



RESOURCE GUIDE: GETTING THE MOST FROM WORKING WITH CDC'S EHDI

This is an orientation for new Early Hearing Detection and Intervention (EHDI) Project Directors, or a refresher for veteran managers, wanting to better understand their role as partners with CDC's EHDI, as well as learn about available resources.

WELCOME

Dear Project Director,

Welcome to your new role as the PD for DD17-1701.

Thank you for supporting our shared mission to identify all deaf and hard-of-hearing infants early, as well as ensuring they receive the services necessary to reduce their risk of developmental delays and reach their maximum potential.

The Centers for Disease Control and Prevention's EHDI Team is excited to be working with recipients of our CDC cooperative agreement "Documentation and Use of Follow-up Diagnostic and Intervention Services Data through the Maintenance and Enhancement of Early Hearing Detection and Intervention Information System (EHDI-IS)" (CDC-RFA-DD17-1701).

We understand that, for many of you, the transition to your new role as the Project Director may be challenging and, even sometimes, overwhelming. This may be a brand new area of health program management for you, or you may already have some understanding of how you will collaborate with CDC's EHDI Team. Either way, this Resource Guide is intended to help you get the most from our work together and from the resources we offer.

Additionally, your assigned liaison will contact you to schedule a conference call, during which you will walk through the administrative and programmatic requirements of an award recipient, and receive documents to support you in your new role.

If you do not find what you are looking for, or if you have any questions, please do not hesitate to contact us by sending an email to EHDIco-op@cdc.gov.

We look forward to working with you.

Sincerely,

The EHDI Team

National Center on Birth Defects and Developmental Disabilities
Centers for Disease Control and Prevention

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MISSION OF EHDI PROGRAM

Congenital hearing loss affects 1-3 of every 1,000 live-born infants, and has the potential to delay language acquisition, subsequently leading to other developmental delays. The mission of the Early Hearing Detection and Intervention (EHDI) Program is to ensure that all newborns in each jurisdiction meet the 1-3-6 Benchmarks which include

- 1 -- receiving a hearing screening by 1 month of age,
- 3 -- receiving a follow-up diagnostic test (if they do not pass the hearing screening) by 3 months of age, and
- 6 -- be enrolled in early intervention services (if diagnosed with a permanent hearing loss) by 6 months of age.

Progress towards the 1-3-6 Benchmarks is measured by the Healthy People 2020 objective ENT-VSL-1, as well as by three child health quality measures endorsed by the National Quality Forum (NQF):

- NQF #1354: Hearing screening before discharge from the hospital.
- NQF #1360: Audiological evaluation no later than 3 months of age (for those not passing the hearing screening).
- NQF #1361: Intervention no later than 6 months of age (for those identified with a hearing loss).

For tracking and surveillance (collecting of information), each jurisdictional EHDI Program needs hospitals, audiologists, interventionists, and other providers to provide accurate and complete information on a consistent basis. This also allows the EHDI Program to:

- identify infants who are deaf and hard-of-hearing,
- ensure these infants are receiving necessary services,
- assess progress towards meeting the 1-3-6 Benchmarks, and
- report data to CDC on an annual basis through the Hearing Screening and Follow-Up Survey.

The Hearing Screening and Follow-Up Survey was fully implemented in 2006. The Survey is sent annually to the EHDI Program Coordinators in each state and territory. It requests that programs report information about the receipt of hearing screening, diagnostic testing, and early intervention

enrollment for every infant born within the jurisdiction. Response to the Survey is voluntary; however, response is encouraged, as it allows CDC to provide targeted technical assistance and assess progress toward the national [1-3-6 Benchmarks](#).

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CURRENT COOPERATIVE AGREEMENT

DD17-1701

“Documentation and Use of Follow-up Diagnostic and Intervention Services Data through the Maintenance and Enhancement of the Early Hearing Detection and Intervention Information System”

In previous cooperative agreements, CDC’s EHDI program awarded funds to states and territories to implement a range of EHDI activities, including establishing an EHDI Information System (EHDI-IS). These activities have resulted in more than 95% of newborns getting a hearing screening, as well as improved identification of infants who are deaf or hard-of-hearing. Despite these successes, the capabilities of the EHDI-IS in each jurisdiction vary, leaving some infants still lost to follow-up or lost to documentation (LFU/LTD) for recommended services. Ensuring that these infants receive timely follow-up services is crucial to making sure both deaf and hard-of-hearing infants are identified and getting the services they need in a timely manner. Doing so will increase the impact of the EHDI Programs, as well as minimize the risk of developmental delays.

In the current cooperative agreement, the goal is to **strengthen** state and territorial capacity to capture complete and accurate data on all infants in need of recommended follow-up diagnostic and intervention services. This can be accomplished by improving reporting by care providers to the EHDI Programs and by assuring the data are entered in the EHDI-IS.

The period of performance for the current cooperative agreement is July 1, 2017 through June 30, 2020.

As part of a cooperative agreement, each program has a Work Plan. The Work Plan is a key document that drives the EHDI Program’s efforts. It is developed in the first year of the cooperative agreement and may be revised each successive year depending on the Program’s progress and needs. It specifies detailed strategies and activities to be accomplished for each year of the cooperative agreement.

The Work Plan also lists:

- Program staff responsible for each activity.
- Performance measures.
- Timeframe to complete the activity.

The Work Plan is a crucial part of the cooperative agreement. It guides each state and territory in achieving the intended outcome to improve documentation of receipt of follow-up services. In

particular, it focuses on documenting audiologic services and, enrollment in early intervention services for infants who are eligible.

If you need assistance or have questions about the Work Plan for your EHDI Program, please contact your assigned liaison.

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TO HELP STRENGTHEN YOUR PROGRAM IMPORTANT DOCUMENTS

Evaluation Plan

The Evaluation Plan serves as a roadmap for how you will plan to carry out evaluation activities. The Plan should:

- Describe specific methods (how the evaluation will be carried out).
- List intended activities you plan to implement and describe how they will be conducted.
- Specify the sources for data being used.
- Identify persons responsible for each activity.
- Provide the timeline for activities to be completed.

Results of the Evaluation Plan are meant to help your program find areas that need improvement and plan corrective actions. The Evaluation Plan is typically due in December. Questions about the Evaluation Plan should be sent to EHDICo-op@cdc.gov.

Evaluation Report

The Evaluation Report is based on the Evaluation Plan. Before developing this Report, you should have already completed the intended activities stated in the Evaluation Plan. The Report simply conveys findings and discusses lessons learned from the Evaluation Plan. You may also discuss next steps. The Evaluation Report is typically due September 30. Questions about the Evaluation Report should be sent to EHDICo-op@cdc.gov.

Hearing Screening and Follow-up Survey (HSFS)

CDC sends an annual survey, the Hearing Screening and Follow-up Survey, to all states and territories requesting information related to infant hearing screening and follow-up activities for infants born in a specified calendar year. Participation in the survey is voluntary; however, all states and territories are encouraged to complete it, as their data help determine the status of EHDI efforts across the United States and measures progress toward the Healthy People 2020 objectives. Survey information also allows each CDC Liaison to provide targeted technical assistance to the jurisdictional EHDI Programs. An e-mail requesting Survey data typically goes out in January, with responses due in early March.

Work Plan

The Work Plan is the document that drives an EHDI Program's work. It lists all of the EHDI Program's strategies and activities to be accomplished within each budget period and by the end of the period of performance. Program strategies include surveillance, training and support, creating

new partnerships, evaluation, and travel, if warranted. Please contact your assigned liaison if you have any questions about the Work Plan.

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TO MEET OBLIGATIONS UNDER THE AWARD

IMPORTANT DOCUMENTS

Annual Performance Report

The Annual Performance Report is also known as a “non-competing continuation.” It is due no later than 120 days prior to the end of the budget period, and serves as the continuation application for the follow-up budget period.

Budget Preparation Guidelines

Budget writing requirements vary among programs. Please refer to the Budget Preparation Guidelines for answers to any questions you may have. If you do not find what you are looking for, please contact your liaison or the Grants Management Specialist listed in your Notice of Award for assistance.

Budget Revision

Any significant redirection of funds (25% or more of the total award) requires a formal Budget Revision [request](#), which must be submitted, by the end of February, or no later than 120 days before the end of the budget period. The request should be submitted in Grant Solutions to the Grants Management Specialist as a budget revision amendment. The request must bear the signature of the Authorized Organization Representative. Also, any requests involving funding issues must include an itemized budget and a narrative justification for the request. Since there are some exceptions to the 25% rule, check with the Grants Management Specialist or Project Officer, listed in your Notice of Award, or your liaison, to clarify when a Budget Revision is required.

Carryover of Unobligated Funds Request

Any unobligated federal funds remaining at the end of any budget period may be carried over to another budget period with the approval of the Grants Management Officer, or under an automatic authority. The funds are intended to cover allowable costs of that budget period, either as an offset or as an additional authorization. The [Carryover of Unobligated Funds Request](#) must be submitted with the Federal Financial Report, which is due no later than 90 days after the end of the budget period (September 30 for this cooperative agreement). You may submit an amendment to carryover the unobligated funds as soon as the Federal Financial Report for that budget year is available. A template and guidance for completing this amendment is available from your liaison or Grants Management Specialist. Contact your liaison if you have any questions regarding this process.

Change in Key Personnel Request

The Program must submit a Change in Key Personnel Request for any of the following:

- The Project Director or Principal Investigator is absent for more than 3 months
- The Project Director or Principal Investigator is going to reduce the time he or she is devoting to the project by 25% or more
- The Authorized Organization Representative is changing

The Request should be performed using the [Change in Key Personnel form](#). The completed form should be sent to CDC's Office of Grant Services at least 120 days before the end of the budget period. Please also inform the Grants Management Specialist, listed in your Notice of Award, and your liaison of any change in key personnel. Changes in key personnel change must be submitted through Grant Solutions as an amendment.

Closeout Report

The Closeout Report covers the period of performance overall, and demonstrates whether funding recipients have met (or not met) all project goals and requirements identified in the terms and conditions of the Notice of Award. The current cooperative agreement, for instance, ends in the year 2020. At that time, recipients will submit a Closeout Report discussing their work, accomplishments, and lessons learned over the 3-year period of performance by September 30, 2020. The Closeout Report includes the following documents:

- Final Closeout Report (CDC's EHDI Program will provide a template).
- Equipment Inventory.
- Federal Financial Report.

Federal Financial Report (FFR)

The Federal Financial Report (FFR), or the standard federal form SF-425, covers funds authorized and disbursed during a certain timeframe. It must indicate the exact balance of unobligated funds. The final FFR must not include unliquidated obligations. This report is generally completed by another department (e.g., finance department) within the jurisdictional agency. It must be submitted 90 days after the end of calendar quarter in which the budget period ends.

New Contractor/Consultant Request

Recipients must obtain written approval from CDC prior to establishing a third-party contractor to perform Program activities. Approval by CDC to utilize funds and initiate Program activities through the services of a contractor requires the submission of six elements for contractors and seven elements for consultants. Contact your liaison or Grants Management Specialist for the available template. Also, see the Office of Grant Services' (OGS) [Budget Guidelines](#) for details regarding the required elements.

No Cost Extension

If, at the end of a period of performance, a recipient has been unable to complete all activities, the recipient may request additional time. A No-Cost Extension allows the recipient to continue and/or complete their activities, for up to 12 months, without additional federal funding. A request for no cost extension, as with changes in staffing and Work Plan and redirection of funds, must be addressed to the Grants Management Specialist, listed on the Notice of Award and submitted in Grant Solutions.

Notice of Award (NOA)

The Notice of Award is the official, legally binding award document that notifies the recipient of the funding. It contains, or references, all the terms and conditions of the grant and federal funding limits, and provides a documented basis for recording the obligation of federal funds in the agency's accounting system. It also includes upcoming due dates and instructions for specified reports. The Notice of Award is released to recipients by CDC's Office of Grant Services by 1 month before the start of the budget period in July.

Notice of Funding Opportunity (NOFO)

The Notice of Funding Opportunity (NOFO), formerly known as Funding Opportunity Announcement (FOA), is the announcement that funds are available to eligible jurisdictions. The NOFO includes an application and instructions. The award is intended to support jurisdictional EHDI Programs in improving their capacity to document the provision of timely follow-up diagnostic testing and early intervention services. The overall goal is early identification of deaf and hard-of-hearing infants in order to address potential developmental delays. NOFOs list the requirements and expectations of the jurisdictional EHDI Programs funded by the award.

Summary Statement/Technical Review Response to Weaknesses

The Summary Statement/Technical Review Response to Weaknesses is the liaison's feedback to a Program's progress report for the current budget period and their Work Plan for the next budget period. The liaison may provide comments on the progress report, request clarifications, or have suggestions for improvements to the Work Plan. Each jurisdictional EHDI Program must address any feedback by the due date listed in the Notice of Award. The cover letter that accompanies the response should be addressed to the Grants Management Specialist, listed in the Notice of Award, and submitted in Grant Solutions.

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STAY IN THE LOOP

E-mail is our primary channel of communication with our funding recipients. We regularly send out important announcements and reminders (e.g., due dates for reports; upcoming events, such as webinars, conference calls, quarterly newsletter) through e-mail. If you are not already on our e-mail list and would like to join, please send your request to EHDICO-op@cdc.gov.

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EVENTS

We offer several opportunities for our funding recipients to connect with CDC’s EHDI Team and to learn from one another. Please be sure to join our [e-mail list](#) to receive announcements and details on upcoming events.

Annual EHDI Meeting

The Annual EHDI Meeting brings together all who support early detection of hearing issues, including those who work in jurisdictional or federal EHDI programs and those who provide screening, diagnostic, and early intervention support for families of young children with hearing loss. It is held in a different U.S. city each year, typically in the spring. Visit <https://ehdimeeting.org> for information on the next meeting!

Data Committee Call

The Data Committee Call is a teleconference meeting that brings together EHDI staff responsible for data analyses. The calls include discussions around anything data-related, such as the Hearing Screening and Follow-Up Survey, definitions (e.g., “In Process”), and how to perform specific analyses. Calls are held on the third Thursday every month at 3:00 p.m. (Eastern Time). To join the listserv specific to this call, please send an email to EHDICO-op@cdc.gov.

ECHO Web Conferencing

ECHO Web Conferencing brings together EHDI staff in a virtual “face-to-face” video environment, where they can listen to real cases from state programs and share advice based on actual experience. CDC’s EHDI Team hosts ECHO sessions approximately every other month. To learn more about upcoming sessions, please send an email to EHDICO-op@cdc.gov.

Executive Committee Call

CDC’s EHDI Team holds Executive Committee Calls every few months to make important announcements regarding the cooperative agreement. Meeting times vary, and you will be informed by CDC’s EHDI Team, via email notification, of any upcoming meetings.

Interactive Web Sessions

From time to time, we offer topic-specific Interactive Web Sessions on information related to CDC’s EHDI award. Past topics have included guidance on developing an Evaluation Plan, to completing the Hearing Screening and Follow-up Survey. Sessions also allow for active participation and discussion on the topic. We strive to record these sessions to make them available to those unable to attend or interested in the topic. Please [stay in the loop](#) to participate in upcoming sessions!

Outcomes Committee Call

The monthly Outcomes Committee Call joins representatives from CDC, state EHDI Programs, and Part C programs to make recommendations to CDC's EHDI Program about potential outcomes data that state and territorial EHDI Programs could gather. The Committee is also working to overcome data-sharing and privacy and confidentiality challenges. If you are interested in joining the Outcomes Committee Call, please send an email to EHDICo-op@cdc.gov.

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RESOURCES

EHDI Coordinators Contact List

If you would like to reach out to other jurisdictional EHDI Program Coordinators, visit <http://www.infanthearing.org/status/cnhs.php> to view a listing of EHDI Coordinators and their contact information.

EHDI Data Website

Please visit our website <https://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html> to view annual EHDI data, including national summaries for key data items such as screening, diagnosis, and enrollment in early intervention.

EHDI-IS Functional Standards

The EHDI-IS Functional Standards summarize recommendations made by the 2015 EHDI-IS Functional Standards Working Group. This document lists the specific capabilities that a complete [EHDI-IS](#) should have. To view the Functional Standards, visit <https://www.cdc.gov/ncbddd/hearingloss/ehdi-is-functional-standards.html>.

EHDI-PALS

The Early Hearing Detection and Intervention Pediatric Audiology Links to Services (EHDI PALS) is a web-based link to information, resources, and services for children with hearing loss. Included is a sortable national directory of facilities that offer pediatric audiology services to children younger than 5 years of age. To view EHDI-PALS, visit <http://www.ehdi-pals.org/>.

Guidance Manual

The Guidance Manual, *How to Make Your EHDI Data System a Useful Tool: A Practical Guide to Moving Beyond the Basics*, was developed by CDC's EHDI Team. It builds on the 2003 *Early Hearing Detection and Intervention Program Guidance Manual*, and focuses on EHDI data and information systems. To view the Guidance Manual, visit <https://www.cdc.gov/ncbddd/hearingloss/guidancemanual/index.html>.

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GLOSSARY

The following are commonly used terms and acronyms that you may encounter often in our collaboration.

1-3-6 Benchmarks

The 1-3-6 Benchmarks reinforce the recommendation that infants receive a hearing screening by 1 month of age; a diagnostic evaluation, for those not passing the hearing screening, by 3 months of age; and enrollment in an early intervention program, for those with permanent hearing loss, by 6 months of age.

Authorized Organization Representative (AOR)

The Authorized Organization Representative (AOR) is an individual(s), named by the applicant/recipient organization, who is authorized to act on behalf of the applicant/recipient. The AOR assumes the obligations imposed by federal laws, regulations, requirements, and conditions that apply to grant applications or awards.

Budget Period

The budget period is the duration of each individual funding period within the period of performance. Traditionally, budget periods are 12 months or 1 year and begins in July every year.

Carryover of Funds

The Carryover of Funds are unobligated federal funds remaining at the end of any budget period that, with approval of the Grants Management Officer, 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 as additional authorization. Obligated but unliquidated funds are not considered carryover.

Cooperative Agreement

Cooperative agreement is 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.

EHDI Coordinator

In this document the term refers to the person that oversees the jurisdiction's detailed EHDI activities. The EHDI Coordinator may be the same person as the Principal Investigator or Project Director, or the roles may be filled by different people.

EHDI Process

The EHDI Process includes hearing screening, diagnostic evaluation for those not passing the hearing screening, and enrollment into early intervention for those confirmed with a permanent hearing loss.

EHDI Information System (EHDI-IS)

The EHDI-IS is an important tool that supports EHDI programs in their work to ensure that all deaf or hard of hearing infants are identified early and receiving intervention services. This tool assists the program with their surveillance efforts, in addition to evaluating the program's performance. More information on EHDI-IS may be found in the CDC's [Guidance Manual](#).

Evaluation

Evaluation is the systematic collection of information about the activities, characteristics, and outcomes of a program needed to make judgments about the program. Findings are intended to improve the program's effectiveness and inform decisions about future program development.

Fiscal Year

The year for which budget dollars are allocated annually. The federal fiscal year begins October 1 and ends September 30.

Grant Solutions

A web-based system that provides tools for grant-related tasks. It is accessible from anywhere, and requires no special software to use. Link: www.grantsolutions.gov.

Grants Management Officer (GMO)

Federal official responsible for the business and other non-programmatic aspects of the grant awards. These aspects include, but are not limited to, determining the appropriate award instrument and whether the application meets the requirements of the cooperative agreement. The Grants Management Officer (GMO) can respond to recipient inquiries regarding the award and is the only official authorized to obligate federal funds. The GMO is responsible for signing the [Notice of Award](#), including revisions to the NOA. The GMO specific to your jurisdiction is listed on your NOA.

Grants Management Specialist (GMS)

The individual responsible for the day-to-day management of grants and cooperative agreements. The Grants Management Specialist (GMS) is the primary contact for recipients on matters pertinent to the cooperative agreement. The GMS specific to your jurisdiction is listed on your NOA.

Healthy People 2020

Every 10 years, Healthy People develops science-based national objectives for improving the health of all Americans. It establishes benchmarks and monitors progress over time in order to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities. Currently, the EHDI-related objectives in Healthy People 2020 are ENT-VSL-1.1, ENT-VSL-1.2, AND ENT-VSL-1.3. To learn more, visit: <https://www.healthypeople.gov/2020/topics-objectives/topic/hearing-and-other-sensory-or-communication-disorders/objectives>.

Hearing Screening and Follow-Up Survey (HSFS)

CDC sends an annual survey to all EHDI Programs, with a 6-week response timeframe. It asks for data on the receipt of hearing screening, diagnostic testing, and early intervention enrollment for every infant born within the jurisdiction. Response to the survey is voluntary; however, responding to the survey is encouraged, as it allows for assessing progress toward meeting the 1-3-6 Benchmarks. You may view national summaries by year here: <https://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html>.

Indirect Costs

Costs incurred for common or joint objectives that are 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, costs of operating and maintaining facilities, depreciation, and administrative salaries are generally considered indirect costs.

Jurisdictions

States, territories, independent nations, and other political entities eligible to apply for funding under the cooperative agreement. Most jurisdictions are states, but other entities may have special political agreements that make them eligible.

Liaison

CDC's EHDI staff member that is assigned to your jurisdiction. The Liaison is responsible for providing technical assistance to your program. All questions and concerns related to administration of the EHDI program should be communicated to your Liaison.

Logic Model

A visual representation showing the sequence of events connecting the program's activities with the desired outcomes and results.

Lost to Documentation

Within the EHDI Program, infants are considered lost to documentation (LTD) when their status of “having received services” or “having not received services” is unknown to the EHDI Program.

Lost to Follow-up

Infants who are referred for follow-up but do not receive it, and cannot be contacted by the EHDI Program, are considered lost to follow-up (LFU).

Notice of Award (NOA)

The official document, signed by a Grants Management Officer, that:

- notifies the recipient they’ve been awarded funding,
- contains or references all terms and conditions of the award and Federal Funding Limits and obligations, and
- provides the documentary basis for recording the obligation of federal funds in the HHS accounting systems.

For assistance understanding your NOA, please see link:

<https://www.cdc.gov/grants/alreadyhavegrant/notice-of-award.html>.

Notice of Funding Opportunity (NOFO)

The Notice of Funding Opportunity (NOFO), formerly known as Funding Opportunity Announcement (FOA), informs eligible jurisdictions or entities that funds are available and open for application. The NOFO includes an application and instructions. The EHDI NOFO is intended to support jurisdictions in their EHDI efforts, more specifically by improving their capacity to document the provision of timely hearing screening, diagnostic testing, and early intervention services. The overall goal is to support the early identification of deaf and hard-of-hearing infants and to help address potential developmental delays. NOFOs list the requirements and expectations of the jurisdictional EHDI Programs funded by the award. The terms NOFO, FOA, and cooperative agreement are often used interchangeably.

Office of Grants Services

Formerly known as the Procurement and Grants Office, CDC’s Office of Grants Services (OGS) is responsible for managing CDC’s grants and cooperative agreements and providing guidance to jurisdictional EHDI Programs and CDC’s EHDI Team related to funded activities.

Principal Investigator (PI)

This term is used interchangeably with “Project Director.”

Project Director (PD)

The official contact for the CDC award within the jurisdiction. Messages about the award from the Office of Grants Services will be sent to this person. The Project Director is responsible for seeing that such messages get to others within the jurisdiction, as appropriate. The Project Director is also responsible for providing formal responses to all official requests concerning the award. The Project Director may or may not be the same person as the EHDI Coordinator. This term is used interchangeably with “Principal Investigator.”

Project Officer (PO)

Federal official responsible for the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, including:

- development of program NOFOs to meet CDC’s mission,
- technical assistance to applicants during their application process,
- technical assistance to funding recipients during performance of their project,
- post-award monitoring of recipient performance (e.g., review of progress reports, review of prior approval requests, conducting site visits).

The Project Officer specific to your program is listed on your [Notice of Award](#).

Period of Performance

Duration of the cooperative agreement; the period of performance of the current cooperative agreement, DD17-1701, is 3 years.

Technical Assistance

Advice, assistance, or training provided by the funding agency pertaining to Program development, implementation, maintenance, or evaluation.

Work Plan

The summary of period of performance strategies, and activities, and anticipated outcomes; personnel and/or partners who will complete the activities; and the timeline for completion. The Work Plan outlines the details of all activities supported through the approved budget.

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ACRONYMS

AOR Authorized Organization Representative

D/HH Deaf and Hard of Hearing

EHDI Early Hearing Detection and Intervention

EHDI-IS Early Hearing Detection and Intervention-Information System

EI Early Intervention

FFR Federal Financial Report

GMO Grants Management Officer

GMS Grants Management Specialist

GTS Grantee Technical Site

HSFS Hearing Screening and Follow-Up Survey

LFU Lost to Follow-up

LTD Lost to Documentation

NOA Notice of Award

NOFO Notice of Funding Opportunity

NQF National Quality Forum

OGS Office of Grants Services

PD Project Director

PI Principal Investigator

PO Project Officer

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