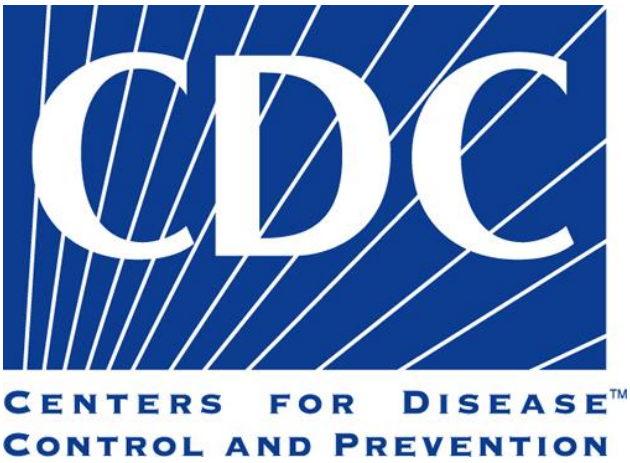

Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Building capacity for implementing evidence-based epilepsy self-management supports in health care settings

CDC-RFA-DP-23-0007

04/17/2023

Table of Contents

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-23-0007. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Building capacity for implementing evidence-based epilepsy self-management supports in health care settings

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-23-0007

E. Assistance Listings Number:

93.850

F. Dates:

1. Due Date for Letter of Intent (LOI):
03/21/2023

2. Due Date for Applications:
04/17/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
The CDC Epilepsy Program will hold an Informational Conference Call for potential applicants to ask questions.

Date: Wednesday, March 8, 2023
Time: 1:30 PM Eastern Time (US and Canada)

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/16056381670?pwd=M1FGOU5ueDNYbzZHcWxITDFxVDlLdz09
Meeting ID: 160 5638 1670
Passcode: Epilepsy-1

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
Meeting ID: 160 5638 1670
Passcode: 4660716679

G. Executive Summary:

1. Summary Paragraph
About 3.4 million people in the U.S. have active epilepsy. Epilepsy self-management programs have been shown to be effective in improving select health and quality of life outcomes, including reduced seizure frequency, but these programs remain underutilized in community and clinical settings. This NOFO aims to develop health care system* capacity (e.g., epilepsy center clinics) to deliver evidence-based epilepsy self-management supports (e.g., self-management programs) through health care settings. The NOFO includes an additional component for the delivery of expert technical assistance and training in health care system change, chronic care collaboratives, and/or clinical quality improvement to enhance outcomes. This technical expertise will ensure that consideration to clinical workflows, patient confidentiality, provider scope of practice, liability concerns, and other organizational concerns and/or requirements are considered in intervention implementation. Key outcomes include effective intervention implementation in health care settings, increased patient referrals, increased patient participation in interventions, patients' improvements in health and quality of life outcomes, and decreased health care utilization (e.g., non-routine care, emergency department use.)

*see Glossary for definition

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
4
Component 1: Up to 3 awards
Component 2: 1 award

d. Total Period of Performance Funding:
$7,500,000
Component 1: $6,750,000
Component 2: $750,000

e. Average One Year Award Amount:
$450,000
Component 1: $450,000
Component 2: $150,000

f. Total Period of Performance Length:
5 year(s)

g. Estimated Award Date:
August 30, 2023

h. Cost Sharing and / or Matching Requirements:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
About 3.4 million people in the U.S. have active epilepsy. Compared to adults without epilepsy, adults with active epilepsy report more comorbidity, worse psychological health, more cognitive impairment, limitations in social activities, and worse health-related quality of life. At least 56% have had at least one seizure in the past year, indicating suboptimal seizure control. Self-management (e.g., what individuals do to feel better and pursue the life they desire) and self-management support (e.g., actions taken by others to support individual self-management), are critical strategies aligned with CDC/NCCDPHP's priorities aimed at ensuring that "communities support and clinics refer patients to programs that improve management of chronic conditions." Epilepsy self-management programs are effective in improving select health and quality of life

outcomes, including reduced seizure frequency, but are underutilized in community and clinical settings.(1-2) Integrating delivery of evidence-based epilepsy self-management supports in health care settings may reduce barriers to widespread program adoption.(3)
This NOFO supplements previous announcements (DP16-1602 and DP21-2101) aimed at building social service agency capacity for delivering self-management supports through community-based organizations. To address gaps in reach, this NOFO is designed to build *health care system capacity* to deliver evidence-based self-management supports (e.g., self-management programs) through health care settings (e.g., epilepsy center clinics). The NOFO includes an additional component for the delivery of expert technical assistance and training in health care system change strategies (e.g., chronic care model learning collaboratives, quality improvement.(4) Key outcomes include effective intervention implementation in health care settings; increased patient referrals; increased patient participation in interventions; patients' improvements in health and quality of life outcomes; and decreased health care utilization.

References

1. Helmers SL, et al. Self-management in epilepsy: Why and how you should incorporate self-management in your practice. Epil Behav. 2017 Mar;68:220-224.
2. Lewinski A, et al. Barriers and facilitators to implementation of epilepsy self-management programs: A systematic review using qualitative evidence synthesis methods. *Syst Rev*. 2020 Apr 25;9(1):92.
3. Ozuna J, et al. Self-management in epilepsy care: Untapped opportunities. *Fed Prac*. 2018;35(Suppl 3):S10-S16.
4. CDC. A guide to facilitating health systems change. Accessed August 25, 2022.

b. Statutory Authorities
This program is authorized under the Public Health Service Act
§ 301(a) and 317(k)(2), 42 U.S.C. § 241(a) and 247b(k)(2), as amended.

c. Healthy People 2030
The NOFO strategies address multiple Healthy People 2030 target areas:

- People with Disabilities
- Mental Health and Mental Disorders
- Health Care Access and Quality
- Health Care

d. Other National Public Health Priorities and Strategies
CDC's National Center for Chronic Disease Prevention and Health Promotion's Four Domains (Environmental approaches, health care systems interventions, community programs linked to clinical services.)
HHS' Strategic Goal 2.3: Enhance promotion of healthy behaviors to reduce occurrence of and disparities in preventable injury, illness, and death.

e. Relevant Work
This NOFO supplements previous CDC funding opportunity announcements DP16-1602 and DP21-2101, aimed at building social service agency capacity for delivering self-management supports through community-based organizations.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Component 1

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
1. Develop partnerships with health care organizations and other interested and affected groups for intervention implementation. 2. Coordinate and implement evidence-based epilepsy self-management supports (e.g., self-management programs) in at least 2 health care settings using best practice strategies for health care system change. 3. Participate in project learning collaborative.	• Increased implementation of epilepsy self-management supports in healthcare settings. • Improved awareness of self-management supports among patients and providers. • Increased use of quality improvement strategies or tools to ensure effective program implementation.	• Increased monitoring and tracking of clinical data to improve the identification of patients who can benefit from evidence-based epilepsy self-management supports. • **Increased patient referrals for evidence-based epilepsy self-management supports.** • **Improved completion of evidence-based self-management supports among patients with epilepsy.**	• Improvements in health and quality of life among people with epilepsy. • Decreases in health care utilization.

		• **Improved self-management behaviors among patients with epilepsy.**	

Component 2

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
1. Identify evidence-informed quality improvement strategies or tools (e.g., electronic health record prompts, navigation, Plan-Do-Study-Act cycles) to guide effective implementation. 2. Coordinate a learning collaborative and other technical assistance for Component 1 recipients.	• **Increase recipients' knowledge of quality improvement strategies or tools to guide program implementation.**	• Increased use of quality improvement strategies or tools among Component 1 recipients to guide effective program implementation.	• Increased number of health care settings effectively implementing self-management supports. • Increased referral of epilepsy patients for epilepsy self-management supports.

i. Purpose

Epilepsy self-management programs have been shown to be effective in improving select health and quality of life outcomes, including reduced seizure frequency. However, these programs

remain underutilized in clinical and community settings. The purpose of Component 1 of this NOFO is to build capacity to implement evidence-based epilepsy self-management supports within health care settings. The purpose of Component 2 of this NOFO is to deliver expert technical assistance and training on health care system change strategies to Component 1 recipients during intervention implementation.

ii. Outcomes

During the 5-year period of performance, the recipients will be expected to show progress on relevant short-term and intermediate outcomes outlined in the logic model and below.

Component 1 recipients are expected to achieve the following outcomes during the period of performance:

- Increased patient referrals for evidence-based epilepsy self-management supports.
- Improved completion of evidence-based self-management supports among patients with epilepsy.
- Improved self-management behaviors among patients with epilepsy.

Component 2 recipients are expected to achieve the following short-term and intermediate outcomes during the period of performance:

- Increased recipient knowledge of quality improvement strategies or tools to guide program implementation.
- Increased use of quality improvement strategies or tools among Component 1 recipients to guide effective program implementation.

iii. Strategies and Activities

The Strategies and Activities of this NOFO include those that are listed in the Strategies and Activities column in the logic model above, and are restated here with additional detail:

Component 1 recipients (must do all of these):

1. Develop partnerships with health care organizations and other interested and affected groups for intervention implementation. (NOTE: The recipient does not have to be a health care organization; however it is required that a health care organization be an active partner in this project.)
2. Coordinate and implement evidence-based epilepsy self-management supports (e.g., self-management programs) in at least two (2) health care settings using best practice health care system change strategies. Two settings may be defined as two departments within the same health care system (e.g., primary care, neurology), two geographic locations for the same health care system (e.g., urban, suburban), or two distinct participant populations within the same health care system (e.g., 18-49 years old, >50 years old). It is also acceptable for recipients to implement the same or two different programs within two independent health care settings.
3. Participate in project learning collaborative with other Component 1 recipients and the Component 2 recipient, who will provide technical assistance.

NOTE: Component 1 applicants should provide supporting references for any proposed evidence-based epilepsy self-management supports or programs.

Component 2 recipient (must do all of these):

1. Identify evidence-informed quality improvement strategies or tools (e.g., electronic-health record prompts, navigation, Plan-Do-Study-Act cycles) to guide effective implementation. These will be presented to CDC for review, then shared with Component 1 recipients.
2. Coordinate a learning collaborative and other technical assistance supports for Component 1 recipients. The recipient is responsible for devising a technical assistance plan, which should include regular (not to exceed one time per month) teleconference calls with Component 1 recipients, as well as ad hoc support.

1. Collaborations

a. With other CDC projects and CDC-funded organizations:

CDC expects recipients to work with other CDC-funded research or non-research recipients in order to expand the availability of proven interventions and tested epilepsy education materials. For example, the recipient may use evidence-based programs and materials from the CDC Prevention Research Centers Managing Epilepsy Well Network (MEW Network) to implement activities.

Component 1 applicants must provide an MOU, MOA, or letter of support from program investigators (e.g., from a MEW Network principle investigator) as evidence of intended collaboration around program implementation and evaluation. Applicants must provide a MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

The CDC Epilepsy Program also encourages collaborations with other CDC programs that may enhance the dissemination and uptake of programs funded under this cooperative agreement, such as with the Disability and Health Program.

b. With organizations not funded by CDC:
Component 1 recipients:

Should collaborate with the following interested and affected groups, as appropriate, to address the requirements of this NOFO:

- People with epilepsy and their caregivers.
- Health care organizations.
- Mental/behavioral health agencies and organizations.
- National- and state-based professional organizations (e.g., those reaching primary care providers, neurologists, etc.)
- State- and local-based organizations with expertise in/access to specific populations (e.g. older adults, students, racially and ethnically diverse groups).
- Professional or community-based organizations who serve people with epilepsy.

Component 1 applicants are required to include letters of support (LOS) and/or MOU/MOAs from partners who will be involved in the activities proposed for this NOFO. These LOS or

MOU/MOAs must indicate institutional support for activities, including specifying the scope of institutional support and a description of the roles and expectations of each collaborating partner in implementing the intervention(s) (i.e., it is not acceptable to submit a LOS from one individual health care provider in one health care setting, agreeing to partner on program implementation, without showing proof of support at the institutional/health care system level.)

Component 2 recipient:

Should collaborate with the following interested and affected groups, as appropriate, to address the requirements of this NOFO:

- Component 1 recipients.
- Organizations with expertise in quality improvement strategies and tools.

All applicants must provide a LOS, MOU, or MOA, as appropriate, name the file "LOS" or "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

2. Target Populations

Target populations will vary depending on the particular strategy/activity being addressed. Applicants are expected to distinguish between institutional and patient target populations, and identify priority high-risk patient groups based on the scientific literature, local needs assessments data, or other evidence-based criteria.

Component 1 recipient:

- Health care systems.
- People with epilepsy, especially those with uncontrolled seizures, mental health co-morbidities, and/or impaired health-related quality of life.
- Community and social service agencies serving people with epilepsy.

Component 2 recipient:

- Component 1 recipients.

a. Health Disparities

People with epilepsy experience health and health care disparities compared to people who do not have the disorder. Compared with U.S. adults without epilepsy, adults with epilepsy were more likely to report an inability to afford prescription medicine, specialty care, or other types of care, had trouble finding a doctor, delayed care because of transportation barriers, or were in families having problems paying medical bills. About 40% of children with seizures live in homes at or close to the poverty level, and 30% live in homes without enough food. Epilepsy can shorten a person's life and severely reduce well-being and full participation in daily activities. People with epilepsy often have depression and/or anxiety, face stigma, and may not be able to work. They may also experience varying levels of disability based on the severity of their condition. People with epilepsy who are part of minority groups, are non-English speakers, or who live in rural or underserved communities, are more likely to experience delays in obtaining specialty care or have unique gaps in disease self-management (1,2).

In the 2012 report, *Epilepsy Across the Spectrum: Promoting Health and Understanding*, the Institute of Medicine recommended improving and expanding educational opportunities for patients, which includes self-management programs. Previous NOFOs have addressed this by

increasing the availability of self-management programs through community-based organizations. Due to the low prevalence of epilepsy in the community, this approach has reached limited numbers.

Clinical settings offer greater access to the population of people with epilepsy. However, in the absence of dedicated funding, the health care sector has been slow to adopt the implementation of self-management supports. This NOFO seeks to address this gap, and extend the benefits of self-management supports directly to patients with epilepsy via the clinical setting.

Applicants should consider the spectrum of people who have epilepsy, and focus on those who are at greatest risk, and experience the most significant disparities when developing their programmatic activities. The applicant should describe how they will incorporate a focus on health disparities in the Approach/Target Populations and Health Disparities section of their application narrative.

Applicants should refer to CDC's **Health Equity Guiding Principles for Inclusive Communication** to better understand how to use a health equity lens and improve communication with partners and populations of focus.

References:

1. Bensken WP, Navale SM, Andrew AS, et al. Delays and disparities in diagnosis for adults with epilepsy: Findings from U.S. Medicaid data. *Epilep Res.* 2020;166, October 2020.
2. Escoffery C, Johnson L, McGee R, et al. Epilepsy self-management behaviors among African Americans with epilepsy. *Epil Behav*. 2020;109.

iv. Funding Strategy

Applicants may only apply for one component.

Component 1: One to three awards will be funded under Component 1. Applicants are expected to address all **three** strategies listed for Component 1. Component 1 applicants must identify the geographic area and health care setting where the program activities will be implemented. Recipients will receive up to $450,000 yearly for Component 1 activities.

Component 2: One award will be funded under Component 2. The applicant is expected to address **both** strategies for Component 2.
The recipient will receive up to $150,000 yearly for Component 2 activities.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Component 1 applicants should submit a Data Management Plan (DMP). A template for the DMP may be found on the CDC/NCCDPHP website: https://www.cdc.gov/chronicdisease/programs-impact/nofo/index.htm.

The CDC strategy for monitoring and evaluating recipient and program performance will be based on both process and outcome evaluations that correspond with the NOFO logic model and

respective Component 1 or Component 2 indicators.

Recipients are encouraged to incorporate health equity considerations throughout each step of their evaluation plan (e.g., health equity in evaluation questions; methodology that facilitates determining differential effects across population groups; dissemination of findings to communities with greatest need). See CDC's *Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease*.

Evaluation findings will be used to inform recipient performance relative to NOFO objectives, guide technical assistance to recipients, and inform CDC program planning. CDC will work with recipients during the first two quarters of the performance period to finalize evaluation plans.

For each of the strategies and activities in the logic model, CDC has provided *example* process measures that the recipient should monitor:

Component 1 Example Process Measures

Strategy 1: Develop partnerships.

- Number and type of health care settings committed to program implementation.
- Number of signed MOUs with partners, with partner roles and responsibilities delineated.
- Number of letters of support from community-based organizations with roles and responsibilities delineated.

Strategy 2: Coordinate and implement evidence-based epilepsy self-management supports (e.g., self-management programs) in at least 2 health care settings (e.g., accredited epilepsy centers; general neurology clinics) using health care system change best practices.

- Number and type of evidence-based self-management supports/programs available.
- Number and type or role of providers (i.e., provider scope of practice) who will participate in intervention implementation (e.g., program delivery, patient recruitment, patient retention, follow-up).
- Number of participants recruited to programs.

Strategy 3: Participate in the project learning collaborative.

- Number of meetings attended, by provider role.

Component 2 Example Process Measures

Strategy 1: Identify evidence-informed quality improvement strategies or tools (e.g., electronic-health record prompts, navigation, Plan-Do-Study-Act cycles) to guide component 1 recipients in effective program implementation.

- Number of summaries (e.g., quarterly) of recent (i.e., 2015-2022) literature review of chronic disease improvement strategies and quality improvement initiatives amendable for the U.S. health care context.

Strategy 2: Coordinate a learning collaborative to provide technical assistance to Component 1 recipients.

- Number of collaborative technical assistance conference calls convened.
- Number and type of ad hoc technical assistance provided.

CDC has also developed ***Performance Measures*** that align with the NOFO's strategies.

Component 1 Performance Measures

Annual reporting of each of these measures is **required** for all Component 1 recipients.

- Number of health care settings implementing epilepsy self-management supports.
- Number of health care settings referring epilepsy patients to epilepsy self-management supports.
- Number of patients with epilepsy referred for self-management supports.
- Number of patients with epilepsy who completed epilepsy self-management support interventions.
- Number of epilepsy patients with improvements in health outcomes (e.g., reduction in psychological distress, reduction in seizure frequency, improved attention.)
- Number of epilepsy patients with improvements in overall quality of life.

Component 2 Performance Measures

Annual reporting of this measure is **required** for the Component 2 recipient.

- Number of health care system change strategies disseminated with Component 1 recipients.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.

- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

CDC recommends that recipients allocate a minimum of 10% of their budget toward evaluation activities.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organizational capacity to carry out the strategies and activities outlined in the logic model.

Component 1 applicants must:

- Describe their ability to establish and maintain successful working relationships with relevant partners (e.g. health care systems, health care providers, community organizations, etc,) by describing successful past partnerships and the outcomes of these relationships. This information may be presented in a table that aligns partnerships, collaboration activities, and outcomes.
- Describe their expertise in public health program evaluation, including the use of program data for quality improvement, as demonstrated by the inclusion of an on-staff evaluator or contract with an external evaluator with expertise in public health evaluations.
- Describe their ability to effectively implement evidence-based strategies or programs by describing no more than two, epilepsy-specific, evidence-based programs, models, or strategies previously used successfully to guide program implementation and/or technical assistance, and any corresponding outcomes or benefits demonstrated as a result of this work.

- Describe their ability to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities, distribute funding to sub-contractors or sub-recipients in a timely manner, and hire or contract with qualified personnel.
- Describe their experience serving or working with the target population(s). This includes documenting outcomes or benefits demonstrated as a result of this work.
- Describe their experience recruiting program participants for epilepsy-focused public health program activities in health care settings similar to those proposed in the application.
- Describe an adequate staffing plan, providing position descriptions and CVs/resumes for proposed NOFO-funded personnel, an organizational chart, and project management structure that clearly defines staff roles and reporting structure. Applicants must name these files "CVs/Resumes" and "Organizational Charts" and upload them with the application at www.grants.gov.

Component 2 applicants must:

- Describe their expertise in public health program evaluation, including the use of program data for quality improvement, as demonstrated by the inclusion of an on-staff evaluator or contract with an external evaluator with expertise in public health evaluations.
- Describe their ability to effectively identify and disseminate evidence-informed strategies or tools, and any corresponding outcomes or benefits demonstrated as a result of this work.
- Describe their experience coordinating collaborative learning activities and providing one-on-one technical assistance related to program implementation.
- Describe their ability to provide one-on-one and group technical assistance by describing previous successful experience in this area.
- Describe their ability to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities, distribute funding to sub-contractors or sub-recipients in a timely manner, and hire or contract with qualified personnel.
- Describe their experience serving or working with the identified target population. This includes documenting outcomes or benefits demonstrated as a result of this work.
- Describe an adequate staffing plan, providing position descriptions and CVs/resumes for proposed NOFO-funded personnel, an organizational chart, and project management structure that clearly defines staff roles and reporting structure. Applicants must name these files "CVs/Resumes" and "Organizational Charts" and upload them with the application at www.grants.gov.

NOTE: Applicants that are also funded under DP21-2101 or other CDC-funded programs should describe their capacity to implement another funded program, relative to staff time and the need to avoid duplication of effort (see Duplication of Effort section below). Current CDC funding

recipients must ensure that their proposal is completely independent of any currently funded project.

d. Work Plan

Applicants must provide a detailed work plan that covers the first year of the period of performance, and a high-level plan in narrative form for years 2-5. At a minimum, the work plan must demonstrate how the strategies, activities, staffing, and partnerships work together to achieve program outcomes and NOFO requirements.

Information on performance measures, data sources, and data collection should be included. Applicants may use the template below, or a similar format, to create their work plan.

EXAMPLE

Strategy: (from Logic Model)

Period of Performance Outcome: (from Outcomes section and/or Logic Model)				**Outcome Measure:** (from Evaluation and Performance Measurement Section)			
Objective	**Activities**	**Process Measures**	**Person Responsible**	**Partners (if applicable)**	**Baseline (if applicable)**	**Target (if applicable)**	**Completion Date**

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.

- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

CDC will provide guidance to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.

Additionally, the CDC Project Officer will host monthly calls with relevant recipient staff to ensure regular monitoring and to provide needed technical assistance.

f. CDC Program Support to Recipients

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring, monthly calls, and site visits. To ensure the success of this cooperative agreement, CDC will:

1. Provide technical assistance, including:

- Subject matter expertise related to developing, implementing, and evaluating epilepsy programs;
- Collaborating to develop the most relevant communications/outreach strategies;
- Collaborating in the planning, implementation, and evaluation of meetings and conferences related to work conducted under this NOFO; and
- Providing informational resources and tools necessary for the successful implementation of strategies and activities to meet NOFO goals.

2. Share information, including:

- Facilitating information exchange among recipients and interested and affected groups through webinars, meetings, and conference calls; and
- Collaborating to compile and disseminate recipient accomplishments, best practices, and lessons learned during the period of performance.

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U58

3. Fiscal Year:
2023

4. Approximate Total Fiscal Year Funding:
$1,500,000

5. Total Period of Performance Funding:
$7,500,000
This amount is subject to the availability of funds.

Component 1: $6,750,000
Component 2: $750,000

Estimated Total Funding:
$7,500,000

6. Total Period of Performance Length:
5 year(s)

year(s)

7. Expected Number of Awards:
4
Component 1: Up to 3 awards
Component 2: 1 award

8. Approximate Average Award:

$450,000
Per Budget Period

Component 1: $450,000
Component 2: $150,000

9. Award Ceiling:
$450,000
Per Budget Period

This amount is subject to the availability of funds.

Component 1: $450,000
Component 2: $150,000

10. Award Floor:
$75,000
Per Budget Period

Component 1: $200,000
Component 2: $75,000

11. Estimated Award Date:
August 30, 2023

12. Budget Period Length:
12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance
Direct Assistance (DA) is not available through this NOFO.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

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

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

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

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

This NOFO contains 2 components: Component 1 and Component 2. Applicants may only apply for 1 component.

All applicants must name the component they are applying for in the project abstract. If the applicant does not name the component in the project abstract, the application will be deemed non-responsive.

If an applicant applies for more than 1 component, both applications will be considered non-responsive and will not receive further review.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their UEI numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number and a Unique Entity Identifier (UEI). All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	System for Award	1. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://

	Management (SAM)	grants.gov). The UEI is generated as part of your registration.		fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 03/21/2023

03/21/2023

b. Application Deadline

Due Date for Applications 04/17/2023

04/17/2023

11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Information Conference Call
The CDC Epilepsy Program will hold an Informational Conference Call for potential applicants to ask questions.

Date: Wednesday, March 8, 2023
Time: 1:30 PM Eastern Time (US and Canada)

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/16056381670?pwd=M1FGOU5ueDNYbzZHcWxITDFxVDlLdz09
Meeting ID: 160 5638 1670
Passcode: Epilepsy-1

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
Meeting ID: 160 5638 1670
Passcode: 4660716679

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and UEI.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be

labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

A Letter of Intent (LOI) is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number and plan for the review of submitted applications.

Please include the following in the LOI:

1. Number and title of this NOFO;
2. Descriptive title of the proposed project (**must indicate for which component**);
3. Name, address, telephone number, and email address of the primary contact for writing and submitting the application.

Send the LOI via email to:

Maggie Moore, MPH
CDC/NCCDPHP/DPH/Epilepsy Program
RE: CDC-RFA-DP23-0007
Telephone: 770-488-5598
Email: epilepsy@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.

- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs

- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Applicants should adhere to CDC's Budget Preparation Guidelines: https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf. Applicants are encouraged to include in-kind costs to show the true cost of program implementation.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

15. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

16. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additional-requirements/ar-25.html.

18. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent

by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

i. Approach **Maximum Points:** 35

Component 1:

The extent to which the applicant:

1. *Background and Purpose: (3 points)*
    - Describes relevant background information, including the context of the problem.
    - Includes a 2-3 sentence purpose statement describing specifically how they will address the problem identified in the Background section.
2. *Outcomes (4 points)*
    - Describes outcomes for the period of performance, and how they are linked to the NOFO logic model and NOFO requirements.
3. *Strategies and Activities: (8 points)*
    - Identifies the target population(s).
    - Identifies the geographic region served.
    - Identifies the types and number of health care settings for program implementation.
    - Describes which evidence-based epilepsy self-management supports will be implemented and provides supporting references.
    - Describes which members of the team will participate in the project learning collaborative.
4. *Work Plan: (12 points)*
    - Provides a detailed Year 1 work plan that includes objectives, activities, person(s) responsible, partners, performance measures, a timeline, process measures, and baseline and target data (as appropriate) for each strategy addressed. The work plan should be aligned with the NOFO logic model.
    - Provides a high-level narrative description of activities in Years 2-5.
5. *Partnerships: (8 points)*
    - Includes signed letters of support, MOUs, or MOAs from major partners, including the health care institutions where program implementation will occur. The letters should indicate organizational (e.g., neurology department) support, describe the scope of organizational commitment to the project (e.g., X number/percentage of departmental health providers will contribute to Y, Z activities from the Department of Neurology), and describe the specific contributions partners will make to the work plan.

Component 2:

The extent to which the applicant:

1. *Background and Purpose: (3 points)*
    - Describes relevant background information, including the context of the problem.
    - Includes a 2-3 sentence purpose statement describing specifically how they will address the problem identified in the Background section.
2. *Outcomes (4 points)*

- Describes outcomes for the period of performance, and how they are linked to the NOFO logic model and NOFO requirements.

3. *Strategies and Activities: (10 points)*
   - Identifies the target population.
   - Describes specific methods to identify evidence-informed quality improvement strategies or tools and identifies how these will lead to outcomes.
   - Describes specific methods to provide technical assistance and foster collaborative shared learning among Component 1 recipients and identifies how these will lead to outcomes.
4. *Work Plan: (14 points)*
   - Provides a detailed Year 1 work plan that includes objectives, activities, person(s) responsible, partners, performance measures, a timeline, process measures, and baseline and target data (as appropriate) for each strategy addressed. The work plan should be aligned with the NOFO logic model.
   - Provides a high-level narrative description of activities in Years 2-5.
5. *Partnerships: (4 points)*
   - Includes letters of support, MOUs, or MOAs from major partners, which describe the specific contributions the partners will make to the work plan.

ii. Evaluation and Performance Measurement **Maximum Points:** 30

Component 1 and Component 2:

The extent to which the applicant:

1. Describes their plan for process evaluation, including monitoring process measures, and how these findings will be used for program improvement. (10 points)
2. Describes their plan for outcome evaluation, including monitoring NOFO-required performance measures, and how these findings will be used for program improvement. (10 points)
3. Describes potential data sources, and methods and frequency of collecting evaluation and performance data. (5 points)
4. Describes how evaluation findings will be compiled, packaged, and disseminated nationally to demonstrate the outcomes of the NOFO. (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 35

Component 1:

The extent to which the applicant:

1. Describes their ability to establish and maintain relationships with relevant interested or affected groups and partners to inform and implement program activities. (5 points)
2. Describes their expertise in program evaluation, including the use of data for program quality improvement, or how they will gain access to needed expertise. (6 points)

3. Describes their ability to identify and use evidence-based or evidence-informed epilepsy self-management support strategies. (5 points)
4. Describes their ability to manage complex programs and resources, including the administrative, financial, and staff support necessary to sustain activities. (4 points)
5. Describes experiences serving or working with the target population(s) selected, and provides examples of outcomes or benefits demonstrated as a result of this work. (4 points)
6. Describes experience successfully recruiting program participants for similar activities conducted in the same types of health care settings proposed in their application. (3 points)
7. Describes an adequate staffing plan, providing brief position descriptions and CVs/resumes for NOFO-funded personnel, an organizational chart, and project management structure that clearly defines staff roles and a reporting structure. (8 points)

Component 2:

The extent to which the applicant:

1. Describes their expertise in program evaluation, including the use of data for program quality improvement, or how they will gain access to needed expertise. (5 points)
2. Describes experience identifying evidence-informed strategies and tools, and disseminating those to partners, and interested or affected groups. (7 points)
3. Describes their experience coordinating collaborative learning activities and providing one-on-one technical assistance related to program implementation. (7 points)
4. Describes their ability to manage complex programs and resources, including the administrative, financial, and staff support necessary to sustain activities. (4 points)
5. Describes experiences serving or working with the target population(s), and provides examples of outcomes or benefits demonstrated as a result of this work. (4 points)
6. Describes an adequate staffing plan, providing brief position descriptions and CVs/resumes for NOFO-funded personnel, an organizational chart, and project management structure that clearly defines staff roles and a reporting structure. (8 points)

Budget **Maximum Points:** 0

Component 1 and Component 2:

The budget is not scored.
It will be evaluated regarding the extent to which the applicant provides a strong justification for budget expenditures, and how the budget aligns with the proposed strategies, activities, and outcomes.

c. Phase III Review

Objective review panels will review and score complete, eligible applications in accordance with the "Phase II Review Criteria" above.

Component 1 Applicants: The following factors may affect the funding rank order and decision. CDC will justify any decision to fund out of rank order based upon the following:

- *Geographic diversity:* Applications may be funded out of rank order to avoid multiple recipients working in the same geographic area and to ensure program activities are available across different U.S. geographies (e.g., rural and urban areas.)
- *Target population diversity:* Applications may be funded out of rank order to avoid multiple recipients working with the same target populations and to ensure that program activities are available to groups with evident health and/or socioeconomic disparities.
- *Health care system* diversity:* Applications may be funded out of rank order to ensure that program activities are implemented in different health care system organizations.

*See Glossary for definition of a health care system.

Component 2 Applicants: The highest ranked application, as determined by the objective review panel, will be funded.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC’s framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

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

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if

applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

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

2. Announcement and Anticipated Award Dates

Anticipated NOFO announcement date: 2/13/23
Anticipated award date: 8/30/23

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to annual SAM Registration and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at https://www.cdc.gov/grants/additional-requirements/index.html.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

AR-1: Human Subjects Requirements
AR-8: Public Health System Reporting Requirements
AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

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

AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider- obligations/index.html and https://www.hhs.gov/civil-rights/for- individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-

protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC Project Officer.

Report	**When?**	**Required?**
Recipient evaluation and performance measurement plan (no data management plan required; template to be provided by CDC Program)	6 months into budget period 1	Yes
Annual Performance Report (APR).	No later than 120 days before end of budget period. Serves as the yearly continuation application.	Yes
Data on performance measures (template to be provided by CDC Program)	Included in APR.	Yes
Federal Financial Reporting forms	90 days after end of the period of performance.	Yes
Payment Management System (PMS) reporting	Quarterly reports due January 30, April 30, July 30, and October 30.	Yes

CDC seeks to maximize the benefit of reporting by requiring high-impact data, while streamlining reporting to minimize the burden on recipients. Reporting allows for continuous program monitoring and identifies successes and challenges encountered throughout the award. Reporting is also necessary for recipients to apply for yearly continuation of funding.

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publicly available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only

those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Maggie

Last Name:
Moore
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:

Telephone:
770-488-5598

Email:
epilepsy@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:

First Name:
Keisha

Last Name:
Thompson
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:

Telephone:
770-488-2681

Email:
dwt6@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see .https://www.cdc.gov/grants/additional-requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement 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). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Health care system: The National Bureau of Economic Research (NBER) Center of Excellence defines health system based on three types of arrangements between two or more health care provider organizations: (1) organizations with common ownership, (2) contractually integrated organizations (e.g., accountable care organizations), and (3) informal care systems, such as common referral arrangements. Systems include organizations combined horizontally (e.g., a hospital system) or vertically (e.g., a multihospital system also owning physician practices and post-acute care facilities).