Centers for Disease Control and Prevention

Office of Public Health Preparedness and Response

Public Health Crisis Response Cooperative Agreement

CDC-RFA-TP22-2201

10/10/2022

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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-TP22-2201. 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:

Public Health Crisis Response Cooperative Agreement

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)).

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-TP22-2201

E. Assistance Listings Number:

93.354

F. Dates:

1. Due Date for Letter of Intent (LOI):
09/01/2022

2. Due Date for Applications:
10/10/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
The conference call was held at 2 p.m. EST, Friday, January 14, 2022. You may locate the presentation and FAQs by visiting https://www.cdc.gov/cpr/readiness/funding-crisis.htm Please send inquiries regarding the NOFO to the program office at DSLRCrisisCoAg@cdc.gov. Be sure to include the NOFO number, TP22-2201, in the subject line of any inquiries.

G. Executive Summary:

1. Summary Paragraph
This CDC notice of funding opportunity (NOFO) seeks to enhance the nation's ability to rapidly mobilize, surge, and respond to a public health emergency (PHE) identified by CDC. This NOFO is intended to establish a roster of approved but unfunded (ABU) applicants that may receive rapid funding by CDC to respond to a PHE of such magnitude, complexity, or significance that it would have an overwhelming impact upon, and exceed resources available to, the jurisdictions. CDC will use this ABU list for emergencies that require federal support to effectively respond to, manage, and address identified public health threats. CDC will make funding related to this NOFO available once it has determined a PHE exists or is considered imminent and is contingent upon the availability and stipulations of appropriations. CDC will provide additional guidance and information to those on the ABU list when this NOFO is funded.

Applicants may be selected to receive initial funding for Component A to stand up emergency activities, surge staffing, activate their EOCs, and conduct a needs assessment to determine the resources needed to address the specific public health crisis. Component B will provide for tailored emergency response activities. Components A and B can be issued independently or simultaneously based upon the unique needs and nature of the specific emergency. Awards and funding are subject to availability of funds.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
113
The number of recipients may change with each funded PHE. For information on eligibility, please refer to the Funding Strategy and Eligibility Information sections.

d. Total Period of Performance Funding:
$500,000,000
This period of performance funding is an estimate for both components. It is not possible to approximate an amount of funding due to the nature of this NOFO (the intent to establish a quick funding mechanism for pre-approved recipients faced with a public health emergency or

imminent threat). CDC may establish award amounts when a public health emergency requires this NOFO to be activated.

e. Average One Year Award Amount:
$5,000,000
This average one year award amount is an estimate for both components. It is not possible to approximate an amount of funding due to the nature of this NOFO (the intent to establish a quick funding mechanism for pre-approved recipients faced with a public health emergency or imminent threat). Award amounts may be established by population-based formula or other criteria specified in the appropriations legislation.

f. Total Period of Performance Length:
5

g. Estimated Award Date:
October 31, 2022

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, CDC strongly encourages leveraging other resources and related ongoing efforts to promote sustainability.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Note: Applicants must continue to use their DUNS number for this application. Applicants should note an error in the guidance for completing the SF424. The NOFO states that applicants should use their UEI number as an identifier. However, the version currently in Grants.gov asks for the DUNS number and can't be modified.

CDC seeks to enhance the nation's ability to rapidly mobilize, surge, and respond to public health emergencies (PHEs) as identified by CDC by establishing a roster of approved but unfunded (ABU) applicants that may receive rapid funding to respond to PHEs of such magnitude, complexity, or significance that they would have an overwhelming impact upon, and exceed resources available to, the jurisdictions. Applicants will undergo an objective merit review process, and entities that successfully meet the requirements for approval will be placed on the ABU list. CDC will use this ABU list for emergencies that require federal support to effectively respond to, manage, and address identified public health threats. CDC will make funding related to this NOFO available once it has determined a public health emergency exists or is considered imminent and will be contingent upon the availability and stipulations of appropriations. CDC will provide additional guidance and information to those on the ABU list when this NOFO is funded.

COVID-19 public health response plans, such as plans funded under CDC-RFA-TP18-1802 in 2020 are acceptable for this purpose. This NOFO is not a capacity-building funding mechanism, and it is not intended to create or establish new public health (PH) emergency management

programs. It may be used to re- establish capacity lost or diminished because of the public health crisis. It is designed to support the surge needs of existing programs responding to a significant PHE. CDC will provide supplemental guidance to entities on the ABU list when this NOFO is activated regarding specific activities intended to address the emergency.

CDC has strong relationships with governmental PH departments, community-based organizations, and other domestic partners and supports them for planning, capacity-building, preparedness, and response to PHEs. This NOFO complements these ongoing capacity-building preparedness and response programs by providing a mechanism for CDC to rapidly mobilize and fund PH organizations for specific response needs. Applicants must describe how this funding will not duplicate or supplant other federal funding.

Upon occurrence of a PHE, CDC can rapidly fund specific applicants to accelerate public health crisis response activities such as coordinating emergency operations, hiring surge staff, and conducting needs assessments to determine the resources necessary to address the public health crisis. The NOFO also provides funding for specialized public health emergency response activities tailored to the specific public health crisis.

Applicants may be selected to receive initial funding for Component A to stand up emergency activities, surge staffing, activate their EOCs, and conduct a needs assessment to determine the resources needed to address the specific public health crisis. Component B will provide for tailored emergency response activities. Components A and B can be issued independently or simultaneously based upon the unique needs and nature of the specific emergency. Awards and funding are subject to availability of funds.

b. Statutory Authorities
This program is authorized under section 317(a) of the Public Health Service Act (42 USC § 247(b)), subject to available funding and other requirements and limitations.

c. Healthy People 2030
This program addresses the "Healthy People 2030" (www.healthypeople.gov) focus areas of Preparedness, Immunization and Infectious Diseases, Public Health Infrastructure, Environmental Health, Health Communication and Health Information Technology.

d. Other National Public Health Priorities and Strategies
This NOFO supports the National Health Security Strategy of the United States of America (NHSS), Global Health Security Agenda, Social Determinants of Health | CDC) and International Health Regulations.

e. Relevant Work
CDC provides funding and technical assistance to public health agencies nationwide to build and strengthen their abilities to plan and prepare for, respond to, and prevent or mitigate public health threats. A variety of CDC cooperative agreements for public health emergencies provide separate funding mechanisms to support capacity-building, planning, preparedness, and response to public health problems, including emergencies such as pandemic events. In addition to this funding opportunity, CDC provides scientific guidance, direct technical assistance and coordination for jurisdictional public health authorities and other organizations to prepare and respond to public health problems, including specific emergencies/events. CDC's Public Health

Emergency Preparedness and Response Capabilities provide national standards necessary to advance state, tribal, local, and territorial public health preparedness and response capacity.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-TP22-2201 Logic Model: Public Health Crisis Response Cooperative Agreement. Bold indicates performance period outcome.

Logic Model

Strategies/ PHEP Domains and Activities	**Short-term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**
Strengthen Community Resilience Strengthen Incident Management for Early Crisis Response Strengthen Information Management Strengthen Countermeasures and Mitigation Strengthen Surge Management Strengthen Biosurveillance	**Prioritized public health services and resources sustained throughout all phases of emergencies and incidents** **Earliest possible activation and management of emergency operations** **Timely communication of risk and essential elements of information** **Timely implementation of intervention and control measures** **Timely coordination and support of response**	**Continuity of essential public health services and supply chain during an emergency response and recovery** **Latest public health recommendations and control measures quickly adopted or adapted and implemented** **Reduced exposure to risk**	Prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset, or unpredictability stresses the public health system Earliest possible recovery and return of the public health system to pre-incident levels or improved functioning

	activities with partners **Earliest possible identification and investigation of an incident** **Continuous learning and improvements contain real-time feedback loop**		

i. Purpose

CDC seeks to enhance the nation's ability to rapidly mobilize, surge, and respond to public health emergencies (PHEs) as identified by CDC by establishing a roster of approved but unfunded (ABU) applicants that may receive rapid funding to respond to PHEs of such magnitude, complexity, or significance that they would have an overwhelming impact upon, and exceed resources available to, the jurisdictions.

ii. Outcomes

Funded recipients are expected to achieve the following short-term outcomes during the period of performance to create a better prepared nation for public health emergencies. These are the bolded outcomes in the first column of outcomes in the logic model. Jurisdictions should be able to accomplish:

- Prioritize public health services and resources sustained throughout all phases of emergencies and incidents
- Earliest possible activation and management of emergency operations
- Timely communication of risk and essential elements of information
- Timely implementation of intervention and control measures
- Timely coordination and support of response activities with partners
- Earliest possible identification and investigation of an incident
- Continuous learning and improvements contain real-time feedback loop

iii. Strategies and Activities

Strengthen Community Resilience

CDC will use this NOFO for the timeframe necessary to respond to the specific emergency. Public health needs that shift from a response mode to recovery (e.g., from epidemic to endemic)

may be addressed by this or another CDC NOFO. This NOFO may be used to re-establish capacity lost or diminished as a result of the public health crisis. Recipients should collaborate with public and private community partners to characterize and address the needs of jurisdictional at-risk populations related to PHEs. This includes evaluating available services and developing long-term plans to address potential needs for these populations such as follow-up medical care and behavioral health services with a deliberate focus on improving and advancing health equity for all communities. Following are specific activities to consider.

- Identifying populations at risk including individuals with access and functional needs
- Including populations at-risk in updated response and recovery plans through coordination with local leaders from organizations who have established relationships with diverse communities
- Engaging representative partners from communities with diverse and at-risk populations to participate in exercise plans and drills
- Identifying gaps identified in training, exercises or real-world events to improve operations and identify public health needs of at-risk populations who are disproportionally affected by PHEs.
- Conducting assessments such as: Hazard Vulnerability (HVA)/Risk Assessment, Jurisdictional Risk Assessment (JRA), resource, supply chain
- Establishing public and private partnerships including community groups.
- Developing response plans that address community-specific needs, vulnerable populations, and underserved communities including access and functional needs.
- Coordinating training and exercises and continuous quality improvement.

Strengthen Incident Management for Early Crisis Response

Recipients must maintain open lines of communication between state, tribal, and local health agencies as well as CDC to ensure they are prepared to receive updated guidance and must be able to revise their proposals and tailor their activities based on the nature and scope of the crisis, and the updated supplemental guidance. Upon occurrence of a PHE and receipt of funding under this NOFO, recipients that are not in an active response phase should begin accelerated crisis planning by identifying and assembling, if not already in place, a public health emergency response incident management structure (IMS) that includes subject matter experts (SMEs) best suited for responding to the particular PHE. When recipients are in an active response phase, the incident manager should ensure PHE response activities are coordinated across the response's functional areas, including those funded by CDC, HHS, and other federal grant programs, including, but not limited to, CDC's Public Health Emergency Preparedness (PHEP) and Epidemiology and Laboratory Capacity (ELC) cooperative agreements, where applicable. Following are emergency operations coordination activities applicants should consider.

- Appoint a senior representative to coordinate PHE response efforts and lead activation and continuation of IMS structure.

- Test, exercise, refine, and implement comprehensive PHE response plans for the funded emergency event.
- Manage the response to align with CDC guidance on emergencies and any supplemental guidance related to a specified emergency.
- Review and implement jurisdictional PHE protocols.
- Assess current capacity and capability and determine decision-making processes and authorities for necessary public health activities.
- Provide technical assistance to state, local and tribal health departments, as applicable, on development of PHE response plans and assist in the identification of resources.
- Review and implement administrative preparedness plans to ensure emergency rapid hiring and expedited contracting processes are in place.
- Organize regular meetings between the PHE response incident manager and the jurisdiction's preparedness and response partners, both traditional and nontraditional partners, to discuss plans and current progress and to ensure broadly understood decision-making processes are in place.
- Review, or develop if needed, an infectious disease preparedness and response plan for the specific event and tailor as appropriate for its impact on their jurisdiction.
- Diversify the workforce to ensure representation from diverse communities.
- Identify a health equity officer or team to ensure diversity, equity, and inclusion considerations are included in response plans.
- Stand up emergency operations center.
- Establish call centers.
- Conduct needs assessment.
- Prepare staffing contracts.
- Update response and recovery plans.

Strengthen Information Management

- Recipients must plan and coordinate critical information sharing among public health agency staff and ensure coordination across governments. Jurisdictional governments must work together as appropriate, with key partners, the public, health care and other providers including, but not limited to, clinicians. This includes developing, coordinating, and disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations, and incident management responders. CDC suggests that jurisdictions consider targeting at a minimum, the public, travelers, and clinicians when developing the information sharing and risk communication messaging activities. Informing the public about PHEs is a critical component of a response. Following are specific activities to consider.
- As appropriate for the funded PHE, work with clinicians and other health care partners to mitigate the impact of the PHEs including the implementation of processes that indicate how health care providers in the jurisdiction can exchange information with electronic public health case reporting systems, syndromic surveillance systems, or immunization

registries according to the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record Incentive Program rules and any additional applicable federal standards

- Coordinate with CDC, jurisdictional public health officials, and other stakeholders to ensure jurisdictional personnel have the most up-to-date information on the specific emergency. If the health department is not responsible for key activities, the health department should ensure that the IMS structure and plans include communication and coordination with those other departments (e.g., with public health emergency management officials for emergencies such as pandemic events, etc.).
- Initiate a communications campaign to raise public awareness of PHEs funded under this NOFO. Primary messaging should focus on awareness and specific actions the public can take to protect themselves. Work with key partners and stakeholders to coordinate communication messages, products, and programs for affected communities, travelers, and clinicians.
- Update scripts for jurisdictional call centers with specific PHE messaging, including alerts, warnings, and notifications, relevant to the funded emergency and engage trusted community representatives in developing the material to ensure messages are relevant and accessible to diverse audience within the communities.
- Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and adjust communications as needed.
- Contract with local vendors for translation, if needed, printing, signage, public announcements development and dissemination.

Strengthen Countermeasures and Mitigation

Recipients should conduct activities that build and maintain access to and administration of medical and nonmedical countermeasures for pharmaceutical and nonpharmaceutical interventions and strengthen mitigation strategies. During and following an emergency, effective care cannot be delivered without available staff and appropriate countermeasures. Accordingly, managing access to and administration of countermeasures and ensuring the safety and health of clinical and nonclinical personnel are high priorities for preparedness and continuity. Following are specific activities that should be considered.

- Manage access to and administration of pharmaceutical and nonpharmaceutical interventions, prioritizing communities disproportionately impacted by PHEs.
- Administer and coordinate control measures.
- Ensure safety and health of responders.
- Operationalize response plans.

Strengthen Surge Management

Recipients should focus on activities that strengthen their ability to support and manage increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs created by an emergency or incident.

The following four activities are commonly used to manage public health surge:

- Address mass care needs, including shelter monitoring and services for people with access and functional needs.
- Address surge needs, including family reunification.

- Prevent or mitigate diseases, injuries, and fatalities with a particular focus on historically underserved populations and those disproportionally impacted by PHEs, such as tribal communities, racial and ethnic minorities, LGBTQ community, people living with disabilities, and people experiencing homelessness.

Strengthen Biosurveillance
Review, update, and/or implement existing surveillance plans. Identify activities that require participation from other governmental entities, such as local or neighboring health departments and other stakeholders in the public health emergency management sector and local communities to identify and address potential gaps for a specific event. Ensure that existing electronic disease surveillance systems, laboratory response networks, and laboratory testing capability are up to date. The following activities are commonly used to strengthen biosurveillance:

- Review, test or exercise, update and implement existing surveillance plans.
- Identify activities that require involving other governmental entities, such as local or neighboring health departments and other stakeholders in the public health emergency management sector to identify and address potential gaps for a specific event.
- Ensure that existing electronic disease surveillance systems, laboratory response networks, and laboratory testing capability are up to date.

Domains specific to Component A include: • Strengthen Incident Management for Early Crisis Response • Strengthen Jurisdictional Recovery

Domains specific to Component B include: • Strengthen Biosurveillance • Strengthen Information Management • Strengthen Countermeasures and Mitigation • Strengthen Surge Management

1. Collaborations

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

Recipients are required to collaborate with various CDC programs to ensure that activities and funding are coordinated with, complementary of, and not duplicative of efforts supported under other CDC grant programs such as PHEP and ELC. During any particular emergency funded under this NOFO, recipients should collaborate closely with CDC incident management and relevant subject matter experts as well as other organizations funded by CDC to address emergency response. This includes neighboring states and other jurisdictional entities, tribes, territories, partner organizations, and national partner organizations such as the Association of Public Health Laboratories (APHL), the Association of State and Territorial Health Officials (ASTHO), the Council of State and Territorial Epidemiologists (CSTE), and the National Association of County and City Officials (NACCHO). Others to consider are local or regional organizations such as vector control entities, clinical and other health care institutions, or businesses such as supply vendors. For questions regarding collaborating with CDC, please contact Program Official, Mark Davis (esz2@cdc.gov) for this NOFO.

b. With organizations not funded by CDC:
Recipients must collaborate with their jurisdictional laboratories, surveillance and epidemiology leads, vector control programs, health care providers, blood safety organizations, and emergency management partners or other relevant partners identified depending on the nature of the

emergency. Recipients are encouraged to partner with other federal agencies and programs, including but not limited to the Hospital Preparedness Program (HPP) administered by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), and other grants and programs directed, managed, or supported by the Department of Homeland Security (DHS) and other federal departments impacted or potentially impacted by the public health emergency for which funds will be made available under this NOFO. In addition, collaborations with nonfederal partners are essential in advancing health equity including, but not limited to, community-based organizations, tribal and urban Indian organizations, and faith-based organizations.

2. Target Populations

Target populations will vary depending on the particular PHE funded under this NOFO. However, in broad terms this NOFO targets the entire U.S. population and the public health systems within the United States and its territories, freely associated states, and tribes. Funding awarded for response needs is intended to support the needs of any community impacted by a PHE and to ensure that the public health system is ready and capable of keeping their communities safe and mitigating the impacts of any PHE. Additionally, there is a special emphasis on ensuring the health needs of at-risk and underserved populations; recipients should ensure that plans and processes are in place to address the unique needs of these populations.

a. Health Disparities

Applicants should have a plan to address health disparities and health equity by having procedures in place to identify and be inclusive of populations with access and functional needs that may be disproportionately impacted or have increased risk for various PHEs. This includes but is not limited to populations with disabilities; non-English speaking or limited English proficiency populations; people with limited health literacy; immunocompromised persons; older adults; people with limited transportation; people experiencing homelessness; postpartum and lactating women; pregnant women, children. Additionally, applicants should outline existing strategies to address the needs of historically marginalized populations and populations that may otherwise be overlooked by the program during PHEs including tribal communities, racial and ethnic minority populations, and LGBTQ community.

See also Section iii, Strategies and Activities, Community Resilience, Information Management, and Surge Management..

iv. Funding Strategy

This NOFO is intended for applicants under section 317(a) of the Public Health Service Act (42 USC § 247(b)): states, political subdivisions of states, and other public entities. This NOFO is designed to collect proposals from applicants eligible under section 317(a) of the Public Health Service Act (42 USC § 247(b)). Applications will be subject to an objective merit review and approved applications will be designated as “approved but unfunded” (ABU). The NOFO will only be funded when a public health emergency (PHE) has occurred or is projected to impact the U.S., and CDC decides to make awards under this NOFO for that specific emergency. Depending on the nature of the emergency, specific applicants and specific components of their applications may be selected for funding. These funding decisions will account for various relevant factors such as geographic location of the emergency, expectations of spread (e.g., with infectious disease- related emergencies), applicant’s capabilities, national priorities, impact of the emergency on a jurisdiction, congressional language in the appropriation, etc. CDC’s ability to understand the impact of the event on the approved applicant will facilitate the development

CDC supplemental guidance and funding strategies.

Since this NOFO is designed to collect applications prior to a PHE, applicants are encouraged to submit work plans and budgets that demonstrate their ability to respond to a PHE. COVID-19 public health response plans, such as plans funded under CDC-RFA-TP18-1802 in 2020, are acceptable for this purpose. If this NOFO is funded for a specific PHE, CDC will develop supplemental guidance that outlines additional work plan and budget requirements tailored to the emergency.

This NOFO provides funding for two components: Component A and Component B. Applicants may be selected to receive initial funding for Component A to stand up emergency activities, surge staffing, activate their EOCs, and conduct a needs assessment to determine the resources needed to address the specific public health crisis. Component B will provide for tailored emergency response activities. Components A and B can be issued independently or simultaneously based upon the unique needs and nature of the specific emergency. Depending on the unique needs and nature of the crisis, Components A and B can be issued independently or simultaneously. In addition, if funded independently, either Component A or Component B may include all six domains. Applicants are not expected to apply by component as components are for the purpose of making awards. This NOFO will develop one ABU list, how each component is time-based, and how funding decisions for Component B will be determined. Awards and funding are subject to availability of funds. Award amounts may be established by population-based formula or other criteria specified in the appropriations legislation.

Applicants that meet population requirements are listed in Attachment A. This announcement will be open and continuous and remain on Grants.gov for new local and tribal applicants to accommodate population changes over the application period.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate achievement of program outcomes; build a stronger evidence base for specific program strategies; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous program improvement. Evaluation and performance measurement can also determine if program strategies are scalable and are effective at reaching target populations. CDC will use evaluation findings and performance measures to demonstrate the value of this program and describe effective implementation of the NOFO.

Evaluation and Performance Measure Strategy

Recipients will be responsible for data collection and reporting. Data collection and reporting requirements will be limited to data that will be analyzed and used for program monitoring and quality improvement. Recipients will submit to CDC the required data and other information required under this NOFO. CDC will use these data and information to monitor indicators, document progress, and generate feedback reports regarding program accomplishments related to this NOFO.

At the core of the evaluation and performance measure strategy is a set of **process measures and**

program outputs to track implementation of the strategies and ***outcome*** **measures** to monitor achievement of the outcomes expected in the performance period.

Process Measures and Outputs

The process measures for each strategy will based on the outputs presented in the logic model. The component activities in each strategy are intended to lead to strong deliverables or outputs; these, in turn, indicate that the strategy is being implemented successfully. The activities a recipient conducts to address the strategies should be targeted to guidance related to achieve an effective level of implementation to address the PHE. CDC has established a standard on which to focus activities for the NOFO to produce the prioritized outcomes such as plans, trained personnel, and equipment to respond to a PHE with funding from this mechanism.

Program Outputs

Recipient jurisdictions must have established, effective public health emergency management programs across the six public health domains of the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. This funding depends upon expedited administrative preparedness in the event of an emergency in these established programs. Evaluation for this NOFO will focus on the following response elements of the preparedness cycle for each domain and funded capability:

- The development and updating of plans
- Personnel or access to personnel with requisite skills to implement plans
- Drills and exercises conducted to improve implementation of plans
- Necessary policies, processes, and equipment in place

Plans must be submitted to CDC upon request and made available during site visits. At the time CDC implements this NOFO, it may issue a checklist for recipients that establishes which of the response elements identified above will be included and which may be supplemented with additional items as relevant to the response at the time of the emergency.

Process Measures: Outputs for Each Strategy that Align with PHEP Domains

As depicted in the logic model, each strategy is expected to produce key outputs. These outputs serve as process measures, indicating that the strategy is being successfully implemented. Following are outputs that jurisdictions may consider measuring:

Strengthen Incident Management for Early Crisis Response:

- Emergency operation centers activated
- Incident management systems
- Continuity of operations (COOP) plans implemented
- Call centers established
- Needs assessments conducted
- Staffing contracts prepared
- Response plans operationalized
- Recovery plans operationalized

Strengthen Community Resilience:

- Assessments conducted, such as HVA/Risk, JRA, resource, supply chain
- Populations at risk identified
- Established public and private partnerships
- Response plans addressed community-specific needs and vulnerable populations
- Coordinated trainings and exercises and continuous quality improvement

Strengthen Information Management:

- Defined essential elements of information
- Risk communication systems initiated
- Risk communication materials developed
- Social media outlets monitored
- Trained risk communication staff
- Message and report templates created

Strengthen Countermeasures and Mitigation:

- Storage and distribution centers used
- Inventory management systems implemented
- Points of dispensing (PODs)/alternate nodes established
- Trained POD staff
- Personal protective equipment (PPE) made accessible
- Safety and "just in time" trainings conducted

Strengthen Surge Management:

- Electronic volunteer registry systems used
- Coordinated public health and health care agencies
- Population monitoring systems employed
- Implemented plans for crisis standards of care

Strengthen Biosurveillance:

- Electronic disease surveillance systems operationalized
- Leveraged laboratory response networks
- Laboratory testing capability tested
- Integrated laboratory and epidemiology systems

Outcome Measures

In addition to evaluating the activities and outputs for response, CDC may also monitor outcomes with measures specific to the PHE. CDC will provide additional information on program and performance measure requirements when funding is made available for a specific PHE. Examples may include but are not limited to:

Outcome: Earliest possible activation and management of emergency operations

- Program Measure: Percent of recipients that have reduced cycle time for contracting and procurement during an incident (PHE)

- Recipient performance measure: Emergency procedures for allocating funds to local jurisdictions, including tribal health departments, have been exercised

Outcome: Earliest possible identification and investigation of an incident

- Program Measure : Percent of recipients that meet reporting times for the specific PHE funded under this NOFO
  - Recipient Performance Measure: Percentage of selected reportable diseases reports received by a public health agency within the recipient-required timeframe.
- Program Measure : Percent of recipients that meet target response time for laboratory and epidemiologic response activities required for this specific PHE.
  - Recipient Performance Measure: Time to complete notification in both directions between CDC and recipients.

Outcome: Timely implementation of intervention and control measures

- Program Measure : Percent of recipients that meet CDC-established target times to initiate disease control methods for the specific PHE funded under this NOFO
  - Recipient Performance Measure: Percentage of reports of the specific PHE under this NOFO for which initial public health control measures were initiated within the appropriate timeframe.

Outcome: Timely communication of risk and essential elements of information by partners

- Program Measure : Percent of recipients with identified vulnerable population partners in place for risk communications
  - Recipient Performance Measure: Number of partner organizations or community-based organizations engaged in planning or response efforts

Outcome: Timely coordination and support of response activities with health care and other partners

- Program Measure : Percent of recipients that have executed their plans, processes, and procedures to manage volunteers supporting an emergency or incident.
  - Recipient Performance Measure: Plans, processes, and procedures that were executed to achieve desired goals and objectives, as outlined in CDC's updated guidance, to manage volunteers who support an emergency or health incident.
- Program Measure : Percent of recipients that deploy volunteers within requested timeframe.
  - Recipient Performance Measure: Percentage of volunteers deployed to support the specific public health emergency funded under this NOFO within requested timeframe.

Additional measures may be developed in accordance with the actual PHE and will be provided through supplemental guidance from CDC. Requirements for monitoring and reporting will also be specified through supplemental guidance.

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.

Recipients may be required to submit a more detailed evaluation and performance measurement plan, including a DMP, if applicable.

Applicants should develop their evaluation and performance measurement plans in concert with CDC based on the nature of the event. These requirements will be specified by CDC in supplemental, event-specific guidance.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must have existing and functional public health emergency management programs. They must possess the organizational capacity and skills needed to implement the award during both component phases A and B, including the capability to:

1. Monitor health status to identify community health problems;
2. Diagnose and investigate health problems and health hazards in the community;
3. Inform, educate, and empower people about health issues;
4. Mobilize community partnerships to identify and solve health problems;
5. Develop policies and plans that support individual and community health efforts;
6. Enforce laws and regulations that protect health and ensure safety;
7. Link people to needed personal health services and ensure the provision of health care when otherwise unavailable;
8. Ensure a competent public health workforce;
9. Evaluate effectiveness, accessibility, and quality of population-based health services;
10. Adapt response activities based on new insights and develop innovative solutions to health problems;
11. Implement and surge public health emergency management programs;
12. Identify and roster staff for incident management roles and response leadership;
13. Develop, execute, and revise program planning specific to an event;
14. Conduct program evaluation;
15. Conduct performance monitoring;
16. Conduct and submit financial reports;
17. Conduct budgeting, management, and administration activities;
18. Execute against administrative preparedness plans; and
19. Conduct personnel management activities.

In support of these capabilities, applicants must provide documentation of their capacity to implement the required activities and provide information that:

- Describes the organizational capacity and skills to implement a functional response to a public health emergency, addressing public health emergency management, incident management and response leadership, response planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management.
- Describes existing organizational capacity, for example program and staffing management; performance measurement, and evaluation systems; financial reporting systems; communication, technological, and data systems required to implement the activities of a response in an effective and expedited manner; physical infrastructure and equipment; and workforce capacity, to successfully execute all proposed strategies and activities based on the current described scenario.
- Describes the organizational capacity to manage partnerships with other state, tribal, local, or territorial public health organizations in their jurisdictions to ensure a coordinated response posture and execution.
- Depicts the current organizational chart for their public health emergency management programs.

Recipients are expected to have the organizational capacity to:
(1) submit amended budgets within the timeframe specified in the funding guidance,

(2) meet spending and progress reporting requirements as established in supplemental guidance for any awards made under this NOFO,
(3) rapidly procure equipment and services either through a General Services Administration contract or other viable mechanism,
(4) rapidly hire or contract for temporary staffing, and
(5) execute contracts.

Acceptable documentation includes but is not limited to:

- letters signed by the applicants' public health directors on departmental letterhead attesting to the existing capacity and capability for rapid procurement, hiring, and contracting; and
- departmental organizational charts; or
- incident management structure organizational charts.

Organizational charts are required. Applicants should name the file 'Organizational Chart' and upload the document as a pdf at www.grants.gov.

Applicants may describe their status in applying for public health department accreditation or evidence of accreditation through the Public Health Accreditation Board (PHAB) or Project Public Health Ready.

d. Work Plan
Planning Scenario: For planning purposes, applicants should develop their work plans to address the public health preparedness and response capabilities required to respond to a scenario involving an emerging infectious disease outbreak. CDC encourages applicants to submit their crisis response fiscal year 2020 COVID-19 work plans and budgets to meet this requirement. Work plans should address the initial response activities required for Component A, as well as the crisis-specific response activities required for Component B. Applicants should assume that their current public health infrastructure and staff are unaffected and at working capacity. The emerging infectious disease has multiple routes of transmission, a high attack and mortality rate, and either a countermeasure, a pharmaceutical, a vector control, or an oral prophylaxes component.

General Work Plan Guidance: Applicants must submit a high-level work plan that addresses the proposed scenario, such as their COVID-19 public health response plans submitted to CDC (or to a state health department) in the spring of 2020.

Applicants should review their existing public health emergency management program capabilities and capacities and identify the areas that would be most likely to require surge support. Applicants should use the domains, strategies, and activities within the logic model as the basis for their work plan development.

- Applicants should provide at least one proposed output. The proposed output(s) should directly relate to the expected results of completing the planned response activity. Planned activities must be associated with functions or objectives related to the strategy.

- Applicants should provide subrecipient contracts, if applicable.

Component A Work Plan: This plan should address the first 120 days of incident command capability and early crisis response activities for the emerging infectious disease planning scenario and should include EOC activation, staffing contracts, needs assessments, accelerated planning, and call center activation. Identified activities should describe specific actions that support the completion of the domain activity. Applicants should explicitly identify what activity will be completed and in what timeframe. These activities should lead to measurable outputs that are linked to response activities and projected outcomes. Applicants are expected to aggregate and document activities that support subrecipients.

Applicants must include high-level object class budgets for early emergency activation activities. Costs should be estimated using real, rather than budgeted, costs from previous responses such as H1N1, Ebola, Zika, or COVID-19.

Applicant plans and activities related to Component A should be more developed and align with the activities addressed in the logic model. Applicants will be able to revise their plans and activities in their Component B work plans based on supplement guidance issued by CDC for an identified PHE.

Domains specific to Component A include: • Strengthen Incident Management for Early Crisis Response • Strengthen Jurisdictional Recovery

Component B Work Plan: Applicants should consider the budget required to plan for a significant increase in public health infrastructure or staff that would be required to address the emerging infectious disease scenario. Applicants must include high-level object class budgets for crisis-specific response activities in each of the logic model domains. Costs should be estimated using real, rather than budgeted, costs from previous responses such as H1N1, Ebola, Zika, or COVID-19.

Domains specific to Component B include: • Strengthen Biosurveillance • Strengthen Information Management • Strengthen Countermeasures and Mitigation • Strengthen Surge Management

Depending on the unique needs and nature of the crisis, Components A and B can be issued independently or simultaneously. In addition, if funded independently, either Component A or Component B may include all six domains. Awards and funding are subject to availability of funds.

After awards are made, recipients will be required to update their work plans and submit them to CDC for review and approval. CDC will provide interim guidance documents and budget summary forms to applicants within seven days of when funds are awarded. Applicants can use the optional CDC work plan template to develop their plans.

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.

f. CDC Program Support to Recipients

In this cooperative agreement, CDC staff will be substantially involved in the program activities above and beyond routine grant monitoring. CDC's Division of State and Local Readiness (DSLR) project officers and subject matter experts will work with other CDC subject matter experts who may serve as technical monitors for specific activities, segments or aspects of a specific PHE. DSLR will review or coordinate the review of applications to ensure activities are in scope and do not duplicate those funded by other CDC cooperative agreements. To assist recipients in achieving the purpose of this award, CDC will conduct the following activities.

1. Provide ongoing guidance, programmatic support, training, and technical assistance as related to activities outlined in this NOFO. Technical assistance resources include crisis work plan and spend plan templates as needed.
2. Facilitate communication among recipients to advance the sharing of expertise on response activities.
3. Coordinate planning and implementation activities with federal partners including the Office of the Assistant Secretary for Preparedness and Response Department of Homeland Security, and others based on the specific PHE.

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:
U90
Public Health Crisis Response Cooperative Agreement

3. Fiscal Year:
2022

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

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

This period of performance funding is an estimate for both components. It is not possible to approximate an amount of funding due to the nature of this NOFO (the intent to establish a quick funding mechanism for pre-approved recipients faced with a public health emergency or imminent threat). CDC may establish award amounts when a public health emergency requires this NOFO to be activated.

Estimated Total Funding:
$500,000,000

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

7. Expected Number of Awards:
113
The number of recipients may change with each funded PHE. For information on eligibility, please refer to the Funding Strategy and Eligibility Information sections.

8. Approximate Average Award:

$5,000,000
Per Budget Period

This average one year award amount is an estimate for both components. It is not possible to approximate an amount of funding due to the nature of this NOFO (the intent to establish a quick funding mechanism for pre-approved recipients faced with a public health emergency or imminent threat). Award amounts may be established by population-based formula or other criteria specified in the appropriations legislation.

9. Award Ceiling:
$5,000,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$50,000
Per Budget Period

This amount is subject to the availability of funds.

11. Estimated Award Date:
October 31, 2022

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 available through this NOFO.

Additional information about the availability of DA and how to request DA will be included in supplemental guidance for the specific PHE.

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)

07 (Native American tribal governments (Federally recognized))

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

2. Additional Information on Eligibility

This NOFO is intended for states, political subdivisions of states, and other public entities as specified in section 317(a) of the Public Health Service Act (42 USC § 247(b)). It targets public health organizations that serve state, tribal, local, and territorial populations and are constitutionally empowered to protect the health and welfare of their respective communities, focused on executing emergency preparedness and response services.

To demonstrate existing capacity for public health emergency management, applicants must submit their response organizational charts and work plans. If these documents are not submitted, the application will be considered non-responsive and will receive no further review.

Local government organizations or their bona fide agents must:

- Serve a county population of 2 million or more or serve a city population of 400,000 or more. Populations for county and city jurisdictions are based on the following 2021 U.S. Census resources:
    - City and Town Population Totals: 2020-2021 (census.gov) U.S. Census – Annual Estimates of the Resident Population for Incorporated Places, Ranked by July 1, 2021, Population: April 1, 2020, to July 1, 2021
    - County Population Totals: 2020-2021 (census.gov) U.S. Census – Annual Estimates for 2021
- Sources may be updated as census data change over time

Local jurisdictions that meet population requirements are listed in Attachment A.
Tribal governments or their bona fide agents must be federally recognized and:

- Serve a population of 50,000 or more.

CDC will reopen this announcement periodically over the five-year NOFO period to accommodate population changes and ensure we maintain a current roster of eligible jurisdictions for emergency response. Sources for future postings of this NOFO will be based on the latest census data and may change over time.
The anticipated dates for reposting are noted below. Applicants will have 60 days to submit an application.

- July 29, 2022
- July 2023
- July 2024
- July 2025
- July 2026

3. Justification for Less than Maximum Competition
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, CDC strongly encourages leveraging other resources and related ongoing efforts to promote sustainability.

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: For applications due on or after April 4, 2022, applicants must have a unique entity identifier (UEI) at the time of application submission (SF-424, field 8c). In preparation for the federal government's April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), applicants must obtain a UEI. 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. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available on the GSA website, SAM.gov, and Grants.gov-Finding the UEI.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number to register in SAM.gov prior to April 4, 2022. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS 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	Data Universal Number System (DUNS) (Required until April 4, 2022)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM)	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS 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	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		and create new password 4. This authorizes the AOR to submit applications on behalf of the organization		

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 09/01/2022

09/01/2022

b. Application Deadline

Due Date for Applications 10/10/2022

10/10/2022
11:59 pm U.S. Eastern Standard 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 conference call was held at 2 p.m. EST, Friday, January 14, 2022. You may locate the presentation and FAQs by visiting https://www.cdc.gov/cpr/readiness/funding-crisis.htm Please send inquiries regarding the NOFO to the program office at DSLRCrisisCoAg@cdc.gov. Be sure to include the NOFO number, TP22-2201, in the subject line of any inquiries.

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 DUNS.

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

LOI not required.

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 must include high-level object class budgets for early emergency activation activities. Costs should be estimated using real, rather than budgeted, costs from previous responses such as H1N1, Ebola, Zika, or COVID-19. Applicants should consider the budget required to plan for a significant increase in public health infrastructure or staff that would be required to address the emerging infectious disease scenario. Applicants must include high-level object class budgets for crisis-specific response activities in each of the logic model domains. Costs should be estimated using real, rather than budgeted, costs from previous responses such as H1N1, Ebola, Zika, or COVID-19.

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:** 33

An objective review process will evaluate complete, eligible applications in accordance with the criteria below. Complete applications should respond to elements in both components A and B.

Identification of gaps:

- To what extent does the work plan identify and quantify existing operational gaps and the root cause of the gaps to be addressed?
- For each identified topic area, to what extent has the applicant included estimated timelines for completion of all performance and work plan activities as well as obligation

and liquidation of funds within the budget and project period? Timelines should be consistent with cycle times identified in recipient jurisdiction's current HPP-PHEP administrative preparedness plan.

ii. Evaluation and Performance Measurement **Maximum Points:** 33

- For each identified topic area, to what extent does the expected outcomes align with successfully addressing the problem or gap? What evidence is provided that any expected changes or improvements to the public health or to the community, such as awareness, knowledge, attitudes, skills, opinion, behavior, policies, or health improvement, will be demonstrated during the period of performance?
- To what extent does the evidence provided demonstrate that the activities, deliverables (outputs), and outcomes can be achieved during the period of performance?

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 34

- To what extent does the applicant demonstrate the organizational capacity and skills to implement a functional response to a public health emergency, addressing public health emergency management, incident management and response leadership, response planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management?
- To what extent does the applicant demonstrate experience and capacity to implement the evaluation plan?
- To what extent has the applicant included an organizational chart?

Budget **Maximum Points:** 0

To what extent is the proposed budget adequately justified and consistent with this program announcement and the applicant's proposed activities? Is the itemized budget for conducting the project and justification reasonable and consistent with stated objectives and planned program activities?

c. Phase III Review

CDC's Office of Grant Services will review applications for eligibility and responsiveness criteria. An objective review will be conducted to recommend approval.

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

October 31, 2022

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 the DUNS, 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.

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 must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. 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.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. 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 taking appropriate steps 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, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

Additional reporting requirements will be determined once the funding is issued.

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 publically 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:
Noelle

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

Address:

Telephone:

Email:
DSLRCrisisCoag@cdc.gov

Grants Staff Contact

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

First Name:
Damond

Last Name:
Barnes

Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2939 Flowers Rd
Atlanta, GA 30341

Telephone:
770-488-2611

Email:
xhp5@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:
Indirect Cost Rate, if applicable

Bona Fide Agent status documentation, if applicable

- Letters signed by the applicants' public health directors on departmental letterhead attesting to the existing capacity and capability for rapid procurement, hiring, and contracting

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 compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

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.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

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.

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