Centers for Disease Control and Prevention
Notice of Funding Opportunity (NOFO) (CE20-2001)
Comprehensive Suicide Prevention
Frequently Asked Questions

Question: What is a comprehensive approach to suicide prevention?
Answer: For the purposes of this NOFO, a comprehensive approach to suicide prevention is characterized by:

a. **Strong leadership** that convenes multi-sectoral partnerships
b. **Prioritization of data** to identify vulnerable populations and to better characterize risk and protective factors impacting suicide
c. **Leveraging existing suicide prevention programs**
d. **Selection of multiple and complementary strategies** with the best available evidence to fill gaps
e. **Effective communication**
f. **Rigorous evaluation** of the overall approach and individual activities that feeds data back into the system for quality improvement and sustainability

Question: What is considered a vulnerable population?
Answer: For the purposes of this NOFO, a vulnerable population is defined as a population with suicide rates greater than the general population in a jurisdiction that also represents a significant proportion of the suicide burden (i.e., large numbers) in that jurisdiction.

Question: What are examples of vulnerable populations?
Answer: Vulnerable populations may include veterans; tribal populations; rural populations; lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) populations; homeless populations; or other groups (e.g., middle-aged adults).

Question: What is a jurisdiction?
Answer: A jurisdiction is a geographically bounded area such as a state/territory, city/county, tribe, or district.

Question: Can a jurisdiction be some other location such as a college, university, workplace?
Answer: A jurisdiction can include any location in which a suicide rate is able to be defined. The vulnerable population selected must then have a rate greater than the general population in that jurisdiction.

Question: Can a vulnerable population cross state boundaries? For example, if working in a tribal area, a vulnerable population might live in multiple states.
Answer: Yes. For the purposes of this NOFO, applicants may select a vulnerable population that crosses state boundaries. Applicants must show evidence that the population selected has suicide rates greater than the general population in the jurisdiction and that it comprises a significant proportion of the burden (i.e. large numbers) in the jurisdiction.
**Question:** Is this opportunity limited to serving all vulnerable populations in specific geographic jurisdictions or is the opportunity open to serving specific vulnerable populations (e.g., veterans) across various geographic jurisdictions?
**Answer:** Applicants must select at least one vulnerable population in a jurisdiction. One vulnerable population may span multiple jurisdictions (e.g. multiple counties).

**Question:** The NOFO says that the vulnerable population must represent a *significant proportion of the suicide burden.* What is meant by significant proportion?
**Answer:** There is no single proportion required; applicants should use their surveillance data to determine population(s) at increased risk of suicide and that are large enough to see a reduction in suicide and suicide attempts by 10%.

**Question:** May I select youth or another vulnerable population apart from those listed in the NOFO?
**Answer:** Yes, other vulnerable populations are allowable. Applicants must show evidence that the population selected has suicide rates greater than the general population in the jurisdiction and that it comprises a significant proportion of the burden (i.e., large numbers) in the jurisdiction.

**Question:** Is the long-term goal of a 10% reduction in suicide and suicide attempts in the entire jurisdiction or a 10% reduction in suicide and suicide attempts in the vulnerable population in the selected jurisdiction?
**Answer:** A key outcome of this funding opportunity is a 10% reduction in suicide and suicide attempts in the vulnerable population within the jurisdiction.

**Question:** What is the timeline for the long-term outcome of reducing suicide rates by 10%?
**Answer:** A 10% reduction in suicide rates should be achieved by the end of the 5-year period of performance.

**Question:** Can I propose activities that would reach “non-vulnerable” populations as well as vulnerable populations?
**Answer:** The funding is meant to reduce suicide rates in one or more vulnerable populations in a jurisdiction(s). It is possible that some funded activities (e.g., prevention messaging) will reach the general population. This is fine and expected. However, outcomes should be observed in the vulnerable population.

**Question:** If more than one vulnerable population is selected, do recipients need to demonstrate a 10% reduction in suicide rates in both groups individually or in the two groups combined?
**Answer:** If more than one vulnerable population is selected, prevention strategies will need to target each group independently, and so we would expect to see reductions in both groups.

**Question:** What should be included in the partnership plan?
**Answer:** The partnership plan should include a list of partners and their roles related to funded activities (e.g., will provide data on the vulnerable population), the frequency of interaction (e.g., monthly check-ins), the nature of their engagement (e.g., participation in the coalition), along with evaluation metrics (e.g., frequency, type of activity, time spent collaborating).
**Question:** Will the recipients or the amount of funding change in years 2+?
**Answer:** CDC does not anticipate the recipients or the amount of funding to change in subsequent years; however, awards are 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.

**Question:** Will a budget template be provided?
**Answer:** A budget template is not provided. See pages 28 and 29 of the NOFO for what to include in your budget.

**Question:** Can recipients use funding to expand a program NOT included in the technical package?
**Answer:** Yes. If an alternate program not included in the technical package is preferred, recipients may implement and evaluate this program, but recipients will need to provide documentation of evidence of impact the selected program had on suicide, suicide attempts, or suicide risk/protective factors.

**Question:** Can recipients fund policy-level interventions?
**Answer:** Public health entities can play an important role by gathering and synthesizing information to inform policy, raise awareness, and evaluate the effectiveness of various policies. Activities described in this NOFO may include consultation on the implementation of prevention programs and assessment of policies as part of a comprehensive suicide prevention strategy (pg. 18 of NOFO). Applicants should refer to the Anti-Lobbying Restrictions for CDC Grantees to make sure their work is still within the legal bounds of policy work: https://www.cdc.gov/grants/documents/Anti-Lobbying-Restrictions.pdf.

**Question:** Are there any activities/approaches that recipients cannot use CDC funding to do?
**Answer:** Yes. CDC will not fund crisis hotlines or mental health services. Funds also may not be used to support activities currently funded under other funding mechanisms. In addition, applicants proposing policy initiatives should refer to the Anti-Lobbying Restrictions for CDC Grantees to make sure their work is within the legal bounds of policy work: https://www.cdc.gov/grants/documents/Anti-Lobbying-Restrictions.pdf.

**Question:** If my state receives SAMHSA funding for suicide prevention, can I still apply for CDC funding, and can I use the CDC funds for my SAMHSA-funded activities or vice versa?
**Answer:** You may still apply for CDC funding even if you receive funding from another federal agency. However, activities funded as part of this NOFO may not be funded by another agency, and this funding cannot be used to fund work supported by another agency. Please see page 23 of the NOFO for information on duplication of efforts.

**Question:** Is this funding opportunity open to applicants from other countries?
**Answer:** No, this funding opportunity is not open to applicants from other countries.

**Question:** Is there a specific indirect cost percentage for this grant?
**Answer:** If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. According to 45 CFR §75.414, if an organization has never had a negotiated indirect cost rate agreement, then it can request a de minimis rate of 10% of MDTC indefinitely. If an organization has ever negotiated an indirect cost rate agreement with the federal government, then it will need to use that agreement for all indirect cost requests, assuming the agreement has not expired. If the agreement has expired, the organization needs to renegotiate one for future requests of indirect costs. If an
organization has an indirect rate agreement, it can request a lower percentage in indirect costs than the agreement rate in an application, but not higher than the agreed upon rate.

**Question:** What are the requirements for applying for this Suicide Prevention Grant?

**Answer:** The NOFO highlights numerous programmatic and organizational requirements throughout the document. Applicants are encouraged to read through the NOFO thoroughly to evaluate their capacity to demonstrate the ability to implement and evaluate a comprehensive public health approach to suicide prevention with attention to one or more vulnerable populations representing a significant proportion of the suicide burden (e.g., veterans, tribal populations, rural communities, LGBTQ, homeless, other) in a jurisdiction(s) (e.g., state, city/county, tribe). Applicants should also review the “Organizational Capacity of Recipients to Implement the Approach” section of the NOFO to ensure they meet organizational requirements.

**Question:** We are a small 501(c)(3) located in a rural area. We have an extremely high suicide rate and would like to provide psychological autopsies to assist our medical examiners in assessing "why suicide, why now, why by this particular method, and what could have been done to prevent this." These autopsies would support bereaved families, assist our medical examiner, and inform prevention. Could a recipient use funding for this type of activity?

**Answer:** No. The purpose of this NOFO is to implement and evaluate a comprehensive public health approach to suicide prevention with attention to vulnerable populations that account for a significant proportion of the suicide burden and have suicide rates greater than the general population in a jurisdiction(s) (e.g., state, city/county, tribe).

**Question:** There are approximately 20,000 new people every month who require the assistance of a service dog, but there are only about 10,000 service dogs available each year. Can I use this grant to buy a piece of property for my dogs?

**Answer:** No. Funds may not be used for purchase of property. See funding restrictions beginning on page 31 of the NOFO.

**Question:** Are IHS (Indian Health Service) facilities eligible to apply for this grant?

**Answer:** Yes. This NOFO is being competed openly, with eligible applicants including but not limited to Native American tribal governments (federally recognized), Indian Housing Authorities, Native American tribal organizations (other than federally recognized tribal governments), nonprofits with or without a 501(c)(3) status, for profit organization, small businesses, and American Indian/Alaska Native tribal governments (federally or state-recognized). See page 20 of NOFO.

**Question:** I work at the National Highway Traffic Safety Administration Office of Emergency Medical Services (EMS). EMS clinicians die by suicide at higher rates than the general population. One of our priority areas is reducing suicide rates among EMS clinicians. Can EMS clinicians be considered a vulnerable population?

**Answer:** For the purposes of this NOFO, vulnerable populations are populations that have a suicide rate greater than the general population in a jurisdiction and account for a significant proportion of the suicide burden (i.e., large numbers) in that jurisdiction. In order for EMS clinicians to be considered a vulnerable population for this funding opportunity, applicants must be able to document that the rate of suicide among EMS clinicians is greater than the rate of suicide for the jurisdiction from which the EMS clinicians derive.
**Question:** Bolded text in the logic model on page 4 is supposed to indicate period of performance outcomes. However, the short-term outcomes (year 1) are not bolded. Are the short-term not measured in the same way or treated differently from medium- and long-term outcomes?

**Answer:** Recipients are expected to monitor all outcomes in the logic model during the funding period. Bolded text does not represent a difference in required tracking and monitoring.

**Question:** Can this funding be used to address any increases in suicide or suicide attempts related to the current COVID-19 outbreak?

**Answer:** The purpose of the funded activities is to implement and evaluate a comprehensive approach to suicide prevention in a vulnerable population(s) with higher rates of suicide than the general population, in a jurisdiction(s). The vulnerable population must also represent a significant proportion of the burden (i.e., large numbers) of suicides in the jurisdiction. If data are available to show that people with covid-19 (or a population affected by the outbreak) meet this definition, then funding could be used to support activities targeting that group.

**Question:** Will paper applications be accepted?

**Answer:** 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. (Reference: “D. Application and Submission Information” of the NOFO).

**Question:** Will late applications be accepted?

**Answer:** 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. (Reference: “D. Application and Submission Information” of the NOFO).

**Question:** Will late applications be accepted due to COVID-19?

**Answer:** You will find guidance about this on the CDC grants website: [https://www.cdc.gov/grants/public-health-emergencies/covid-19/faqs/index.html](https://www.cdc.gov/grants/public-health-emergencies/covid-19/faqs/index.html). It states that:

“When a delay occurs because the applicant or recipient is directly impacted by COVID-19, CDC will consider extending the application due date beyond the date specified in the Notice of Funding Opportunity (NOFO) on a case-by-case basis, in accordance with the Department of Health and Human Services (HHS) Grants Policy Statement “Submitting an Application,” Part I-25-26. Please submit your request to extend the NOFO deadline to the assigned grants management specialist/program official noted in the Notice of Funding Opportunity under Agency Contacts prior to the NOFO closing date. Your request should include enough detail about the delay so that CDC can determine whether circumstances justify extending the NOFO application submission deadline.”