the two-year period preceding the first*** Federal fiscal year of funding for NBCCEDP is referred to as Maintenance of Effort (MOE).

The budget must include these additional elements as appropriate: (There is not a separate form)

- **Maintenance of Effort**
- Matching/Cost sharing Funds (Procedures for documenting the value of non-cash matching/cost sharing funds)

Q3: The 5 NBCCEDP grantees in Alaska (State of Alaska, SEARHC, Southcentral Foundation, Yukon Kuskokwim Health Corporation, and Arctic Slope Native Association) have collaborated on breast and cervical activities for many years via a committee called the Alaska Breast and Cervical Health Partnership (ABCHP). In recent continuation applications and APRs, our project officers have asked us to jointly write a separate ABCHP workplan and progress report that each grantee would attach to our individual application or APR. ABCHP members intend to continue to collaborate. What does CDC expect in terms of ABCHP plans/objectives in this FOA, particularly given the page limits for the entire NBCCEDP application?

A: Applications will be reviewed separately by objective review panel members and will be evaluated individually based on the published evaluation criteria in the FOA. Therefore, applicants should submit all relevant information in order for their application to be reviewed independently.

Q4: Regarding the page limits for the narrative (FOA page 35), is the listed page limit of 35 pages inclusive of all three programs: NCCCP, NPCR, and NBCCEDP? Or does each program get 35 pages?

A: Unfortunately, pre-populated information is included in the FOA template. Applicants should follow the last three sentences under 10. Project Narrative, for page limits as well as subsections "a" through "d" to determine the areas to address within their Project Narrative/Workplan.

- If applying for more than one program: maximum of 35 pages for each program and up to 15 additional pages are allowed for each subcomponent under NPCR Program 3.
- Text should be single-spaced, 12-point font, 1-inch margins and number all pages.
- Page limits include workplans. Content beyond specified limits may not be reviewed.

Q5: The list of acceptable attachments (FOA page 51) does not include a Logic Model. Can you please confirm that we cannot submit a Logic Model as an attachment?

A: The applicant evaluation and performance measurement plan is considered to be a portion of the Project Narrative as described on page 36 of 54. Additionally, as noted on page 22 of 54 of the FOA, The comprehensive evaluation plan should: Include a logic model to illustrate program design.

Q6: Can you provide an example of how Annual Objectives fit under Project Period Objectives? It seems like they will be very similar but with different targets. Would this example be correct?:

PPO: Reduce colorectal cancer from 15% to 10% by June 29, 2022.
AO: Reduce colorectal cancer from 15% to 14% by June 29, 2018.

A: Please refer to the NCCCP logic model, LIDS document, and workplan template for guidance regarding appropriate short-term (annual objectives) and long-term outcomes (project period objectives).

Q7: The directions in the FOA are slightly different from the directions in the Workplan Instructions and Forms.

***FOA page 13: "Awardees should select three (3) evidence-based intervention strategies for each of the following priority areas: Priority 1: Primary prevention of cancer; Priority 2: Screening and early detection of cancer; Priority 3: Improving quality of life of cancer survivors"**

***Workplan Instructions page 2: "Each AO must have at least three evidence-based interventions (EBIs)."**

Are evidence-based intervention strategies the evidence-based interventions (EBIs)?

Should there be 3 EBIs per priority area, or 3 EBIs per Annual Objective?

A: Please refer to page 13, Awardees should select three evidence-based intervention strategies for each of the following priority areas: primary prevention of cancer, screening and early detection of cancer, and improving the quality of cancer survivors. In addition, one of the selected evidence-based strategies in each priority area must address cancer-related disparities.

Responded to on December 28, 2016

Q1: On page 3 and page 34 of the FOA, a TA call on January 5 is mentioned, but no time. Has the time of this call been announced?

A: The calls will be held:

- January 5, 2017 at 10:00 a.m. to noon Eastern Time
  For eligible applicants in the Atlantic, Eastern, and Central time zones. This conference call can be accessed by calling 1-888-942-9712. The leader for this call is Tanya Hicks, and the passcode is 8345600.

- January 5, 2017 at 3:30 p.m. to 5:30 p.m. Eastern Time
  For eligible applicants in the Mountain and Western time zones. This conference call can be accessed by calling 1-888-942-9712. The leader for this call is Tanya Hicks, and the passcode is 8345600.

- January 5, 2017 at 7:30 p.m. to 9:30 p.m. Eastern Time
  For eligible applicants in the Pacific Island Jurisdictions. This conference call can be accessed by calling 1-888-942-9712. The leader for this call is Tanya Hicks, and the passcode is 8345600. If operator assistance is needed, call 1-517-308-9217 and the operator will help you join the call.

Q2: We have a question regarding the funding formula. We see on the Web site reference to a formula for bands for the registry. However, we are not able to locate ceiling amounts for BCCP and Comp in the FOA. Can you tell us where we can locate this information?

A: Ceilings were provided in Amendment 1 as follows:

- NBCCEDP/Program 1: $9,000,000
- NCCCP/Program 2: $750,000
- NPCR/Program 3 (Component 1): $3,300,000
- NPCR Optional Funding/Program 3 (Component 2):
  - CIN3 $75,000
  - Screening $250,000
  - Biomarkers $200,000

Q3: Grant award range: What are the floor and ceiling amounts for each of the grant components?

A: Floors are not listed for NBCCEDP or NPCR in the FOA. NCCCP does list a $150,000 as the base for funding with adjustments based on factors as listed in the FOA, under section iv. Funding Strategy (for multi-component FOAs only)—page 20 of 54.

- NBCCEDP/Program 1: $9,000,000
- NCCCP/Program 2: $750,000
- NPCR/Program 3 (Component 1): $3,300,000
- NPCR Optional Funding/Program 3 (Component 2):
  - CIN3 $75,000
  - Screening $250,000
  - Biomarkers $200,000

Q4: Project narrative page limits (per guidance on page 35 of 54):

a. The multi-component narrative "base" maximum of 15 pages is new with this RFA. Is this a stand-alone narrative required to address all components for each applicant?

b. Applicant component page limit: Does the 35 page maximum include a maximum 4 page narrative and work plan pages for applicants submitting more than one component

A: Unfortunately, pre-populated information is included in the FOA template. Applicants should follow the last three sentences under 10. Project Narrative, for page limits as well as subsections "a" through "d" to determine the areas to address within their Project Narrative/Workplan.

- If applying for more than one program: maximum of 35 pages for each program and up to 15 additional pages are allowed for each subcomponent under NPCR Program 3.

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

Q5: Component 2: NCCCP budget: Please clarify which costs can be allocated to the 40% staffing and 60% implementation (page 38), and, specifically, what costs cannot be paid for under these two budget categories (e.g., staff, administrative indirect costs, travel, supplies, evaluation, funds to partners to implement interventions).

A: The 40% limitation on the Comprehensive Cancer Control budget includes both salary and fringe benefits for staff. This limitation does not apply to staffing through subcontracts for "services" to implement cancer plan strategies is allowable.

Responded to on December 27, 2016

Q1: We would like to know if a separate budget should be included for the Leadership Team component and if any travel is necessary for this team.

A: No additional travel is required of the Leadership Team. Applicants should refer to pages 37 and 38 of 54, under Budget narrative, for travel requirements for each of the national programs:

TRAVEL

All Programs: Budget for CDC Sponsored Travel including: one Reverse Site Visit, and the 2017 Cancer Conference /DP17-1701 Program Kickoff Meeting in August 2017

OTHER BUDGET CONSIDERATIONS

Program 1: National Breast and Cervical Cancer Early Detection Program

NBCCEDP applicants should budget for modifications to their data management system to support MDE updates.

Program 2: National Comprehensive Cancer Control Program - NCCCP

Applicants must ensure that not more than 40% of the requested budget is allocated for program staffing. In addition, applicant must ensure that at least 60% of the requested budget is allocated to program implementation at state and local levels.

Travel: Applicants must also budget for travel support for the Cancer coalition or Steering Committee Chairperson to participate in the 2017 Cancer Conference/Kickoff Meeting in August 2017

Program 3: National Program of Cancer Registries - NPCR

Applicants must provide an itemized budget narrative for Components 1 and if applicable, Component 2.

Applicants must disclose all state and federal (e.g., NCI SEER) funding provided to entities within the catchment area directed toward core cancer surveillance operations. Grantees are encouraged to list all registry staff regardless of funding source to facilitate future budget requests including travel and overtime purposes when appropriate.

Applicants should note the following budget guidelines:

Central Registry Staff

For each proposed staff, provide detailed justification of need based on conducting the NPCR Recipient Activities in Section I and include the following:

- type of personnel (FTE, contractor, consultant)
- specific tasks/activities to be performed
- percent of time to be spent on specific tasks/activities; e.g., percent of time spent on IT activities if 100% of time is not dedicated to IT
- percent of time funded by each source (NPCR, state, other federal)

Travel: In addition to the travel listed above include the following program specific travel: NAACCR Annual Meeting, NCRA Annual Meeting, and Education Training Coordinator's Meeting.

There is not a separate budget for the Leadership Team. Anticipated expenses/costs for the Leadership Team should be a part of the corresponding national program budget and justification.

Q2: All programs have requirements to partner with and obtain letters of support from various organizations that have a role in helping to achieve FOA outcomes. All 3 programs will be soliciting letters of support from the same organizations (i.e. American Cancer Society, Primary Care Associations, FQHCs, Hospitals). Is it acceptable and appropriate to have shared letters of support from duplicate organizations, with specific partnering activities for each program noted in the letter? If this is acceptable, should each component provide separate copies of the letter in their section of the application?

A: Applicants should submit separate letters of support from organizations that will have a role in helping the applicant achieve the FOA activities and outcomes for each of the national programs. Letters must be dated within 30 days of the application due date.

Q3: The Funding formula for the NCCCP program is described differently than it has been in previous FOAs. The base funding for DP12-1205 has a bottom floor of $250,000, but this FOA indicates that the base funding will be $150,000 (with adjustments). My state (VT) currently receives approximately base-level funding (+ the current MLC funding of $26,000) and it is hard to imagine how we could carry out the programmatic goals/objectives with less funding. Vermont does have a high percentage of older individuals, high rural areas, and cancer is the leading cause of death here, so there is a high cancer burden, but our population is very small so we always expect to receive smaller pockets of funding. That said, the implementation of a statewide program, no matter what the population size, needs a set amount of $ to support a 'critical mass' of staffing and to support the coalition. We are hoping the intent is to fund at/around/even above funding levels, but this FOA doesn't indicate that. Will the CDC be able to provide some more information around expected funding amounts such as in previous FOAs?

A: For DP17-1701, the NCCCP funding formula is based on a model that uses $150,000 as base-funding with adjustments based on the state's population of individuals over age 40 (since cancer risk increases with age), the state's burden of cancer (crude incidence and death rates for the top ten cancers), the percentage of rural areas within the state, and the percentage of people living in poverty within the applicant's geographic area.

Q4: The 40% staffing limit (60% to implementation) for the NCCCP program is a very different approach than we currently have under DP12-1205. This structure could be a significant burden for the states receiving smaller awards due to population size (such as in my state – Vermont). Vermont's program currently funds, at the state Health Department, approximately 1.55 FTE of staffing for program coordination, PSE, surveillance/evaluation). Due to our smaller award amount, the salaries + fringe + indirect for this 1.55 FTE currently make up 68% of our annual award. Will there be any allowances for small states/small award amounts to not meet the staffing limit requirement? The implementation of a statewide program, no matter what the population size, needs a set amount of staff to run the program.

A: The 40% limitation on the Comprehensive Cancer Control budget includes both salary and fringe benefits for staff. This limitation does not apply to staffing through subcontracts for "services" to implement cancer plan strategies is allowable.

Q5: When will the informal conference calls related to the FOA be held? The FOA notes that one will be on 1/5/17, but does not list a time.

A: An amendment to DP17-1701 is expected to be published to grants.gov to provide the details of the January 5th informational calls. Interested applicants are encouraged to register with grants.gov to receive e-mail notification alerts of any posted updates.

Q6: Regarding: National Comprehensive Cancer Control Program (NCCCP) Workplan Instructions and Forms, the form didn't allow for populating all fields, such as the PPO or AO. It auto-populated all the subsequent PPOs with the information from the first one entered. When I changed the information on the 2nd PPO, it changed all the information on the first PPO as well. Please advise.

UPDATE: This has been corrected.

A: We were able to replicate the workplan template issue that you have described. We are working to resolve the error immediately. If you would prefer to complete your workplan now and discontinue use of the template, please do so. We encourage you to use the workplan template instructions and template as a guide in generating your own workplan.

Q7: Is an APR due for DP12-1205 (the current grant) February 21, 2017?

As stated under F. Award Administration Information, 3. Reporting (page 48 of 54), Annual Performance Reports (APR) are due no later than 120 days before the end of the budget period. The APR replaced the Interim Progress Report (IPR) a few years ago. Additional related details for the APR can be found on page 49 of 54.

A: DP12-1205 ends on June 29, 2017. Grantees should follow reporting requires for Year 5 closeout as stated in their Year 5 Notice of Award. APRs are submitted only in continuation years.

Q8: NBCCEDP applications should budget for modifications to their data management system to support MDE updates. Please explain.

A: Minimum Data Elements (MDEs) reporting requirements for DP17-1701 will be slightly different for the MDEs requirements under DP12-1205. Therefore, DP12-1205 grantees, should submit a proposed budget reflective of resulting systems updates that will be needed should they receive funding under DP17-1701.

Q9: If applying for more than one program component, does "base" mean background, need and capacity for FOA submission. Does the 15-page base count toward the 35 page narrative?

A: Prepopulated information is included in the FOA template. Applicants should follow the last four sentences under 10. Project Narrative, for page limits as well as subsections "a" through "d" to determine the areas to address within their Project Narrative/Workplan.

- If applying for a single program: a maximum of 35 pages, single-spaced, 12-point font, 1-inch margins, and number all pages.
- If applying for more than one program: maximum of 35 pages for each program and up to 15 additional pages are allowed for each subcomponent under NPCR Program 3.
- Text should be single-spaced, 12-point font, 1-inch margins and number all pages.
- Page limits include workplans. Content beyond specified limits may not be reviewed.

Q10: Budget (p. 12, 37–38), 40% limit on staffing. Does that include contractual staff?

A: The 40% limitation on the Comprehensive Cancer Control budget includes both the salary and fringe benefits for staff; this limitation does not apply to staffing through subcontracts.

Q11: Is the budget included in the 35 page per program limit?

A: See page 37 of 54, #12. Budget Narrative, under "ALL Programs, "The budget and justification will not be counted as part of the page limit for the narrative."

Q12: Where do Letters of Support specific to the Comprehensive Cancer component go? Are they included in the 35 pages per program limit, or can they be attached in the Appendix?

A: Please see pages 51 and 52 of 54, H. Other Information, under Optional Attachments as determined by CDC programs, Letters of Support are listed here.

Q13: Awardee Reporting- page 48: There appears to be no IPR, or has it been renamed and I am just missing it?

A: Potential applicants receiving federal funds are now required to report performance and/or progress on an annual basis through an Annual Progress Report (APR); the IPR (or Interim Progress Report) is no longer a valid reporting process.

Q14: Workplan Format- We have reviewed the LIDS indicators and instructions at the following site: www.cdc.gov/cancer/dcpc/pdf/dp17-1701-ncccp-workplan-instructions-forms.pdf. The instructions refer to and include screen shots for a specific template, but not how or where to access this template. Should we reproduce the template pattern as best we are able or will access to this be provided?

A: The document you have accessed is a fillable PDF form that serves as the template for the NCCCP workplan.

Q15: Also, we are required to include 3 EBIs per AO. However, some of the indicators for "Screening- All Cancers- Health systems changes" only include 2 EBIs. In these cases, should we just use the two?

A: On page 13 of 54, awardees are required to select 3 EBIs per priority area (primary prevention, screening and early detection of cancer, and improving quality of life of cancer survivors). Selected EBIs can be environmental approaches for sustainable cancer control; community-clinical linkages; or health systems changes.

Q16: Can you clarify whether the limit to 40% for staffing applies to salary and benefits? Also, does staffing through subcontracts count?

A: The 40% limitation on the Comprehensive Cancer Control budget includes both the salary and fringe benefits for staff; this limitation does not apply to staffing through subcontracts.

Q17: Is a clinical cost worksheet required for NBCCEDP?

A: Please see the NBCCEDP Clinical and Non-Clinical Services Budget Breakdown Worksheet at www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/.

Responded to on December 21, 2016

Q1: Are states required to submit interim progress report?

A: As stated under F. Award Administration Information, 3. Reporting (page 48 of 54), Annual Performance Report (APR) are due no later than 120 days before the end of the budget period. The APR replaced the Interim Progress Report (IPR) a few years ago. Additional related details for the APR can be found on page 49 of 54.

Q2: Can states use their current budget template to submit the proposed budget for the new FOA?

A: Under D. Required Registrations, 12. Budget Narrative, Budget Preparation Guidelines are available at www.cdc.gov/grants/applying/application-resources.html.

Q3: Is there a sample strategy worksheet available for states to review?

A: No sample strategy worksheet is available. A document on the front page of the DP17-1701 Web site describes how to write SMART objectives: www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/.

Q4: Is there a workplan worksheet for each of the strategies? If so, where are they located? Only program management, strategy 5, strategy 6 A & B are available.

A: Workplan templates are also available on the DP17-1701 Web site. The strategies are to be incorporated into the overall workplan, not necessarily to be worked on separately. Per the logic model, the strategies work together to achieve the desired goal/outcome. Remaining strategies are cross-cutting and should be included under each of the main strategies.

Q5: Does the following statement under Collaborations on page 36 of the FOA mean the letters of support should be dated no earlier than 30 days prior to the date we submit our application? "Applicants must submit letters of support dated within 30 days of the application from programs and organizations including tribes as appropriate with whom they will collaborate."

A: Your interpretation is correct. Letters of support should be dated more than 30 days old from the application submission date.

Q6: The FOA states:

Direct Assistance: Direct Assistance (DA) is available through this FOA.

All Programs: In years 2 – 5 of the FOA, Statistical Analysis Software (SAS) Licensures/SUDAAN will be awarded as direct assistance (DA) and will be deducted from the amount of financial assistance (FA) that would otherwise be available for award.

For year one, will we need to buy our SAS license? We will continue to be doing our screenings.

A: Because SAS/SUDAAN license are purchased based on the calendar year, for DP17-1701 awardees, licenses will not be available until January 2018. However, current SAS/SUDAAN license will be valid for the entire 2017 calendar year.

Q7: Could we get a word version of the New Funding Opportunity?

A: A Word version of DP1717-01 is not available for distribution.

Q8: Was happy to see that it states that the NPCR program's matching funds can be in-kind. Question: With that said, can you give me some ideas of how that might look? For instance, would serving…

1. on the Board for our state organization (Indiana Cancer Registrars Association) be considered in-kind? I was elected to President-elect for 2017 (4 Board meetings a year and presentation at their annual conference on updates from the State of Indiana)

2. As the chair for the Communications Steering Committee of the North American Association of Central Cancer Registries Association

3. Presenting at Regional Coalition meetings of the Indiana Cancer Consortium (2-5 per year) on data and cancer burden for their respective regions

A: The examples you provided below involve the central cancer registry staff rendering in-kind service to another organization. The intent of the match requirement is to leverage additional non-federal support for the central cancer registry. Please refer to the language below from the FOA regarding the NPCR match. Please note that the match must be different from the maintenance of effort, which is also required for the NPCR-funded central cancer registries.

a) Examples may include in-kind salaries from non-NPCR funded positions such as from the Chronic Disease Director, etc.

b) Examples may also include in-kind contributions from hospitals and facilities reporting cancer data to the central cancer registry. If this type of in-kind is used you must provide a breakdown of the total contribution made. Justification may include details such as:

The non-federal match is provided by the time and effort of hospital staff used in reporting to the cancer registry.

- Approximate number of abstracts submitted in a 12-month period: ---------
- Minutes of staff time per abstract: ---------
- Approximate hourly wage: ($---000/year) $--.--/hour
- The estimate above provides an in-kind contribution of $------- of which --------- is being assured for the purpose of this budget.

Guidance on Match on Page 8 Program 3: NPCR

Per PHS Act (42 USC 280e-280e-4), matching funds are required for Program 3, NPCR applicants in an amount not less than 25 percent of such costs or one dollar for every three dollars of Federal funds awarded under this program; [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(1)]. Matching funds may be cash, in-kind, or donated services or equipment. Contributions may be made directly or through donations from public or private entities. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands up to $200,000. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title 1 to use funds received under the Indian Self-Determination Act as matching funds. Non-federal financial contributions in excess of the Maintenance of Effort may be used for matching.

Matching funds may not include: (1) payment for treatment services or the donations of treatment services; (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirement must be documented by the applicant and will be subject to audit. Documentation of appropriate matching is to be provided in the detailed budget and narrative justification.

Additional Guidance on Page 34: Under Maintenance of Effort for NPCR In determining the amount of non-Federal contributions for cost-sharing or matching, the recipient may include only those contributions that are in excess of the amount of contributions made by the State for collection of data on cancer for the fiscal year preceding the first year of the original NPCR cooperative agreement award. CDC may decrease the amount of non-Federal contributions required if the State can show that the amount will cause them financial hardship [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(2)(B)].

Responded to on December 20, 2016

Q1: In this newly released FOA, is the award ceiling for each component, $9,000,000 annually? Meaning, if we apply for all 3 programs, we can request up to a maximum of $27,000,000 annually? Or is the cap $9,000,000 for any application, regardless of programs requested for funding.

The award ceiling for each component under Section B. Award Information is $9,000,000. CDC will not consider any application requesting an award higher than the specified amount.

A: Section B speaks to DP17-1701. Potential applicants should also refer to the Executive Summary (Part II, Full Text) for further details related to available funding for each of the three national programs which, in summary, states:

The National Breast and Cervical Cancer Early Detection Program

- Will awarded up to 75 applicants
- Approximately $155 million per year is available

The National Comprehensive Cancer control Program

- Will award up to 65 applicants
- Approximately $22 million per year is available

The National Program of Cancer Registries

- Will award up to 55 applicants
- Approximately 38 million per year is available
- Optional Funding to pilot public health prevention surveillance projects for three focus areas (see FOA for full details), approximately $1.6 million per year is available

Applicants should request a budget that is reflective of supporting proposed activities for each national program for which they are applying.

Q2: In past applications, we were given a name for entity and component (i.e., UHI NPCR) and we were instructed to place this in the title of the main application file (the Adobe file), as well as place it in the SF-424 for easier identification. Could you clarify if we need to do that for the new application?

A: That is not a request for DP17-1701. However, all potential applicants are encouraged to clearly name/label all document for DP17-1701 submission and according to instructions in the FOA when provided.

Q3: The RFA states that the due date for this grant application is 11:59 PM on Feb. 21, 2017, but the Web site (www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/) states the deadline is 11:59 PM on Feb. 20, 2017. Would you please clarify the grant application date?

A: The application deadline date is February 21, 2017, 11:59 p.m. U.S. Eastern Standard Time on www.grants.gov.

Q4: For the DP17-1701 FOA, I found one CDFA number (93.898) in the application form. In the past, there has been a separate one for the NBCCEDP component. Will there be a separate one for this FOA?

A: The CFDA for all of DP17-1701 is 93.898. There are not multiple CFDA numbers associated with this FOA.