

Frequently Asked Questions
CDC-RFA-DP21-2101: Improving Epilepsy Education, Systems of Care, and Health Outcomes
through National and Community Partnerships

Updated: 2/1/21

1. *What if my organization isn't nationally focused? Can I still apply for Component A?*

On page 15/49 of the NOFO, in the "Organizational Capacity" section, it states:
"Additionally, Component A applicants should document their experience serving the needs of people with epilepsy through a national network. Component A applicants should be able to demonstrate they can effectively disseminate strategies to at least 25 states in order for the proposed program to have nationwide impact."

Applicants must be able to demonstrate national-level impact, in addition to addressing the other required elements, to meet the requirements for Component A.

To organizations that may not have this capacity, we suggest looking at the criteria for Component B to see if that suits your expertise and capacity better.

2. *Does my organization need a physical presence in 25 states for Component A?*

No, an organization does not have to have physical presence (e.g., office) in 25 states. On page 15/49, the NOFO states: "Component A applicants should document their experience serving the needs of people with epilepsy through a national network. Component A applicants should be able to demonstrate they can effectively disseminate strategies to at least 25 states in order for the proposed program to have nationwide impact."

3. *Do we have to address all the parts of the NOFO?*

As noted in the NOFO's logic model (pages 5-6/49), and in the "Strategies and Activities" section (page 8/49), Component A applicants must address all the strategies and activities listed under Component A. Component B applicants must address one or two of the strategies and activities listed under Component B.

As stated in the NOFO's "Outcomes" (page 7/49), applicants are expected to achieve the identified Short Term and Intermediate Outcomes for each proposed component listed in the logic model during the five-year period of performance.

4. *My organization is already funded by CDC for a research project. Can we apply for this too?*

Yes, if your organization meets the eligibility criteria described on pages 19-20/49 of the NOFO in the “Eligibility Information” section, and you have the organizational capacity and ability to address the strategies, activities, evaluation, and other requirements of this NOFO.

Please keep in mind that this is a **non-research** funding opportunity. No funds may be used to conduct research, as stated on page 31/49 under the “Funding Restrictions” section. Applicants should also ensure that any proposed work under this NOFO is not duplicative of current awards funded by another CDC mechanism.

5. *Can a university apply for this NOFO?*

As noted in the eligibility criteria described on pages 19-20/49, “Private institutions of higher education” and “Public and State controlled institutions of higher education” are eligible applicants and can apply for the NOFO.

6. *Our organization has an idea for a different epilepsy project. Can we propose that instead?*

No. This funding for this project will only be awarded for activities outlined by and required in this NOFO. Periodically the CDC Epilepsy Program puts out other funding opportunities as well – you can learn about them by checking our website at www.cdc.gov/epilepsy.

7. *What does CDC consider to be “evidence-based epilepsy self-management programs?”*

This term is used in the “Strategies and Activities” section of the Logic Model and text (pages 5-6 and 8/49). It refers to effective and promising programs that have the following characteristics:

- Addresses content and outcomes important in the management of epilepsy (such as medication adherence, stress or mood management, sleep hygiene);
- Based on theoretical approaches that enhance skills (such as self-monitoring, goal setting, problem-solving) for the adoption and maintenance of health-enhancing behavior;
- The program strategies included have been evaluated, (such as through pretest/post-test measurement or more rigorous study design with a comparison group) and shown to positively impact outcomes for people with epilepsy; and
- Public documentation of program evaluation available.

8. *The NOFO refers to NCCDPHP’s Four Domains of Chronic Disease Prevention. What do you mean by environmental approaches or community approaches linked to clinical services?*

As stated in the NOFO’s “Background” (page 4/49) and “Purpose” (page 7/49), this NOFO builds upon the National Center for Chronic Disease Prevention and Health Promotion’s [Four Domains of Chronic Disease Prevention](#).

As described in the website link above, environmental approaches refer to changes in policies and physical surroundings to make the healthy choice the easy choice. Environmental approaches can also mean changing the social environment so that communities and people are more inclusive.

Community programs linked to clinical services refers to those that help patients prevent and manage their chronic diseases, with guidance from their health care provider. The intent is to establish or enhance access to supportive and/or clinical services to better address the health and social needs of people living with chronic conditions.

9. *What do you mean by health system interventions?*

The NOFO references “health systems interventions” in a variety of sections, including the “Strategies and Activities” (page 8/49). It is a required activity under Component A, and one of the options under Component B.

Health system interventions refer to improvements in care that allow health care providers to diagnose chronic diseases earlier and to manage them better. For example, screenings and use of decision support tools serve as health system interventions.

10. *What are “partnerships with underutilized community resources?”*

The NOFO references “partnerships with underutilized community resources” in a variety of sections, including in the “Strategies and Activities” (page 8/49). It is a required activity under Component A, and one of the options under Component B.

For this activity, CDC expects applicants to work with community-level providers that may offer supports needed by people with epilepsy to address social needs and social determinants of health. This might include working with social service providers, transportation services, employers, food banks, and other community agencies.

11. *What geographic regions do each Component have to cover?*

This is addressed in the NOFO’s “Purpose” (page 7) and in the “Funding Strategy” section (page 11/49).

The NOFO indicates that Component A applicants need to demonstrate that they can provide services in at least 25 states, to show “national” coverage.

Component B applicants will focus on one to two strategies in specific geographic locations, such as a community, state, or region. Component B applicants may have a national focus, depending on the feasibility of the specific strategy/activity area chosen to address.

12. *My organization focuses on just one kind of epilepsy (or a rare epilepsy disorder.) Are we eligible to apply for Component B?*

Eligibility for this NOFO is unrestricted and open to all the entities described in the “Eligibility Information” section on pages 19-20/49.

Applicants should carefully review the NOFO’s “Purpose” and “Outcomes” (page 7/49) to assure that their proposed project aligns with the expectations described.

13. *My organization is interested in doing a public awareness campaign only. Is that allowable?*

No. As stated in the NOFO’s logic model (pages 5-6/49), and in the “Strategies and Activities” section (page 8/49), the Component A applicant is required to: “Conduct public awareness and public education activities related to epilepsy, seizure first aid, SUDEP prevention, and epilepsy stigma.” The Component A applicant is also required to address the other five strategies noted in these sections. This activity cannot be completed as a stand-alone project.

Component B does not include the public awareness activity as one of its options.

14. *If an organization is interested in applying for Component A, but doesn’t have the capacity for one strategy (e.g., Support a nationwide consumer epilepsy information and referral system), what can they do?*

As stated in the NOFO’s logic model (pages 5-6/49), and in the “Strategies and Activities” section (page 8/49), Component A applicants are required to implement all 6 Component A strategies. Organizations should consider their capacity to implement Component A strategies directly, or through partnerships (also required as noted in the “Collaborations” section on page 9/49).

If applicants do not have the capacity to meet Component A requirements, they can consider applying for one or two Component B strategies.

15. *I want to work in one community only. Is that allowable?*

Yes, under Component B only. This is addressed in the NOFO’s “Purpose” (page 7) and in the “Funding Strategy” section (page 11/49). The NOFO indicates that Component A applicants need to demonstrate that they can provide services in at least 25 states, to show “national” coverage.

Component B offers flexibility for applicants to work in specific geographic locations, such as a community, state, or region.

16. Does the \$150,000 award for one Component B project include indirect costs?

Yes. On page 28/49, the NOFO describes all the required elements of the budget, including indirect costs.

17. What's a cooperative agreement?

The NOFO glossary defines "cooperative agreement" on page 45/49:

"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."

The NOFO also describes the level of CDC support in a cooperative agreement on page 17/49. CDC staff is "substantially involved in the program activities, above and beyond routine grant monitoring monthly calls, and site visits."