CDC-RFA-TO-23-0001: APPLICANT INFORMATIONAL CONFERENCE CALL SCRIPT

HELD ON APRIL 11 & 13, 2023

INCLUDES POST CALLS UPDATE INSTRUCTIONS ON SELECTION OF INDIAN HEALTH SERVICE AREAS.

Contents

Welcome

Slide 1: CDC-RFA-TO-23-0001

STACEY: Greetings, everyone, and thank you for joining us today. I would like to inform all of you that we are recording this call for note taking purposes only. If you have objections, please drop off now.

My name is Stacey Mattison-Jenkins, and I am the Director of the Division of Jurisdictional Support within the new **National** Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce at the Centers for Disease Control and Prevention (CDC). *We also refer to this new center as the National Public Health Infrastructure Center.

Please note: In February 2023, the Center for State, Tribal, Local, and Territorial Support or CSTLTS and the Center for Surveillance, Epidemiology, and Laboratory Services merged to create the new Public Health Infrastructure Center to serve as the connection point between the agency, Tribes; state, local, and territorial jurisdictions; and CDC's public health partners. The Center ensures that our country's public health infrastructure has the **people, services, and systems** needed to promote and protect health in every U.S. community. This transition will not affect the application process for this notice of funding opportunity or NOFO.

Housed in the new Center is CDC's Office of Tribal Affairs and Strategic Alliances, also known as OTASA, which is the primary link between CDC, the Agency for Toxic Substance and Disease Registry or ATSDR, and Tribal governments. OTASA activities are designed to advance the CDC and ATSDR missions. OTASA focuses on activities that reflect the agency's role in ensuring that American Indian and Alaska Native communities receive public health services that keep them safe and healthy.

For more information about the new Center and/or OTASA, please visit www.cdc.gov/infrastructure.

Welcome to the informational call for the five-year funding opportunity to strengthen public health systems and services throughout Indian Country. This NOFO is a non-research, domestic funding opportunity. It was published to Grants.gov last Thursday, April 5th.

To access the presentation for today's call, you will need to go to the CDC Tribal Health site at www.cdc.gov/tribal. We have also included a direct link to the presentation within the chat.

For those of you who have not had a chance to download it, please do so now. We will pause here to give everyone time to access the presentation.

The presentation will remain posted, and we will also make today's transcript available on the NOFO web page by Friday, April 21st.

Please go to Slide 2. Now, I will turn the presentation over to Teresa Daub. Thank you for your interest in this new NOFO.

Slide 2: Agenda

TERESA: Hello, as Stacey said my name is Teresa Daub. I am the Branch Chief of the proposed Program Services and Innovation Branch or formerly the Health Department Program Branch where this funding mechanism will reside. On Slide 2, you will find today's agenda. After introductions, we will provide a program overview, highlight the NOFO requirements, describe the application review process, and offer helpful NOFO resources. Please note, we have reviewed all the questions that were sent to the NOFO mailbox at CSTLTSTribalCoAg@cdc.gov. Many of your questions will be answered throughout the presentation. To ensure fairness, questions received via email and phone will be grouped and answered in the Frequently Asked Questions on the CDC Tribal Health website. Please check these Frequently Asked Questions until June 7th for updates.

We will conclude the call with a question-and-answer session.

Please go to Slide 3.

General Information

Slide 3: General Information (Introductions)

TERESA: Today I am joined today by Sonal Doshi, Deputy Branch Chief of the Program Services and Innovation Branch; Zachery Harris, Tribal Team Lead; Cleopatra Adedeji, Justin Casto, Karen Cobham-Owens, Veda Harrell, and Alleen Weathers, who are Tribal Team members and Project or Program Officers for this cooperative agreement.

We will provide much of the information you'll hear today. Also joining us on the phone are members of the Office of Grants Services, also known as, OGS: Erica Stewart, Grants Management Officer and Rose Mosley, Grants Management Specialist and members of CDC's Office of Tribal Affairs and Strategic Alliances, also known as, OTASA.

Please go to Slide 4.

Slide 4: Key Terms and Acronyms (NOFO Pages 44-51)

TERESA: Throughout this presentation you will hear the following terms and acronyms. For this notice of funding opportunity or NOFO we wanted to provide clarity on what the terms mean. Public health infrastructure includes the systems, competencies, relationships, and resources that enable public health agencies to perform their core functions and provide essential public health services. NOFO definition - (*Source: Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009)* It **does not** include construction of buildings, houses, etc.

The period of performance for this NOFO is 5-years or anticipated from August 31, 2023 – August 30, 2028. The Budget Period for Year 1 of this NOFO will be 12 months. The Year 1 budget will start the same day as the period of performance start date.

Please go to Slide 5.

Slide 5: Letter of Intent (LOI) (NOFO Pages 2 and 26)

TERESA: After reviewing the NOFO, if your organization is interested in applying, please submit a letter of intent or LOI by 11:59 pm (EDT) on **Friday, May 5th**. Be sure to include the following information within the LOI:

1. One of the two eligibility entity types
2. All the HHS Regions that apply. Please visit the HHS Regional Offices website at www.hhs.gov to help identify which region or regions your organization resides.
3. All Indian Health Service Areas that apply.

Please go to Slide 6.

Slide 6: Letter of Intent, continued (NOFO Pages 2 and 26)

TERESA: Please include **no more than two of the Strategies** and **at least one of the bold Outcomes** listed on the logic model in Section A.2a: Approach of the NOFO. Submit your LOI on letterhead as an email attachment to CSTLTSTribalCoAg@cdc.gov. Even though it is not required, the LOI is strongly encouraged and enables CDC to plan logistics for NOFO application submissions and review.

Please go to Slide 7. I'll turn the call over to Zach Harris.

Eligibility and Responsiveness Requirements

Slide 7: Eligibility and Responsiveness Requirements

ZACH: Hello, everyone. My name is Zach, and I am the Tribal Team Lead in the Program Services and Innovation Branch. For those of you who may have joined late, to access the presentation for today's call, you will need to go to the CDC Tribal Health site at www.cdc.gov/tribal. We have included a direct link to the presentation within the chat.

Please note, we have reviewed all questions sent to the NOFO mailbox at CSTLTSTribalCoAg@cdc.gov. Many of your questions will be answered throughout the presentation. To ensure fairness, questions received via email and phone will be grouped and answered in the Frequently Asked Questions on the CDC Tribal Health website. Please check these Frequently Asked Questions until June 7th for updates.

In this portion of the presentation, I will discuss the eligibility and responsiveness requirements for this NOFO, program purpose, and design.

Please go to Slide 8.

Slide 8: Eligibility (NOFO Page 20)

ZACH: Competition has been limited to the following entities:

1. Federally recognized American Indian or Alaska Native Tribes which refers to Native American tribal governments that are federally recognized and American Indian or Alaska Native tribal governments that are federally recognized.
2. Regional AI/AN tribally designated organizations.

We encourage all eligible applicants to read the entire NOFO to determine whether they have the organizational capacity to conduct work under this NOFO.

Please note that for-profit and small business organizations are **not** eligible to apply for this NOFO in accordance with the statutory authorities establishing a federal financial assistance program or award.

Please go to Slide 9.

Slide 9: Responsiveness (NOFO Page 20)

ZACH: Organizations that meet the eligibility criteria must also meet responsiveness criteria. Additional requirements are to ensure tribal leadership support for the program, as we have noticed that this increases the likelihood of successful implementation and sustainability post period of performance. The following are the responsiveness criteria for each entity type:

- Federally recognized AI/AN Tribes must demonstrate support from **the Tribe** by providing an official letter from a currently elected tribal leader or a tribal resolution.
- Regional AI/AN tribally designated organizations must demonstrate support in the form of tribal resolutions or letters of support from a currently elected tribal leader or a tribal resolution from **at least half** of the Tribes within the organization's service area.

Any application that does not include this documentation will be marked as non-responsive, and it will not receive further review.

Please note: We have received questions regarding this requirement, which we will address during the Question-and-Answer Session and on the Frequently Asked Questions document.

Please go to Slide 10.

Program Overview

Slide 10: Program Overview

ZACH: This section will discuss the Program Overview including the purpose and design.

Please go to Slide 11.

Slide 11: Program Purpose (NOFO Page 6)

ZACH: We have learned that there is great variability among tribal public health systems. To accommodate this, TO-23-0001 focuses on flexibility to meet applicants where they are. Resources provided though this funding opportunity are intended to strengthen the quality, performance, and infrastructure of tribal public health systems.

Please go to Slide 12.

Slide 12: Design

ZACH: This Program offers a broad public health infrastructure approach. Working to address elected tribal officials' recommendations for CDC to directly fund Tribes, the funding mechanism is an umbrella cooperative agreement. The "umbrella" portion means this Program has a two-part funding strategy in which other CDC centers, institute, and offices or CIOs can use this mechanism to fund tribal activities more easily. The "cooperative agreement" portion means that CDC and the recipients will work collaboratively on work plans and evaluation.

Please go to Slide 13. Sonal Doshi will continue providing the Program Overview.

Slide 13: Approach-Logic Model (NOFO Pages 5-6)

SONAL: Hello. The capacity-building and quality improvement approach is outlined in the logic model shown on Slide 13 and on Pages 5 and 6 of the NOFO. The logic model is a visual representation of the program approach that demonstrates how the strategic areas and outcomes are related. The short-term outcomes focus on building capacity of key components of the tribal public health system. The intermediate outcomes are the capabilities that are expected to be strengthened because of the capacity built by the program. The long-term outcome will be the result of the strengthened capacities and capabilities that lead to an improved tribal public health system.

Please go to Slide 14.

Slide 14: Approach-Strategies and Activities (NOFO Pages 7-10)

SONAL: Applicants are asked to select **one or two** of the following strategies listed on the logic model:

1. Foundational Public Health Capabilities,
2. Data Modernization,
3. Public Health Programs and Services, and/or
4. Workforce.

Work in these areas will improve public health outcomes and reduce health inequities.

The NOFO provides a brief description of each strategy. Because tribal public health systems and the methods that applicants may use to meet the selected outcome(s) in a culturally informed manner vary, the NOFO only provides examples of activities. Applicants are best able to determine which activities will meet the needs of the population they serve.

Please go to Slide 15.

Slide 15: Approach-Outcomes (NOFO Pages 6-7)

SONAL: Recipients are expected to carry out the selected strategy areas and activities to achieve the program outcomes. The strategies and activities will work to achieve the **bolded** short-term outcomes in the logic model. Recipients will document achievement of their selected program outcomes and are expected to report any additional outcomes accomplished during the period of performance.

Applicants are also asked to select at least one of the bold Short-Term Outcomes as shown on the slide.

Please go to Slide 16.

Slide 16: Two-Part Funding Strategy (NOFO Page 11)

SONAL: The program is structured to provide funding to recipients using a two-part competition.

- Responsive applications submitted under this funding opportunity will be reviewed objectively as described in the Review and Selection Process section of this NOFO. Applicants selected for Funding Strategy 1 will become part of a group of organizations that are eligible for funding under Funding Strategy 2. The anticipated award date for funding strategy 1 is August 30, 2023.

- The second funding strategy is subject to the availability of appropriated funds and agency priorities. Applicants funded under Funding Strategy 1 will be eligible to apply for additional funding under Funding Strategy 2 to address CDCs program priorities and meet health system needs in Indian Country. Under Funding Strategy 2, CDC will publish and compete center, institute, or office project plans (also referred to as CIO project plans) according to HHS Region, IHS Area, and/or entity type. The anticipated award date for funding strategy 2 is September 30, 2023.

Please note: This NOFO details the first funding strategy. The applications submitted in response to this NOFO should address only Funding Strategy 1. CDC is still working out the timeline for publishing and competing CIO Project Plans under Funding Strategy 2. As a reminder, the additional funding under Funding Strategy 2 is for successful applicants funded under Funding Strategy 1.

Please go to Slide 17.

Slide 17: Evaluation and Performance Measurement Strategy (NOFO Pages 12-15)

SONAL: Evaluation and performance measurements will monitor the extent to which planned activities are completed successfully, show the effectiveness of strengthening public health systems and services, and demonstrate achievement of program outcomes. CDC uses evaluation findings to ensure continuous program quality improvement, help create an evidence base for culturally informed public health infrastructure strategies and assess which strategies are scalable. Recipients are expected to:
1. Track the implementation of strategies and activities and
2. Determine the progress made in achieving outcomes.

If applicable, recipients should submit a detailed Evaluation and Performance Measurement Plan, including a Data Management Plan or DMP.

Applicants **must** provide a statement of commitment to provide a DMP post award when specific data generation and collection activities are defined.

Please go to Slide 18.

Slide 18: Evaluation and Performance Measurement (NOFO Pages 12-13)

SONAL: Process measures track the implementation of strategies and activities, while outcome measures determine the progress in achieving the period of performance or 5-year outcomes. The NOFO provides examples of process measures for each strategy and examples of outcome measures for each bold short-term outcome. Throughout the cooperative agreement period, CDC will work with recipients to develop appropriate process and outcome measures.

Please go to Slide 19 and I will now turn the call over to Cleopatra Adedeji, one of the Project Officers for this funding opportunity.

Application Requirements

Slide 19: Application Requirements

CLEOPATRA: Thanks, Sonal. Again, my name is Cleopatra Adedeji. In the following section, my colleagues and I will highlight important information to ensure all applicants understand the requirements of this NOFO.

Please go to Slide 20.

Slide 20: Documentation Requirements

CLEOPATRA: The current slide provides a list of documents required to submit a complete application package. We will highlight the "project abstract," "project narrative," "work plan," and "budget narrative" shortly.

Please go to Slide 21.

Slide 21: Documentation Requirements, continued

CLEOPATRA: To find information about file format, naming convention, and where to submit your completed application please see pages 11, 15, 16, 20, 26, and 30 of the NOFO.

Please note, applicants are responsible for reporting if their TO-23-0001 application will result in programmatic, budgetary, or commitment overlap with another application or award in the same fiscal year.

For those that currently receive CDC funding, please refer to page 25 of the NOFO for important information about applicant reporting requirements for duplication of efforts.

Please go to Slide 22.

Slide 22: Project Abstract (NOFO Page 26)

CLEOPATRA: A project abstract is a summary of the proposed project and **must not** include proprietary or confidential information. This document **must be** submitted in the text box labeled "Project Abstract Summary" of the application on www.grants.gov.

Please go to Slide 23.

Slide 23: Project Narrative (NOFO Pages 26-27)

CLEOPATRA: Applicants must also submit an overview of the proposed project which should be no more than 20 pages, single spaced, and 12-point font. Content beyond 20 pages will not be reviewed. Please be sure to name this document "Project Narrative".

The Project Narrative includes the following sections:
1. Background which describes relevant information about strengthening public health systems and services in the population the applicant serves.
2. Approach which includes the purpose, outcomes, strategies and activities, collaborations, and intended population (i.e., target population) and health disparities. Applicants must identify **up to two** strategies and **at least one** outcome found on the Logic Model.
3. Evaluation and Performance Measurement Plan that demonstrates how the applicant will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. Applicant must provide a statement of commitment to provide a Data Management Plan, also known as a DMP, when specific data generation and collection activities are defined.

Please go to Slide 24.
I'll turn this over to Justin Casto, a fellow Project Officer, who will discuss organizational capacity to complete the proposed work.

Slide 24: Organizational Capacity of Applicant to Implement the Approach (NOFO Pages 15-16)

JUSTIN: Applicants should have the capacity to complete key tasks, such as project leadership, monitoring and evaluation of the project's progress, required reporting, budget management and administration, and communication with CDC and other partners.

An applicant should demonstrate staffing capacity, expertise, and planning to carry out the proposed project. Also, applicants should describe the nature of their relationship and history of serving or working with the intended population. This includes the required documentation highlighted in the Eligibility and Responsiveness section of the NOFO.

Please go to Slide 25.

Slide 25: Organizational Capacity of Applicant to Implement the Approach, continued (NOFO Pages 15-16)

JUSTIN: Applicants must identify the following:

1. One of the two eligibility entity types
2. All the HHS Regions that apply. Please visit the HHS Regional Offices website at www.hhs.gov to help identify in which region or regions your organization resides.
3. All Indian Health Service Areas that apply.

Please go to Slide 26.

Slide 26: Work Plan (NOFO Pages 16-17)

JUSTIN: The work plan is a component of the Project Narrative and is included in the 20-page limit. The work plan must include a high-level plan for the five-year period of performance, as well as a detailed plan for the first year. The five-year overview is a narrative that describes expected achievements by the end of the period of performance.

Work plans for applicants must include, at a minimum, the following:
1. Identification of the following for which the applicant is applying:
   - **One or two** of the four strategies within the logic model
   - **At least one** of the three bolded outcomes within the logic model

2. A high-level, five-year work plan that addresses how progress will continue.
3. Mechanisms to address selected program strategies.

Please go to Slide 27.

Slide 27: Work Plan, cont. (NOFO Pages 16-17)

JUSTIN:

4. A descriptive detailed Year 1 plan with S.M.A.R.T. (which stands for specific, measurable, achievable, realistic, and timely) objectives to support achievement of the outcomes chosen. The activities must align with the cooperative agreement's logic model and should have appropriate performance measures or milestones for accomplishing tasks. The plan should include the intended outcomes for the first year of the period of performance and how they will be measured.

Applicants are required to include all bold elements, as shown in the NOFO and on this slide, for the one-year detailed work plan. You may create this table in Microsoft Excel or Word and include it in the PDF of your Project Narrative. This table should be completed for the outcomes you are working toward during the first budget period.

Please note that we have provided examples on the work plan in the NOFO to illustrate what type of information should go in each section.

We received emails asking about the appropriate fit of proposed projects or activities to the program outlined in the NOFO. Please note, we are unable to give guidance about the appropriateness of specific activities. We encourage applicants to review the NOFO to make this determination.

Please go to Slide 28.

Slide 28: Budget Narrative (NOFO Pages 28-30)

JUSTIN: The one-year detailed work plan should be supported by an itemized budget narrative. This slide lists the budget categories CDC uses when issuing the notice of awards or NoA. **The work plan and budget should be developed in accordance with the average one-year award amount (i.e., $200,000).**

Please got to Slide 29.

Submission Process

Slide 29: Submission Process

JUSTIN: I now turn it over to Karen Cobham-Owens to discuss the application submission procedures.

Please go to Slide 30.

Slide 30: Prior to Application Submission (NOFO Pages 21-23)

KAREN: Applications are due on **Tuesday, June 6th by 11:59 pm (EDT)** on www.grants.gov. An organization must be registered at the three following locations before it can apply for funding at www.grants.gov:

1. System for Award Management or SAM,
2. Unique Entity Identifier or UEI, and
3. Grants.gov.

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 Unique Entity Identifier or UEI. All information relevant to the SAM number must remain current while 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 take up to 14 business days, and registration must be renewed annually.** Additional information about registration procedures may be found at www.SAM.gov.

Please go to Slide 31.

Slide 31: Prior to Application Submission, continued (NOFO Pages 21-23)

KAREN: Applicant organizations must register at www.grants.gov, the official HHS E-grant

website. Registration information is located at the "Get Registered" option at www.grants.gov. Account activation could be completed in 5 days but may take up to 8 weeks.

Please go to Slide 32.

Slide 32: Other Requirements (NOFO Page 32)

KAREN: Only one application will be accepted for review. If more than one application is submitted, only the latest application submitted will be reviewed. All other applications will be deemed non-responsive.

Please go to Slide 33. I turn this call over to Veda Harrell.

Review and Selection Process

Slide 33: Review and Selection Process

VEDA: In this section we will discuss the application review and selection process.

Please go to Slide 34.

Slide 34: Review and Selection Process (NOFO Pages 33-35)

VEDA: For Funding Strategy I, this process occurs in three phases, which are outlined on Slide 34. In Phase I, all applications are reviewed for eligibility and responsiveness, which we discussed earlier. During Phase II, CDC objectively reviews responsive applications. In Phase III, CDC reviews the scores from the objective reviews and applies the funding priority and preferences to determine organizations that will receive funding.

Applicants selected for Funding Strategy 1 will become part of a group of organizations that are eligible for funding under Funding Strategy 2.

Please go to Slide 35.

Slide 35: Phase II Review Scoring Criteria (NOFO Pages 33-35)

VEDA: Use the evaluation and scoring criteria to prepare your application. Please note that this NOFO emphasizes the Approach, at 40 points. The Evaluation and Performance Measurements and Applicant's Organizational Capacity to Implement the Approach are awarded up to 30 points each for a total of 100 points. The breakdown of points for each criterion are listed on pages 34 and 35 of the NOFO.

Please go to Slide 36.

Slide 36: Phase II Review Scoring Criteria, continued (NOFO Pages 33-35)

VEDA: Please note the budget and budget narrative are reviewed but not scored. Reviewers will consider if the budget is allowable, reasonable, and consistent with the Approach described in the NOFO.

Please go to Slide 37.

Slide 37: Phase III Review: CDC Funding Preferences (NOFO Pages 33-35)

VEDA: CDC may fund out-of-rank order. Preference may be given to achieve geographic diversity.

Please go to Slide 38.

Key Dates and Resources

Slide 38: Key Dates and Resources

VEDA: I'll turn the call over to Alleen Weathers, who will highlight important dates and resources for this NOFO.

Slide 39: Key Dates

ALLEEN: Please go to Slide 39. The deadline for the LOI is **Friday, May 5th**. Please note that submitting an LOI does not obligate an organization to apply. For those that do decide to apply, all applications are due **Tuesday, June 6th**. Submissions must be received by 11:59 pm (EDT) in Grants.gov.

Anticipated announcement and award dates are as follows:

- Funding strategy 1: August 30th
- Funding strategy 2: September 30th

The first-year budget period for this program will be August 31, 2023, to August 30, 2024. The five-year period of performance will be August 31, 2023, to August 30, 2028.

Please go to Slide 40.

Slide 40: Resources

ALLEEN: Continue to check our NOFO web page for information, frequently asked questions, and other helpful documents. If you have questions about the NOFO after this call, please send them to CSTLTSTribalCoAg@cdc.gov. To ensure fairness, questions received via email and phone will be grouped and answered in the Frequently Asked Questions on CDC's Tribal health website at www.cdc.gov/tribal. Please check these Frequently Asked Questions until June 7th for updates.

Direct any questions related to Grants.gov to the Grants.gov support line or email address.

Question-and-Answer Session

Slide 41: Q&A Session

ALLEEN: Please go to Slide 41. We have concluded the informational portion of the call and will now address your questions. We will start this session by answering some of the questions we received via the CSTLTSTribalCoAg mailbox. Then we will open the phone line to take your questions. If we don't answer your question today, your question and its answer will be in the Frequently Asked Questions on the CDC Tribal Health website. This document will be available by Friday, April 21st.

You can ask a question using the "Raise Hand" feature or the chat box. Thanks.

Slide 42

TERESA/SONAL: On behalf of CDC, I want to thank you for your time on the call today and for your interest in this funding opportunity. This concludes our call today.