

CDC-RFA-OT18-1803: APPLICANT INFORMATIONAL CONFERENCE CALL SCRIPT *HELD ON MARCH 12 & 20, 2018*

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Welcome

Slide 1: CDC-RFA-OT18-1803

NAOMI: Greetings, everyone, and thank you for joining us today. My name is Naomi Aspaas and I am the lead public health advisor with the Tribal Support Unit in the Office for State, Tribal, Local and Territorial Support—also known as OSTLTS—at the Centers for Disease Control and Prevention (CDC).*

***Please note:** In early March 2018, OSTLTS proposed transitioning into the Center for State, Tribal, Local, and Territorial Support (CSTLTS), and proposed renaming the Tribal Support Unit as the Office of Tribal Affairs and Strategic Alliances (OTASA). This transition will not affect the application process for this NOFO.

Welcome to the informational call for the five-year funding opportunity to strengthen and improve the public health infrastructure and performance of tribal public health systems. This notice of funding opportunity—or NOFO—describes a program that is designed to strengthen tribal public health departments, workforce segments across tribal public health departments, and nongovernmental tribal public health components. This NOFO is a non-research, domestic funding opportunity. It was published to Grants.gov on February 23, 2018.

To access the presentation for today's call, you will need to go to the NOFO's web page on the [CDC Tribal Support website](#). To get there, you can search in your browser "CDC Tribal Capacity-building NOFO" and the first result will take you to the NOFO webpage. Then, click on the presentation titled "OT18-1803 Informational Call."

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. Again, the search phrase is "CDC Tribal Capacity-building NOFO."

<Pause.>

The presentation will remain posted, and we will also make today's transcript available on the NOFO web page by Friday, March 30, 2018.

Please go to Slide 2.

Agenda

Slide 2: Agenda

NAOMI: 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 of the questions that were sent to the NOFO mailbox at OSTLTSTribalNOFO@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 Support website under the Budget, Grants, and Funding tab and on Grants.gov. Please check these Frequently Asked Questions weekly until Tuesday, April 24, for updates.

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

Please go to Slide 3.

Introductions

Slide 3: Introductions

NAOMI: I am joined today by Captain Carmen Clelland, associate director of the Tribal Support Unit (TSU), Commander Damion Killsback, deputy associate director of TSU, and Alleen

Weathers, an employee of Cherokee Nation Assurance working on contract as a public health advisor with OSTLTS. 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 (OGS): Barbara René Benyard, Office of Grants Services' grants management officer and Rose Mosley, grants management specialist.

Please go to Slide 4.

Slide 4: Office for State, Tribal, Local and Territorial Support

NAOMI: For those of you who are not familiar with OSTLTS, this office plays a vital role in helping health agencies enhance their capacity and improve their performance to strengthen the public health system on all levels. The mission of OSTLTS is to advance the US public health system and agency performance, capacity, agility, and resilience.

Please go to Slide 5.

Slide 5: Tribal Support Unit

NAOMI: CDC's Tribal Support Unit or TSU is the primary link between CDC, the Agency for Toxic Substance and Disease Registry, and tribal governments. TSU's activities are designed to advance the CDC and OSTLTS missions. TSU focuses on activities that reflect the agency's role in helping to ensure that American Indian/Alaska Native (AI/AN) communities receive public health services that keep them safe and healthy.

Please go to Slide 6.

Program Overview

Slide 6: Tribal Public Health Capacity-Building and Quality Improvement CoAg

ALLEEN: Hello, everyone. My name is Alleen. For those of you who may have joined late, we would like to say again that there is a PowerPoint presentation accompanying today's call. To access the presentation for today's call, you will need to go to the NOFO's web page on the [CDC Tribal Support website](#). To get there, you can search in your browser the phrase "CDC Tribal Capacity-Building NOFO". The first result will take you to the NOFO's web page. Once there, click on the presentation titled "OT18-1803 Informational Call."

Please note, we have reviewed all of the questions that were sent to the NOFO mailbox at OSTLTSTribalNOFO@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 Support website under the Budget, Grants, and Funding tab AND on Grants.gov. Please check these Frequently Asked Questions weekly until Tuesday, April 24, for updates.

In this portion of the presentation, I will discuss the tribal public health capacity-building and quality improvement described in the NOFO. I will begin with some background information and explain how this NOFO seeks to address public health system challenges through the program approach.

Please go to Slide 7.

Slide 7: Background (NOFO Pages 3–4)

ALLEEN: Historically, tribal public health systems have been separated from the larger U.S. public health system, which has led to limited strategic partnerships with federal, state, and

local partners; underdeveloped infrastructure; data access barriers; and diminished public health workforce. Tribal health systems provide public health services across the U.S. and are central to reducing health disparities in tribal nations. Building tribal public health infrastructure enhances Indian Country's capacity to prevent disease, promote health, and prepare for and respond to emerging threats and chronic challenges.

Please go to Slide 8.

Slide 8: Relevant Work (NOFO Page 4)

ALLEEN: Under the five-year cooperative agreement (2013-2018), CDC funds six recipients focused on strengthening and improving the infrastructure and performance of tribal public health agencies and systems through capacity-building and quality improvement. To reduce health concerns within AI/AN communities, recipients are implementing disease interventions or building organizational infrastructure.

Please go to Slide 9.

Slide 9: Tribal Capacity-building and Quality Improvement

ALLEEN: Tribal capacity-building and quality improvement includes activities that strengthen and maintain the infrastructure and resources necessary to sustain or improve system, organizational, community, or individual processes and competencies. Delivering capacity-building and quality improvement, such as training and technical assistance, enables organizations to better serve customers and operate in a more comprehensive, responsive, and effective manner.

Please go to Slide 10.

Slide 10: Program Purposes (NOFO Page 5)

ALLEEN: This program will provide resources for AI/AN tribal nations and regional AI/AN tribally designated organizations to optimize the quality and performance of tribal public health systems, including public health system infrastructure, workforce, data and information systems, programs and services, resources and communication, and partnerships. Ultimately, this cooperative agreement aims to 1) decrease morbidity and mortality among AI/ANs; 2) advance the capacity of Indian Country to identify, respond to, and mitigate public health threats; 3) improve the capacity of the workforce to deliver essential public health services; 4) increase culturally appropriate practice-based evidence programs and policies that are effective and sustainable throughout Indian Country; and 5) improve the capacity to collaboratively and strategically address AI/AN health needs and advance health equity.

Please note, that this NOFO defines “public health system infrastructure” as the fundamental actions, planning, relationships, and resources required to create the minimum opportunity for public health efforts to succeed. Infrastructure is not a single entity, but a broad array of essential services and capacities encompassing leadership, governance, financing, workforce, community planning, quality improvement, and more. Agencies must invest in, actively monitor, and continuously update these components to maintain quality infrastructure.

Please go to Slide 11.

Slide 11: Target Population Categories (Detailed Later)

ALLEEN: The NOFO outlines three target population groups that will be affected by the capacity-building and quality improvement activities from recipients. These groups are a) tribal public health departments, b) workforce segments across tribal public health departments,

and c) nongovernmental tribal public health components. Each NOFO application must identify **one or more** target populations from these groups. We will explain the target populations in more detail when we review the NOFO requirements later in the call.

Please go to Slide 12. Commander Killsback will continue providing the Program Overview.

Slide 12: Logic Model (NOFO Page 5)

DAMION: Hello. The capacity-building and quality improvement approach is outlined in the logic model shown on Slide 12 and also on Page 5 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 capabilities that are expected to be strengthened as a result of built capacity. The long-term outcomes will be the result of strengthened capacities and capabilities that lead to an improved public health system.

This NOFO provides the following definitions of “capacities” and “capabilities” within the Glossary, beginning on page 46 in the NOFO:

- Capacities are attributes that enable systems, organizations, communities, or individuals to successfully implement actions to pursue their mission and achieve goals. Attributes may include, but are not limited to, resources, data and information systems, authorities, governance, and decision-making structures.
- Capabilities represent features, abilities, or processes that can be developed or improved. They are dynamic knowledge, skills, and resources required to achieve effective and efficient practice, programs, and services.

Please go to Slide 13.

Slide 13: Program Strategic Areas (NOFO Pages 5–9)

DAMION: The strategic areas serve as a guide to focus activities for your selected target population. Recipients will implement activities under **one or more** of the capacity-building and quality improvement program strategies. They include—

- 1) Tribal public health systems infrastructure
- 2) Tribal public health workforce
- 3) Tribal data and information systems
- 4) Tribal public health programs and services
- 5) Tribal public health resources and communication
- 6) Tribal public health partnerships

Work in these areas will increase the capacity of Indian Country to identify, respond to, and mitigate public health threats and decrease burden of disease among AI/ANs. When developing your application, you should select **one or more** strategic areas that are relevant to the needs of the target population.

Please go to Slide 14.

Slide 14: Program Outcomes (NOFO Pages 5–6)

DAMION: Recipients are expected to carry out the selected strategic areas and activities to achieve the program outcomes. The capacity-building and quality improvement efforts will work to achieve the **bolded** short-term and intermediate 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.

Please note, applicants should select **two or more** of the 10 bolded outcomes located on the logic model and also in the Outcomes section of the CDC Project Description, beginning on page 5 of the NOFO.

Please go to Slide 15.

Slide 15: Two-Part Funding Strategy (NOFO Page 11)

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

- **Funding Strategy 1: Initial Funding** – Responsive applications submitted under this funding opportunity will be reviewed objectively as described in the Review and Selection Process section of this NOFO. Awards under Funding Strategy 1 will support building capacities and capabilities. 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 1, 2018.
- **Funding Strategy 2: CIO Project Plans** – The second funding strategy is subject to the availability of appropriated funds and agency priorities. To maximize CDC's program priorities and health system needs in Indian Country, applicants funded under Funding Strategy 1 will be eligible to apply for additional funding under Funding Strategy 2. Under Funding Strategy 2, CDC will publish and compete center, institute, or office (CIO) project plans according to geographic category and/or target population. The plans will be published on www.grants.gov as a supplement to CDC-RFA-OT18-1803. Organizations will submit “Work Plans in Response to CIO Project Plans” that are relevant to the geographic category and target population for which they were awarded funding under Funding Strategy 1. The anticipated award date for funding strategy 2 is September 1, 2018.

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 16.

NOFO Requirements

Slide 16

NAOMI: In this next section, we will highlight important information to ensure all applicants understand the requirements of this NOFO. Please go to Slide 17, and we will start with the eligibility criteria.

Slide 17: Eligibility (NOFO Pages 19–20)

NAOMI: Please note the following NOFO-specific terms:

1. Federally recognized AI/AN tribal nations refers to Native American tribal governments who are federally recognized and American Indian or Alaska Native tribal governments who are federally recognized.
2. Regional AI/AN tribally designated organizations refer to Native American tribal organizations that fit into the category other than federally recognized tribal governments and American Indian or Alaska Native 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 18.

Slide 18: Responsiveness (NOFO Page 20)

NAOMI: Organizations that meet the eligibility criteria must also meet responsiveness criteria in order to advance to Phase II, which is the objective review.

- Federally recognized AI/AN tribal nations 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. Please note that for the purposes of this NOFO regional AI/AN tribally designated organizations include Inter-tribal Consortia, Urban Indian Organizations, and regional Indian health boards. For more information, please review the NOFO, especially the Glossary which starts on page 46.

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

Applicants are permitted to submit **only one** application to meet the needs of the intended target population. If multiple applications are submitted by one organization, the earliest application submitted will be reviewed. All applications after that will be deemed non-responsive. Non-responsive applications will not advance to Phase II, which is the objective review.

Please note: We have received questions regarding this requirement, please review the [Frequently Asked Questions](#) on the CDC Tribal Support website under the Budget, Grants, and Funding tab and on Grants.gov for responses to inquiries.

Please go to Slide 19.

Slide 19: Geographic Category (NOFO Page 2)

NAOMI: Each applicant should identify the following geographic category it serves:

- Category A: HHS Regions I, II, III, and IV
- Category B: HHS Regions V, VI, and VII
- Category C: HHS Regions VIII, IX, and X

For more information about HHS Regions please visit <https://www.hhs.gov>

Please go to Slide 20.

Slide 20: Target Populations (NOFO Page 10)

NAOMI: As mentioned earlier, applicants must clearly identify **one or more** of the following target populations on which their project will focus:

1. Tribal public health departments

An applicant focusing on this target population will address the priority organizational-level capacity-building and quality improvement needs of a tribal public health department. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, and agency leadership.

2. Workforce segments across tribal public health departments

An applicant focusing on this target population will address the priority capacity-building and quality improvement needs of the tribal public health workforce. The workforce segments can include, but are not limited to, community health workers, disease investigation specialists, epidemiologists, environmentalists, nutritionists, environmental and public health lawyers, and statisticians.

3. Nongovernmental tribal public health components

An applicant focusing on this target population will address the priority capacity-building and quality improvement needs of nongovernmental components of the tribal public health system. Activities targeting this population must leverage the organization's expertise and networks to benefit a tribal public health system.

Please go to Slide 21.

Slide 21: Organizational Capacity (NOFO Pages 15–16)

NAOMI: Now, I will discuss organizational capacity to complete the proposed work. Applicants should have adequate infrastructure, such as equipment and physical space and electronic information communication systems.

Please note that the emphasis of the NOFO is for the capacity-building and quality improvement activities to a target population. It is important that applicants describe current and recent programs as related to the strategies and activities listed in the NOFO. When describing current and recent programs, applicants must also demonstrate adequate capacity and experience necessary to develop and implement programs in a tribal setting.

Also, they should describe staffing and procurement processes as they relate to program planning, implementation, and evaluation. Organizations should have a relationship with the proposed target population. The information provided in the organizational capacity section of the application should demonstrate that relationship.

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award submitted to another funding source in the same fiscal year.

For those that currently receive CDC funding, please refer to page 24 of the NOFO for important information about applicant reporting requirements for duplication of efforts.

Please go to Slide 22.

Slide 22: Evaluation and Performance Measurement (NOFO Page 14)

ALLEEN: Evaluation and performance measurements will monitor the extent to which planned activities are completed successfully, show the effectiveness of capacity-building and quality improvement activities in AI/AN tribal settings, and demonstrate achievement of program outcomes. CDC uses evaluation findings to ensure continuous program quality improvement, help create an evidence base for culturally appropriate capacity-building strategies, and assess which capacity-building and quality improvement strategies are scalable.

An applicant's evaluation and performance measurement plan must provide a detailed description for Year 1 evaluation activities and specific elements to be evaluated over the five-year period of performance. Applicants are expected to develop performance measures specific to the strategies, activities and outcomes outlined in the proposed work plan. The

evaluation and performance measurement plan must meet the minimum requirements, stated on page 14 of the NOFO.

Please note that at times specified by the program, **all recipients will be required to complete a basic assessment** against national standards for their chosen target population. The assessment will assist both the recipients and CDC with program evaluation.

Please go to Slide 23.

Slide 23: Work Plan (NOFO Pages 16-17)

ALLEEN: 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 more** of the six Strategic Areas within the logic model (see page 5 of NOFO)
 - **Two or more** of the 10 bolded outcomes within the logic model (see page 5 of NOFO)
2. A descriptive detailed Year 1 plan with S.M.A.R.T. (which stands for specific, measurable, achievable, realistic, and time-bound) activities to support achievement of the outcomes chosen. These activities must align with the cooperative agreement's logic model and should have appropriate performance measures or milestones for accomplishing tasks.

3. A high-level, five-year work plan that addresses how progress will continue
4. Intended outcomes for the first year of the period of performance and how they will be measured
5. Program strategies to be used during the first year of the period of performance
6. Mechanisms to address selected program strategies
7. Timeline for the first year of the period of performance

Please go to Slide 24.

Slide 24: Work Plan, cont.

ALLEEN: Applicants are required to use the table format, 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.

The one-year detailed work plan should be supported by an itemized budget narrative. **The work plan and budget should be developed in accordance with the average one-year award amount (i.e., \$50,000) for the selected target population group(s).**

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. This is just an example.

We received several 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 25.

Slide 25: Documentation Requirements (NOFO Pages 20; 23–28)

ALLEEN: On Slide 25, you'll find a list of required documents. As stated in both the "Organizational Capacity of Recipients to Implement the Approach" on pages 15–16 of the NOFO **and** the "Additional Information on Eligibility" on page 20 of the NOFO:

- Federally recognized AI/AN tribal nations 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

Other required documents can be found on pages 25-28 in the NOFO and include:

1. Table of Contents – no page limit
2. Project Abstract Summary – maximum 1 page
3. Project Narrative – maximum 20 pages
4. Work Plan – included in Projective Narrative's maximum 20 pages
5. Budget Narrative

Please go to Slide 26.

Slide 26: Other Requirements

DAMION: We encourage applicants to address all of the evaluation criteria that is specific to the selected target population category.

You must submit all application attachments in PDF file format. You may submit only one application. If more than one application is submitted, the earliest application submitted will be reviewed. All applications after that will be deemed non-responsive.

As stated in the Background section on pages 3–4 of the NOFO, each application must identify the following within the Project Narrative:

- One of the following applicant types
 - AI/AN tribal nation
 - Regional AI/AN tribally designated organization
- One of the following geographic categories
 - Category A: HHS Regions I, II, III, and IV
 - Category B: HHS Regions V, VI, and VII
 - Category C: HHS Regions VIII, IX, and X
- Capacity-building and quality improvement needs for one or more target populations (see “2. Target Populations” on page 10 of the NOFO)
 - Tribal public health department(s)
 - Workforce segments across tribal public health departments
 - Nongovernmental tribal public health component(s)
- One or more of the six Strategic Area(s) of focus found on the logic model (see page 5 of NOFO)
- Two or more of the 10 bolded outcomes found on the logic model (see page 5 of NOFO)

When submitting your applications, you will need to identify a “Project Title” on line 15 of the SF-424. Your project title must represent the Geographic Category and the Target Population. Use the following naming convention for the Project Title and enter it on line 15 of the SF-424: “Geographic Category: Target Population.” For example: “Category A: Tribal Public Health Departments.”

Finally, submit applications to Grants.gov by Tuesday, April 24, 2018, 11:59 pm (EDT).

If the application is not submitted by the deadline published in the NOFO, it will not be processed. OGS will notify the applicant that the application did not meet the deadline. The applicant must receive pre-approval to submit a paper application. If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS. Please refer to the NOFO for additional details.

Please go to Slide 27.

Slide 27: Letter of Intent (NOFO Page 25)

DAMION: After determining that your organization will apply, please submit a letter of intent, or LOI, by 11:59 pm (EDT) on March 30, 2018. Be sure in your LOI to specify the geographic category and target population in which your project will focus. Even though it is not required, the LOI is strongly encouraged and enables CDC to plan NOFO activities accordingly.

Please go to Slide 28.

Submission Procedures

Slide 28: Submission Process

DAMION: I now turn it over to Alleen to discuss the application submission procedures.

Please go to Slide 29.

Slide 29: Prior to Submitting Application (NOFO Pages 21–23)

ALLEEN: Thank you, Damion.

To reiterate the applications are due on Tuesday, April 24, 2018, 11:59 pm (EDT) on www.grants.gov. Please remember that an organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov:

1. Data Universal Numbering System, or DUNS
2. System for Award Management, or SAM
3. Grants.gov

First, from the Data Universal Numbering System, all applicant organizations must obtain a number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet. It will be used as the universal identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by phone at 1-866-705-5711 (toll free) or via the Internet the link on the slide. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

Please go to Slide 30.

Slide 30: Prior to Submitting Application, cont. (pages 21–23)

ALLEEN: Second, the applicant must use the DUNS number to obtain a System for Award Management, or SAM number. 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 an awardee. All applicant organizations must register with SAM and will be assigned a SAM number. 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 take up to 14 business days, and registration must be renewed annually.** Additional information about registration procedures may be found at www.SAM.gov.

All 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. The one-time **registration usually takes about five days to complete, but account activation could take up to 8 weeks.** Applicants must start the registration process as early as possible. Additionally, you should have key information, such as your Employer Identification Number, current and readily available to complete the grants.gov registration and application process. The information I mentioned is located on pages 21–23 of the NOFO.

Please go to Slide 31.

Application Review and Selection Process

Slide 31: Application Review and Selection Process

ALLEEN: I now turn it over to Naomi to discuss the Application Review and Selection Process.

Thank you.

Please go to Slide 32.

Slide 32: Review and Selection Process (NOFO Pages 33–36)

NAOMI: This brings us to the application review and selection process. For Funding Strategy I: Initial Funding, this process occurs in three phases, which are outlined on Slide 32. In Phase I, all applications are reviewed for eligibility and responsiveness, which we discussed earlier, by OGS and TSU. During Phase II, CDC objectively reviews responsive applications. In Phase III, OSTLTS 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.

During Funding Strategy 2, there will be a review of work plans submitted in response to CIO project plans.

Please go to Slide 33.

Slide 33: Evaluation and Scoring Criteria (NOFO Pages 33–36)

NAOMI: Use the evaluation and scoring criteria to prepare your application and follow the scoring criteria for your selected target population category. Please note that this NOFO emphasizes the Approach (at 40 points).

Please go to Slide 34.

Slide 34: CDC Funding Preferences (NOFO Page 36)

NAOMI: Preference may be given to avoid duplication of capacity-building and quality improvement services to the same target populations. Preference will be given to ensure funding of organizations that provide capacity-building and quality improvement services to target populations not duplicated in other CDC funding mechanisms.

Please go to Slide 35.

Slide 35: Key Dates

NAOMI: These are key dates to remember for this NOFO. The deadline for the LOI is Friday, March 30. Please note that submitting an LOI does not obligate an organization to submit an application. For those that do decide to apply, all applications are due Tuesday, April 24, and submissions must be received by 11:59 pm (EDT) on Grants.gov.

Anticipated announcement and award dates are as follows:

- Funding strategy 1: August 1, 2018
- Funding strategy 2: September 1, 2018

The first-year budget period for this program will be August 1, 2018 to July 31, 2019. The five-year period of performance will be August 1, 2018 to July 31, 2023.

Please go to Slide 36.

Pre-Application Information

Slide 36

NAOMI: And finally, we'd like to offer you some helpful pre-application information.

Please go to Slide 37.

Slides 37: Pre-Application Submission Recap

NAOMI: You will need a DUNS number and a SAMS number prior to register on Grants.gov. Next, be sure to sign up to receive notifications about this NOFO. This will be helpful if amendments are posted.

Please go to Slides 38 and 39.

Slides 38 & 39: Resources

NAOMI: Use the available NOFO resources. Continue to check our NOFO web page for information, frequently asked questions, and other helpful documents. If you have questions and concerns about the NOFO after this call, please send them to OSTLTSTribalNOFO@cdc.gov. You will receive an automatic response, and we will respond to your questions by adding them—and the answers—to the [Frequently Asked Questions](#) on the CDC Tribal Support website under the Budget, Grants, and Funding tab AND on Grants.gov. **To ensure fairness, questions received via email and phone will be grouped and answered in the [Frequently Asked Questions](#) on the CDC Tribal Support website under the Budget,**

Grants, and Funding tab AND on Grants.gov. Please check these Frequently Asked Questions weekly until Tuesday, April 24, for updates.

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

Slide 40: Q&A Discussion

NAOMI: Please go to Slide 40. And with that, we have concluded the informational portion of the call and will now address your questions. We will begin with a few words from Captain Carmen Clelland. We will then open the phone line to take your questions. The operator will provide you with instructions about how to ask your questions.

If we don't answer your question today, we assure you that your question and its answer will be in the [Frequently Asked Questions](#) on the CDC Tribal Support website and on Grants.gov. This document will be available by Friday, March 30.

Captain Clelland will now share a few words about the new funding opportunity.

CAPTAIN CLELLAND: Greetings, everyone. Thanks to all who have worked on and supported the development of this NOFO. I'd like to stress two things:

1. CDC is committed to respecting tribal sovereignty while working with Indian Country to leverage capacity, expertise, and resources to achieve the greatest impact on the health issues affecting American Indians and Alaska Natives.
2. Engaging Indian Country in CDC's public health mission is critical to our reach and effectiveness. This NOFO emphasizes a robust strategy to deliver capacity-building and quality improvement assistance to target audiences across Indian Country. The aims are to build the capacity of the tribal public health system, improve organizational

sustainability and effectiveness, and improve tribal public health programs and services. This will positively affect tribal public health outcomes.

<We will now begin answering your questions.>

Slide 41: Thank You!

CAPTAIN CLELLAND: On behalf of the Tribal Support Unit and the Office for State, Tribal, Local and Territorial Support, 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. Best of luck to you during the application process.