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

Questions 18-37 added after 2/24/21 Informational Call

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."

18. **Can an entity be a subrecipient on more than one application? Can an entity submit a primary application, and also be a subrecipient on another organization's application?**

    The language on page 22/49 of the NOFO states:
    "This NOFO will have 2 components: A and B. Eligible applicants may only apply for either Component A or Component B. Multiple applications from the same entity will not be accepted. Any organization that submits multiple applications will be deemed non-responsive and those applications will not receive further review."

    This means that we cannot accept multiple primary applications from one entity. However, a primary applicant may be listed under another entity's application as a sub-recipient. An entity may also be listed as a sub-recipient on multiple applications.

19. **Do you know if a new round of this funding opportunity will be open again within the next five years? i.e. Will there be an opportunity to apply next year? or in two years?**

    Historically, the CDC Epilepsy Program has released non-research cooperative agreement funding opportunities every 5 years. Funding opportunities are always subject to the availability of federal funding.

This particular NOFO is only available this one time for a 5-year cycle. There isn't an opportunity to apply next year or in 2 years for this NOFO. There is always the possibility that other funding may come available if our budget allows. We post all grant opportunities on www.grants.gov.

20. What is the estimated award date for this NOFO?

The NOFO's estimated award date is 9/13/21.

21. Is the PI required to have experience managing CDC or other federal grants? Is there an educational requirement for this position? Is there a template for staff resumes?

The NOFO addresses staffing on page 17/49 and 37/49. It does not explicitly require the PI to have experience managing CDC or other federal grants, or have a stated educational requirement.

The NOFO does not have a template for staff resumes.

22. Can other countries apply for this NOFO?

This funding opportunity is limited to the United States and its territories, as noted in the Eligibility Criteria on page 19/49.

23. Are there restrictions about including colleagues from the VA as collaborators for this NOFO?

Other federal agencies are not eligible to be primary applicants for this NOFO, as noted in the Eligibility Criteria on page 19/49.

However, our Grants Management Specialist notes that CDC does not mandate the type of subaward, or awards contracts a recipient puts in place. CDC's responsibility is to ensure the grantee follows the procurement regulations as outlined in 45 CFR, Part 74.

The Procurement Standards permits grantees to use their own procurement procedures which reflect applicable state and local laws and regulations provided that the procurements conform to applicable Federal law and the standards identified in this section. One of those standards is the requirement for competition. All procurement transactions shall be conducted in a manner to provide to the maximum extent, practical open and free competition. These procedures must allow all qualified contractors to be given an opportunity to bid and to have their bids fairly considered. See question 37 below for additional detail on this question.

24. Will there be additional Q&A sessions?

No, the Informational Call held on 2/24/21 was the only scheduled Q&A session. You can email additional questions to epilepsy@cdc.gov.

25. The NOFO says applicants need to show they will work with other CDC-funded programs. How does that work if you are one of those funded programs?

As noted on page 9/49 of the NOFO, "CDC expects recipients to work with other CDC-funded programs 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 in order to teach epilepsy self-management skills to diverse groups and train health care providers about epilepsy."

Entities who are already funded by a CDC program, such as the Prevention Research Centers (PRCs), are eligible applicants for this NOFO. In the example of the PRCs, those projects are typically funded to do research to develop and test new intervention programs. This NOFO is a non-research funding opportunity, with a distinct set of requirements separate from other CDC projects. It is focused on *implementation* of evidence-based programs, rather than the testing of them. For example, as described in the Logic Model (page 5/49) and Approach (page 8/49), this NOFO asks applicants to "expand access to, delivery of, and participation in evidence-based epilepsy self-management programs."

Applicants can work with other CDC-funded programs that target population subgroups that overlap with epilepsy subgroups. For example, applicants can work with CDC-funded Aging Program awardees to address the needs of older adults with epilepsy; or CDC-funded School Health Program awardees to address the needs of students with epilepsy.

26. If we partner with food banks or transportation groups, are we able to use grant funds to help offset their costs?

The use of subawards is allowable. See question 37 below for additional detail on what is required.

27. Can you please clarify when we should use letters of support or MOUs/MOAs?

As stated on page 9/49 of the NOFO, "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. Applicants must file the LOS, MOU, or MOA, as appropriate, name the file "LOS" or "MOUs/MOAs", and upload it as a PDF file at www.grants.gov."

The NOFO does not specify when or how each of these types of partner agreements are used; that is left to the discretion of the applicant. CDC just requires that some sort of agreement is in place to ensure that all partners understand their roles and responsibilities, and that there is

accountability regarding the use of federal funds to partnering organizations in support of cooperative agreement objectives.

28. What's the difference between a subaward and a partnership?

Subawards indicate the distribution of federal funds to another entity to carry out some of the NOFO activities. Partnerships may or may not include an exchange of funds. Please see the guidance in question 37 for more detail on subawards.

29. The NOFO says it does not require a data management plan (DMP), but there is information on what's required in a DMP. Is it required?

Page 14/49 of the NOFO indicates that "since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is <u>not required</u> for this NOFO."

There is language below this section that details how a DMP should be developed and updated. This was part of the NOFO template, and does not apply to this particular work.

30. If an applicant is already doing several of the things that are listed, are you still able to apply for funding? Is there an opportunity to expand on current work?

Applicants who meet the eligibility criteria for receipt of funding are eligible to apply. Applicants are encouraged to follow the NOFO requirements and demonstrate how they would best address these requirements. The Organizational Capacity section of the NOFO (page 15/49) requires applicants to demonstrate their ability to conduct the activities of the NOFO and provide examples of past work. Each application will be reviewed and scored against the criteria set forth in the NOFO, not compared to other applicants.

31. The Healthy People section of the NOFO references goals that are adult-focused. Can applicants focus on pediatric populations?

The NOFO Strategies and Activities (page 8/49) do not specify a requirement to focus on adults or children. Applicants should review the required Outcomes (page 7/49) and ensure their proposed project aligns with these.

32. Can you talk more about the CDC assurances and certifications? If we have been funded by CDC previously or currently, is there something additional to submit?

On page 23/49 of the NOFO, there is a section on required CDC Assurances and Certifications that all applicants must complete. Current grantees may have some of this paperwork already done, but must ensure it has been updated and submitted to CDC along with this NOFO

application. It will need to be updated annually. Please refer to the NOFO for specific requirements and links.

33. The NOFO says CVs/Resumes are required. Is a bio-sketch ok?

The NOFO indicates that CVs/Resumes are required attachments (page 44/49). Bio-sketches, similar to those submitted for NIH applications, are acceptable as long as they indicate employment history and relevant experience so that the reviewers can assess the qualifications of the proposed staff.

34. Is there a form to complete to show there is no overlap or duplication of efforts?

"Duplication of efforts" is described on page 24/49 of the NOFO. There is no template or specific form to fill out. The applicant's report should be uploaded into Grants.gov with the application as noted in the NOFO.

35. We are registered with SAM.gov but our purpose of funding says "federal assistance only." Do we need to fill it out differently or fill out something else?

No, that is sufficient for this NOFO.

36. Can you please clarify how much the awards are per year for Component B, and for how many years?

Page 2/49 of the NOFO indicates the period of performance is 5 years. The awards are estimated to be up to $150,000 per year for addressing one strategy, and up to $300,000 per year for addressing 2 strategies.

37. Can you further clarify how subawards work, specifically the competition component? If you have partnerships already, do you have to compete them? Does this have to occur before the due date of April 12?

If a primary award recipient wants to make a subaward, they have to follow the guidance set forth in 45 CFR Part 75- Electronic Code of Federal Regulations (eCFR) for competitive and non-competitive procurement.

The competitive process does not need to occur before the application due date. Applicants should provide as much detail about proposed subawards in the application. If selected for funding, the recipient's budget will be reviewed by CDC's Office of Financial Resources and the process for subaward procurement will be finalized.

Helpful definitions from CDC's Dictionary of Terms:

Subaward

An award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.

Subrecipient

A non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.

Detailed explanation on procurement of subawards from the 45 CFR Part 75:

§75.328 Competition.

(a) All procurement transactions must be conducted in a manner providing full and open competition consistent with the standards of this section. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurements. Some of the situations considered to be restrictive of competition include but are not limited to:

(1) Placing unreasonable requirements on firms in order for them to qualify to do business;
(2) Requiring unnecessary experience and excessive bonding;
(3) Noncompetitive pricing practices between firms or between affiliated companies;
(4) Noncompetitive contracts to consultants that are on retainer contracts;
(5) Organizational conflicts of interest;
(6) Specifying only a "brand name" product instead of allowing "an equal" product to be offered and describing the performance or other relevant requirements of the procurement; and
(7) Any arbitrary action in the procurement process.

(b) The non-Federal entity must conduct procurements in a manner that prohibits the use of statutorily or administratively imposed state, local, or tribal geographical preferences in the evaluation of bids or proposals, except in those cases where applicable Federal statutes expressly mandate or encourage geographic preference. Nothing in this section preempts state licensing laws. When contracting for architectural and engineering (A/E) services, geographic location may be a selection criterion provided its application leaves an appropriate number of qualified firms, given the nature and size of the project, to compete for the contract.

(c) The non-Federal entity must have written procedures for procurement transactions. These procedures must ensure that all solicitations:

(1) Incorporate a clear and accurate description of the technical requirements for the material, product, or service to be procured. Such description must not, in competitive procurements, contain features which unduly restrict competition. The description may include a statement of the qualitative nature of the material, product or service to be procured and, when necessary, must set forth those minimum essential characteristics and standards to which it must conform if it is to satisfy its intended use. Detailed product specifications should be avoided if at all possible. When it is impractical or uneconomical to make a clear and accurate description of the technical requirements, a "brand name or equivalent" description may be used as a means to define the performance or other salient requirements of procurement. The specific features of the named brand which must be met by offers must be clearly stated; and

(2) Identify all requirements which the offerors must fulfill and all other factors to be used in evaluating bids or proposals.

(d) The non-Federal entity must ensure that all prequalified lists of persons, firms, or products which are used in acquiring goods and services are current and include enough qualified sources to ensure maximum open and free competition. Also, the non-Federal entity must not preclude potential bidders from qualifying during the solicitation period.

§**75.329 Procurement procedures.**

Procurement by noncompetitive proposals. Procurement by noncompetitive proposals is procurement through solicitation of a proposal from only one source and may be used only when one or more of the following circumstances apply:

(1) The item is available only from a single source;

(2) The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;

(3) The HHS awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the non-Federal entity; or

(4) After solicitation of a number of sources, competition is determined inadequate.