Centers for Disease Control and Prevention (CDC)
CDC-RFA-CE23-0005 Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action
Notice of Funding Opportunity (NOFO)
Frequently Asked Questions

Questions received during the informational call

1. **Question:** Can the applicant only apply to base funding?

   Answer: Yes, the applicant may only apply for base funding. Enhanced funding activities are optional under this cooperative agreement.

2. **Question:** Can the applicant only apply for enhanced funding?

   Answer: No. All applicants must apply for base funding. Applicants will only be considered for enhanced funding after Phase II review. Enhanced funding is for additional activities only.

3. **Question:** Can the applicant apply for based funding and only one of the activities within the enhanced funding criteria?

   Answer: Yes, the applicant may apply for one, two, or three additional activities listed within each goal of the award (see Strategies and Activities Section of the NOFO; page 9). Funding for enhanced activities will be considered up to $85,000 during Phase II review.

4. **Question:** For this NOFO, are we limited to the common list of adverse childhood experiences (ACEs), or can we go beyond that to additional forms of ACE?

   Answer: Applicants may consider including other ACEs beyond the traditional measure of ACEs. For example, historical traumas, experiences of racism, bullying, teen dating violence, peer-to-peer violence, witnessing violence in a community or school, homelessness, and the death of a parent, are some experiences not included in the traditional measure of ACEs. While applicants may go beyond the traditional measurement of ACEs, applicants must include the core ACEs items as part of their youth-based surveillance efforts no later than 2025, as noted in the NOFO, pages 10-11.

5. **Question:** What if our State does not conduct the Youth Risk Behavior Survey (YRBS)? Do we still qualify?

   Answer: Yes, another equivalent state-representative survey of adolescents will be accepted and considered if YRBS is not implemented in your State, or another adolescent statewide survey is available.

6. **Question:** There were mainly references to adolescents and the use of the YRBS. Is this the scope of the target for this award?

   Answer: To date, it has been challenging to assess the incidence and prevalence of ACEs experienced by youth and adolescents –because the best surveillance data currently available for ACEs are collected retrospectively among adults. Therefore, one of the goals of this NOFO is to get a better understanding of ACEs prevalence among youth. As such, the NOFO calls for ACEs data collection through YRBS or other statewide youth surveys. Additional methods of data collection are also part of the cooperative agreement (see pages 9-11)

7. **Question:** If YRBS is administered in my state/community, should I leverage this surveillance system?

   Answer: Contingent upon funding, the Division of Violence Prevention and the Division of Adolescent and School Health within the CDC intend to continue offering financial incentives to YRBS sites that include ACE questions on their surveys. We encourage recipients to inquire about how this YRBS information on ACEs may help them to leverage resources to advance the goals of the NOFO. States may also leverage the YRBS by including items about ACEs and Positive Childhood Experiences (PCEs) without additional supplemental funding from CDC if they wish to do so. Applicants should work with the YRBS coordinator in their State to leverage this surveillance system.

8. **Question:** What youth-based surveillance data can be used to link to social determinants of health data as part of the optional enhanced activity?

   Answer: Recipients who apply for enhanced funding to link youth-based surveillance data on ACEs and PCEs with data on the social determinants of health must have data on the core ACEs (as listed on pages 10-11 of the NOFO) included in their state-representative youth-based surveillance system in a data collection cycle that occurred during or prior to 2023. Data must be from a youth-based surveillance system that provides information on the core ACEs described in the NOFO. PCEs do not have to be included in the youth-based surveillance system prior to 2023 to be eligible for enhanced funding. Recipients should work with their jurisdiction's administrator for the YRBS or other youth-based surveillance system that includes data on ACEs to determine how to conduct the linkage and the feasibility of doing so. Recipients who request this funding should provide information about their capacity and ability to conduct this work in the application.

9. **Question:** Are city agencies eligible?

   Answer: The following organizations are eligible to apply:
   - State, county, and city or township governments
   - Native American tribal governments (federally recognized)
   - Native American tribal organizations (other than federally recognized tribal governments)
   - Public housing authorities and Indian housing authorities
   - Public and state-controlled institutions of higher education
   - Private institutions of higher education
   - Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
   - Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
   - Small businesses

   More information can be found in the notice of funding announcement (NOFO) under the section Additional Information on Eligibility.

10. **Question:** Is the State Action Plan required to be submitted as a part of the application? What type of info is usually included in the state action plans?

    Answer: A state action plan is a required document that must meet the requirements of the NOFO. It must be an existing statewide plan that expresses a shared vision to promote safe, stable, nurturing relationships and environments for children with strong cross-sector public and private commitments.

11. **Question:** Is data collection and analysis expected, or just assistance with building a data collection system?

Answer: This NOFO has three required foci, one being to enhance or build the infrastructure for the state-level data collection, analysis, and application of ACE-related surveillance data that can be used to inform and tailor ACE prevention activities. The work of these foci, and the infrastructure and expertise exerted to accomplish that work, should be interdependent and planned and implemented as part of a comprehensive and coordinated ACE prevention dynamic system.

12. **Question:** It is limited to 12 awards, and will that be 12 different recipients, or could one recipient be awarded all 12 cooperative agreements?

    Answer: The expected number of awards is up to twelve recipients. Funding will be determined in accordance with the information described in the Phase II Review section of the NOFO. CDC will fund recipients based on the evaluation scores of complete, eligible applications in accordance with the criteria indicated throughout the NOFO.

13. **Question:** Is there a specific format or set of questions that must be answered in the Letter of Intent?

    Answer: The Letter of Intent is a notice to the funding agency that the recipient intends to apply for the NOFO. There is not a specific format for this letter, and it is optional.

14. **Question:** Evidence-based and best available evidence is used in the NOFO. Is the requirement that the programs, policies, and practices implemented are evidence-based or that they be based on the best available evidence?

    Answer: Funded recipients are required to implement at least two out of the five core prevention strategies identified:

    1. Strengthen Economic Supports to Families
    2. Promote Social Norms that Protect Against Violence and Adversity
    3. Enusre a Strong Start for Children
    4. Teach Skills
    5. Connect Youth to Care Adults and Activities

    The definition of best available evidence described in this NOFO refers to the list of policies, programs, and practices outlined in 'CDC's ACEs Resource document entitled, "Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence". CDC will provide oversight and guidance to recipients regarding the appropriateness of specific policies, programs, and practices selected within each strategy. While we encourage innovative approaches to preventing ACEs, these approaches must be evidence-informed and have demonstrated efficacy.

15. **Question:** Can recipients use the funding to expand a prevention program NOT included in the technical package?

    Answer: Yes. If an alternate prevention program not included in the technical package is preferred, recipients may implement and evaluate this program. However, funded recipients are required to implement at least two core prevention strategies that have the potential to achieve population-level impact as implemented. Specific policies, programs, and practices selected for implementation within each strategy must be evidence-based. CDC will provide oversight and guidance to recipients regarding the appropriateness of specific policies, programs, and practices selected within each strategy.

16. **Question:** NOFO indicates a local-state data infrastructure for sharing and using data for prevention strategies. Should evaluation focus on the two required prevention strategies and progress on the data infrastructure?

Answer: The evaluation should focus on assessing the process and outcomes of the collective activities of the NOFO initiative. This includes identifying and tracking indicators related to the implementation of ACE surveillance infrastructure and prevention strategies selected by the recipients. It also includes identifying and tracking indicators that measure the outcomes of the selected prevention strategies and other outcomes specified in the NOFO logic model. Please refer to the Performance and Evaluation Measurement Strategy section of the NOFO for more information about the evaluation.

17. **Question:** Can you explain a bit more about what you want to see in outcomes?

    Answer: Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Once funded, recipients are expected to achieve short- and intermediate outcomes 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 the program intends to achieve and usually indicate the intended direction of change (e.g., increase or decrease).

18. **Question:** On page 13 the NOFO states "An essential part of implementing a comprehensive approach to preventing ACEs involves the funded entity serving as a convener and coordinator of multi-sector partnerships focused on ACE prevention. As such, recipients are expected to build partnerships with other relevant stakeholders within the State (e.g., data managers, education sector partners, tribal healthcare workers, non-governmental youth-serving and family-serving organizations, policymakers, healthcare providers, local health departments, statewide domestic violence coalitions) to successfully execute the requirements of this funding announcement." Can you elaborate on the role of convener and coordinator?

    Answer: As part of the convener and coordinator role, funded entities are expected to engage and coordinate with public and private sector partners in implementing these strategies within the State. Cross multi-sector partnerships and resources are required to support the implementation and sustainability of comprehensive ACE prevention efforts. The multi-sector collaborative entity should seek to prevent ACEs and include representation from sectors that support work in the community, including, but not limited to, education and youth-serving agencies, family and social services, civic, public safety and juvenile justice, mental health, labor, faith-based, healthcare, government, media, and business organizations.

19. **Question:** What is a comprehensive approach to preventing adverse childhood experiences (ACEs)?

    Answer: For the purposes of this NOFO, a comprehensive approach to ACEs prevention is characterized by the following activities:

    1) Prioritizing data to build/enhance an ACEs surveillance infrastructure that will support access to and analysis of ACEs surveillance and indicator data within the State to inform primary prevention activities/efforts and assess the impact of such activities/efforts.
    2) Implementing ACEs primary prevention strategies.
    3) Conducting foundational activities that promote data to action.
    4) Collaborating with other CDC programs, CDC-funded programs and organizations, and organizations not funded by CDC.

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

    Answer: You will find guidance about COVID-19-related delays on the CDC grants website: https://www.cdc.gov/grants/public-health-emergencies/covid-19/faqs/index.html.

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

21. **Question:** What does the word "complementary" mean in focus two?
    - Complementary to each other?
    - complementary to existing initiatives?
    - other?

    Answer: Complementary in the NOFO refers to the two strategies or approaches complementing each other. For example, if an applicant chooses the strategy "Strengthening Economic Supports" by assuring that eligible families are enrolled in Supplemental Nutrition Assistance Program (SNAP), their other chosen strategy, "Promote Social Norms Change" may address destigmatizing seeking help from assistance programs.

22. **Question:** If you are contracting with an entity to conduct a specific function, is a memorandum of understanding (MOU) still required?

    Answer: The applicant determines the agreement type in accordance with its organizational policy. The agreement should explicitly articulate each party's role, function, and responsibility as it relates to the CDC-RFA-CE23-0005 NOFO.

23. **Question:** Do we need to submit a certain number of MOUs/letters?

    Answer: There is no definite number of MOUs/letters that must be submitted (refer to NOFO 12, b. With organizations not funded by CDC).

24. **Question:** Is CDC assistance with logic models intended for after funding is awarded?

    Answer: Yes, CDC will be providing guidance materials about refining the logic model after funding is awarded. You can also find additional resources in the NOFO.

25. **Question:** If our organization is the administrator of our youth-based surveillance system that includes ACEs, do we still need to submit a MOU/MOA?

    Answer: Yes, if the applicant is the administrator for the Youth Risk Behavior Survey (YRBS) or intended surveillance equivalent in the jurisdiction, please submit a letter of evidence stating this. Please see question 26 below for the additional content that should be provided in the letter of evidence.

26. **Question:** What should be included within the MOU/MOA with the youth-based surveillance system partner?

    Answer: The following information should be included in the MOU/MOA:
    - A description of the youth-based surveillance system, including survey name, data collection cycle, and age of respondents.

- Describe, if any, adverse childhood experiences (ACEs) and positive childhood experiences (PCEs) that were included in previous survey cycles. Please identify data elements that are outlined in Table 1 of the Strategies and Activities section of the NOFO. Inclusion of additional optional ACEs and PCEs elements may be described but should be distinguished from the core ACEs data elements. If data are not available, please describe this. *Note: youth-based surveillance data on ACEs and PCEs are not required to be collected prior to 2025; this information is requested to understand available data at time of award. However, applicants without these previous data will still be considered responsive to the NOFO requirements and are eligible for potential award.*
- A description of the core ACEs to be included in the youth-based surveillance system no later than the 2025 data collection cycle. Please explicitly identify data elements that are outlined in Table 1 of the Strategies and Activities section of the NOFO. Inclusion of additional optional ACEs elements may be described but should clearly be distinguished from the core ACEs data elements.
- Plans for continued monitoring of the core ACEs in ongoing data collection cycles throughout the period of performance. Please explicitly identify data elements that are outlined in Table 1 of the Strategies and Activities section of the NOFO. Inclusion of additional optional ACEs elements may be described but should clearly be distinguished from the core ACEs data elements.
- Plans to include at least one new PCE item in data collection cycles throughout the period of performance. Please explicitly identify data elements that are outlined in Table 1 of the Strategies and Activities section of the NOFO. Inclusion of additional optional PCEs elements may be described but should clearly be distinguished from the core PCEs data elements.
- Agreement to share youth-based surveillance data with CDC's Division of Violence Prevention throughout the period of performance. Data should be shared at the time of data availability to best inform technical assistance and data to action planning for the cooperative agreement.

27. **Question:** One State that we are looking to partner with participated in the 2021 Middle School Youth Risk Behavior Survey (YRBS) and is denoted as having conducted a representative state survey on the YRBSS website. If the State continues to conduct this same survey, would this count as an eligible state-level, jurisdiction-wide survey of adolescent for purposes of this RFA?

    Answer: To be eligible for NOFO funding, recipients will use a state, territorial or tribal Youth Risk Behavior Survey (YRBS) or equivalent state-level jurisdiction-wide survey of adolescents to collect ACEs and PCEs data (see page 11). The hallmark Youth Risk Behavior Surveillance System (YRBSS), which is a set of Youth Risk Behavior Surveys, tracks behaviors that can lead to poor health in students grades 9 through 12. The inquirer is correct that states, districts, territories, and tribes (collectively referred to as 'sites") that conduct YRBS at the high school level have the option of also conducting the survey at the middle school level. However, to be eligible for the EFC funding, recipients must use a state-level jurisdiction wide-survey of adolescents. While there is not one definition of adolescent, this period is often thought of, including those aged 12 or 13 years to up to 18 years of age. Given that many middle school students are pre-adolescent and the use of surveys focusing on this age range alone would not include most of the adolescent age range, using only a jurisdiction-wide survey of middle school students would not meet eligibility criteria. The use of data on adolescents is critical given that experience of adversities increases with age, and that cognitive testing has demonstrated that there may be comprehension issues with asking ACEs items among middle school-aged children. However, if the recipient would like to use jurisdiction-wide surveys that include information on children and adolescents (i.e., data are collected from middle and high school students), this would be an eligible data collection strategy.

28. **Question:** Do all the core ACEs listed in the cooperative agreement have to be assessed using a youth report or can a combination of official records and youth report be used to assess ACEs?

    Answer: All the core ACEs included on pages 10-11 should be included in a jurisdiction-wide youth-based surveillance system by the 2025 data collection cycle as part of the cooperative agreement. While recipients can use additional data from official records as part of the cooperative agreement to bolster their data collection efforts, administrative records cannot be used instead of youth-based surveillance.

29. **Question:** What factors are assessed when determining if a survey is "equivalent" to YRBS?

    Answer: The survey itself, and its data collection features, will vary on a state-by-state basis. There are three components to consider. First, data must be collected from children or adolescents (i.e., a focus on collecting data from those <18 years of age but including information on adolescents). Please note that we are aware that many surveys of high school students include adolescents who are aged 18 (i.e., high school seniors); this is acceptable given that the focus of these data collection is on adolescents (i.e., the focus is not on young adults). This is the most critical requirement. Second, it should be a statewide representative survey. For example, I'm in the State of Georgia. A YRBS-equivalent survey here should collect data from across the State, and not focus specifically on Atlanta, as that would not represent the entire jurisdiction. Recipients may use additional region-specific data collection as part of the cooperative agreement, but this must be in addition to and not instead of jurisdiction-wide youth-based surveillance data. Third, the survey should be able to be used to monitor trends in ACEs over time. That is, it should have data collection features that allow for it to be used to generate statistics about the prevalence of ACEs in the State and whether ACEs are stable or change year over year.

30. **Question:** Does our State's youth survey need to include all 8 ACE's questions indicated by YRBS or is there flexibility on question wording and how the ACE's scale is constructed?

    Answer: All the core ACEs included on pages 10-11 of the NOFO should be included in a jurisdiction-wide youth-based surveillance system by the 2025 data collection cycle as part of the cooperative agreement. While we recommend aligning your question wording with that from the YRBS, as these items have been cognitively tested to ensure that they capture the intended ACE and are well-understood by adolescents, you do not have to use the exact wording in your surveillance system. We have included the wording in the cooperative agreement from YRBS to help you identify the concepts of interest, but if you have specific questions about individual items, please request assistance from CDC. Please note, however, that if your jurisdiction receives supplemental funding from the Division of Violence Prevention (DVP) via the Division of Adolescent and School Health's YRBS cooperative agreement to add ACEs and/or PCE items to the YRBS, then the exact wording of the YRBS items as noted in the NOFO must be used unless changed or otherwise noted by ' 'CDC's DVP.

31. **Question:** The NOFO says "monitor indicators of ACEs using near real time data" and "utilize state level youth-based ACEs and PCEs surveillance infrastructure". What do you consider to be near real time data and what types or limitations on "surveillance infrastructure" are expected?

    Answer: There is not one specific definition of near-real time. We typically consider it to be anything that has a data lag of less than 6 months. For the purposes of the cooperative agreement, near-real time data needs to be a data source that provides more timely information than what we have from surveys (i.e., data that are available 1-2 years following data collection). Some types of data sources could be

emergency department syndromic surveillance or hotline data, or from other type of data collection where data are routinely available from <6 months prior.

Please see NOFO page 10-11 for a description of youth-based surveillance infrastructure as well as Q&A specific to youth-based surveillance data.

All data sources have limitations. Some near-real-time data may just be indicators of adversities. For example, syndromic surveillance data are typically chief complaint and discharge diagnosis-coded data from emergency department visits. With hotline data, these are data about people seeking or requesting help. In both instances, this is the tip of the iceberg in terms of the experience of ACEs, but they are much timely than other data sources. This is why we pair these data with more traditional, self-report approaches that collect data from children and adolescents. As part of the fourth strategy under Goal 1 of the NOFO (see page 11), we encourage recipients to use a triangulated data approach that uses statewide youth-based surveillance data and then builds on these data by incorporating additional types of data from near-real-time sources, administrative sources, or other surveys to help build a more comprehensive picture of ACEs and PCEs in your jurisdiction. No one data source can give us everything we need to inform our prevention strategy planning. We encourage recipients to think carefully about multiple data sources that they can use to help build and support their surveillance infrastructure with this in mind.

32. **Question:** Is a combination of the YRBS for state level ACEs with a smaller number of ACEs being collected at the more micro-regional level for targeted prevention be an acceptable strategy.

    Answer: All core ACEs listed on pages 10-11 of the NOFO that are required as part of youth-based surveillance efforts must be included in the same survey; the core ACEs items cannot be split across multiple surveys. Please note that the requirement for the NOFO is to collect the core ACEs in the YRBS or a youth-based equivalent. States that have a YRBS may utilize either the YRBS or another similar survey (see the response to FAQ regarding what characteristics define an equivalent survey). If a recipient has a youth-based survey in their jurisdiction that provides macro jurisdiction-wide estimates and estimates for micro-regional level efforts, they are welcome to include the core ACEs in this survey to satisfy the youth-based surveillance requirement. Recipients may include ACEs items in other surveys at their interest, beyond the NOFO requirement to include the core ACEs in a jurisdiction-wide youth-based surveillance system.

33. **Question:** If you are a primarily online-national organization, which YRBS do you best recommend? Or is it best to collaborate with a specific partner state to localize data?

    Answer: Please utilize the State where your organization resides (i.e., the State you file taxes in).

34. **Question:** Can CDC provide an exemption to the 99-question maximum in the YRBS web-based questionnaire to accommodate the ACEs items and other program questions?

    Answer: The YRBS is funded by ' 'CDC's Division of Adolescent and School Health (DASH). ' 'CDC's Division of Violence Prevention, which administers the EFC program, are very close collaborators with DASH. While it is not possible to request a global exemption to the 99-question maximum, there are several options that jurisdictions may consider obtaining an exemption to the 'YRBS' 99-question maximum. Since 2019, DASH has allowed state and local YRBS coordinators to administer their survey electronically (e.g., on school laptops) if they are approved through an application process. Sites that use

electronic data collection are allowed to exceed 99 questions on their YRBS. In addition, sites that administer their surveys on paper can exceed 99 questions if they use their own answer sheets and scan their own data. Sites using electronic data collection with paper backup must also use their own answer sheets and scan their own data. Recipients of EFC should work with their 'jurisdictions' YRBS coordinator to consider the feasibility of these options and whether an exemption to the 99-question maximum is necessary to incorporate ACEs and PCE items. Funding from DVP through EFC or via YRBS supplemental funds to add ACEs/PCEs items may be used, if available within the requested budget, to support the costs incurred by these exemptions.

35. **Question:** What do you consider a "comprehensive ACEs and PCEs surveillance system" as identified in Goal 1?

    Answer: In terms of this cooperative agreement, the first core component is having a base of a youth-based surveillance system that includes data on the core ACEs and PCE(s). From there, how we define a comprehensive system is flexible, but it is one that layers in additional forms of data, such as local-level survey data, administrative data, and/or near-real-time data. These triangulated data should help your jurisdiction understand the complex picture of ACEs and PCEs among children and adolescents in your jurisdiction and use these data to inform prevention strategies. There is no a specific requirement about the number of data sources you must use to be considered comprehensive. We encourage you to think strategically about what data sources are available to you within your jurisdiction, and which may be useful for you to incorporate to inform your prevention strategy implementation.

36. **Question:** Would CDC conduct IRT analysis on the YRBS items to create an ACES score excluding sensitive questions like sexual abuse?

    Answer: The ACEs items were first included in the 2021 YRBS in selected states. These data very recently became available, and CDC intends to conduct methodological and empirical research to better understand item response and scale construction for the ACEs items in the youth population. Extensive prior work has been undertaken by CDC and the scientific community to understand ACEs scale construction among adults, which has informed ongoing work in applying the science of ACEs to data collected among youth.

37. **Question:** How will youth-based surveillance data be shared with CDC?

    Answer: For recipients that use the State or local YRBS as their ACEs and PCEs youth-based surveillance system, data will be shared internally within CDC without additional data sharing needed by the EfC recipient or their partners. This is made possible through a combination of existing data-sharing agreements and the requested MOU/MOA/LOS for the EfC NOFO between the EfC recipient and the agency conducting YRBS in that jurisdiction. More specifically, CDC's Division of Adolescent and School Health (DASH) has a data management plan in place as part of cooperative agreement PS18-1807, which runs through July 31, 2024, that supports data sharing and governance between CDC and each agency conducting YRBS. CDC's DASH and Division of Violence Prevention (DVP) will collaborate under subsequent YRBS cooperative agreements during the duration of EfC to ensure processes for the appropriate and allowable sharing of YRBS data are in place. By further providing an MOU/MOA/LOS as part of the EfC NOFO application that specifies YRBS data can be shared between the EfC recipient and jurisdictional YRBS administrator, this collectively allows for data sharing between the three engaged entities: CDC, the EfC recipient, and jurisdictional YRBS administrator. CDC's DASH and DVP will collaborate to ensure appropriate data governance and access in accordance

with all applicable DASH YRBS policies and will provide additional information about these processes upon funding.

For recipients that do not elect to use the YRBS or do not have a YRBS in their jurisdiction, CDC will collaborate with EfC recipients upon funding to obtain the necessary data-sharing agreements and determine appropriate data-sharing processes. Recipients in this category should still include an MOU/MOA/LOS with the administrator of their chosen youth-based surveillance system that specifies ability to share data when it is available by the administering agency for use. Additional discussion will occur upon funding regarding data sharing timelines and protocols.

38. **Question:** Are individuals able to apply?

    Answer: The list the eligible applicants can be found on page 35 of the NOFO.

39. **Question:** Page 19 of the NOFO says to upload a PDF attachment to the application with the file name MOUs/MOAs/letters of support but Page 30 instructs to name the attachments Letter of Support with the 'partner's name and upload as a PDF file." Can you confirm if this should be one or multiple files and what the file's name should be?

    Answer: Please submit multiple files and include the partner's name. For example, Letters of Support YRBS

40. **Question:** Can you please confirm if a "Data Management Plan" needs to be included with the drafted Evaluation & Performance Measurement Plan?

    Answer: Yes, the Evaluation and Performance Management Plan includes a Data Management Plan. Data Management Plans are living documents and may be updated throughout the cooperative agreement as data sources and plans for analysis and storage evolve.

41. **Question:** Will the slide set be available after the zoom meeting for participants and applicants?

    Answer: Yes, the recording, slides, and FAQ document will be available after the call. The following webpage will have this information Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action |Violence Prevention|Injury Center|CDC

42. **Question:** Many areas talk about specific activities can be done with technical assistance from CDC. So you can simply state in the application we will decide the best route in collaboration with CDC?

    Answer: CDC will provide technical assistance to all recipients post-award. However, please submit a work plan inclusive of your planned activities for surveillance, prevention strategy implementation, and data to action.

43. **Question:** The word "can" ise being used for several goals. What is mandatory versus optional in terms of the goals?

    Answer: Yes, goals one, two, and three are required. The optional enhanced activities we discussed under each goal are optional. The goals, strategies, and activities listed in the logic model are required unless it has an asterisk next to it. And so those are the optional enhanced activities.

44. **Question:** The scope of our current PACE:D2A activities had to be scaled back due to the impact of the pandemic and staff turnover. Because of these challenges, we have modified our current workplan, logic model, and evaluation plan. If, as part of our application under this NOFO, we wanted to propose to do some of the activities that we originally proposed under the PACE:D2A cooperative agreement, but had to discontinue, would that be acceptable?

    Answer: Yes. However, you must explicitly state in your application that these are new activities under a current strategy already being implemented. that were not completed. Current Preventing ACEs: Data to Action (CE20-2006) recipients must demonstrate that they are 1) implementing new strategies that are not currently being funded by CDC CE18-1803 or CE20- 2006 funds; 2) implementing new approaches under the strategies they are already implementing, or 3) substantially expanding a strategy already being implemented under current funding (e.g., expanding reach within the State, implementing in different locales, and/or targeting a new population with high burden of ACEs).

45. **Question:** The material that I was introduced to in 2020 as an intro to ACES and on which I have built my content, the definition and age range says ACES happen between 0 and 18 years of age, but in the NOFO document it says 17. It appears this could be a discrepancy that might cause problems in planning and execution. Can you tell me for sure the latter age and maybe when it changed from 18 to 17?

    Answer: CDC defines ACEs as preventable, potentially traumatic events that occur in childhood and adolescence (aged 0-17 years). Please note that in terms of the youth-based surveillance components of the award, we are aware that many surveys of high school students include adolescents who are aged 18 (i.e., high school seniors); this is acceptable given that the focus of these data collection is on children and adolescents (i.e., the focus is not on young adults).

46. **Question:** Can you clarify whether the budget ceiling is inclusive of indirect costs?

    Answer: Yes, the budget ceiling is inclusive of indirect cost. Please see page 43 of the NOFO for more information on how to develop your budget narrative.

47. **Question:** When you say focused on health equity it assumes you need to identify areas that do not have health equity not at the state level. Moreover, goal 1 will not be completed in time to get a statewide intervention running with fidelity. What is the expectation here?

    Answer: Our intent is to focus on health equity and for you to include health, equity within your work and within the prevention strategies and approaches you're implementing. We want you to use the data you collect in goal one to inform your prevention strategies and how you can be intentional about your health equity work. Again. This is a 5-year cooperative agreement. We know there are limitations to this program as there are any programs, especially if we're trying to implement societal and community-level change. The hope is to move the needle forward in preventing ACES and be intentional about what we do to implement data to action. We must focus on using our data to action and being very intentional about our health equity work.

48. **Question:** How does mentoring and socioemotional learning prevent kids from experiencing ACES? It is more of a mitigating factor which you say is not part of this proposal? The CDC's Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence document includes detailed information on the ACEs strategies and approaches (see page 13).

Answer: You need to do both two statewide implementation strategies and two local strategies if you already have data to do targeted and more economically efficient interventions. As part of the requirements of the cooperative agreement you are to implement 2 strategies and approaches that are outlined in the CDC's Preventing ACEs Best Available Evidence document on a Statewide Implementation. If you choose to apply for additional funding or additional enhanced activities, you will also be required to provide 2 implementation strategies and approaches. If you choose to do local level implementation, you can choose not to do local level implementation, but you can choose not to apply for those additional activities. Maybe 2 or 3 years into the cooperative agreement, you decide that you have the resources and capacity to try to implement something at the local level. That's fine, and you are allowed to do that if you're meeting the minimum requirements of the cooperative agreement. However, in terms of the application, you only have to do the 2 required state level implementation of the strategies in approaches. If you have the capacity now and your organization decides to apply for those additional funds to do local level implementation you can do so.

49. **Question:** The intervention has to be across the State as defined by what? Every county? There are not enough funds to support a true statewide implementation.

    Answer: If you reference the ACEs best available evidence document, it lists all the activities under strategies and approaches on how states can do that. These are not necessarily interventions. These are strategies and approaches that we know based on the best available evidence that has the bandwidth to really reach more statewide targeted populations. We encourage you to utilize that document to inform your applications.

50. **Question:** Do applicants need to propose a project that addresses all three goals? Or can we propose a project that addresses individual goals?

    Answer: All three goals will need to be addressed with this cooperative agreement. More information on the goals can be found under the Strategies and Activities section starting on page 9.

51. **Question:** ACES are diverse. Is it acceptable to do prevention activities to target specific ACES? Also, how do PCEs fit into the intervention goals?

    Answer: We encourage you to do prevention activities to target specific ACEs. Current recipients used their specific information about individual types of ACEs to inform their prevention strategies. It's one of the reasons that we include the core ACEs in the cooperative agreement, and then recommend that recipients use that the specific type of basis as well as the key middle of a score to drive there are prevention, strategy implementation, because, as you mentioned, there may be specific needs depending on the type of ACEs that are most common within your jurisdiction. We do encourage folks to think about whether there are specific prevention strategies that align with the best available evidence, tool based on the data that you have available. Also recognize that many prevention strategies for ACEs do have universal impact, and they are custom. In terms of the PCEs data, we know that PCEs are specifically aligned with the number of the prevention strategies. Oftentimes monitoring of PCEs can help us better understand the impact of the prevention strategies that we're having, because they can directly align with creating a strong start for children or creating positive relationships and by monitoring PCEs, we can also understand whether those prevention strategies are supporting and improved in those relationships for children and families. You can think creatively and critically about how you use your PCEs data. For example, really promoting those positive social norms, understanding, maybe where

those positive norms within your PCEs, each data are not being. You know, the data is low prevalence of that PCEs. You can utilize a public education campaign to promote positive social norms about help seeking behaviors that support relationship building and the importance of having a strong connection with an adult. We encourage you to think creatively about that and we can help you post-award to ensure that you're targeting your messaging and making sure that you're implementing the strategies and approaches effectively.

52. **Question:** If applying for enhanced, do all optional activities need to be completed? If we can choose which activities, what is the budget breakdown?

    Answer: You can apply for 1, 2, or all 3 of the optional enhanced activities and if you apply and receive funding for the one, then that would have to be completed. If you apply for 2, receive funding for 2, then both of those would need to be included and completed.

53. **Question:** The NOFO states "Applicants applying for the enhanced activities must have core youth-based ACEs surveillance data (as defined by CDC) in a survey administered during or prior to 2023." Are core ACEs surveillance data the 8 core ACE questions on YRBS? Do you need to also have the specific PCE data collected prior to 2023?

    Answer: Applicants applying for the enhanced activities must have youth-based surveillance data on ACEs in a survey administered during or prior to 2023. The core ACEs as defined by CDC for youth-based surveillance are the 8 questions included on pages 10-11 of the NOFO. Recipients do not have to have youth-based PCE(s) data collected during or prior to 2023 to apply for enhanced funding.

54. **Question:** How much additional funding is available for doing each of the optional activities? The cooperative agreement provides a 400k floor and 480k ceiling without specific discussion of what is available for supplemental activities.

    Answer: The award ceiling is $485,000. Page 44 of the NOFO states that "the budget should include the requested funding amount for each enhanced activity."

55. **Question:** Regarding Goal 2: On page 14 of the NOFO, recipients are instructed to select two strategies and approaches from Table 2 in the CDC's Preventing Adverse Childhood Experiences: Leveraging Best Available Evidence. The tables and figures are not labeled by number in this document. Can you please confirm that the table we should be selecting these strategies and approaches from is a table on page 9 titled "Preventing ACEs"?

    Answer: Yes, Table 2 is on page 9 and where you should be selecting strategies and approaches from.

56. **Question:** Is the Enhanced $80,000 total of $85,000? The NOFO says $85,000 but I thought I heard $80,000 today?

    Answer: The funding for optional enhanced activities is $85,000 and not $80,000.

57. **Question:** What is a statewide approach? And what is a local approach?

    Answer: One statewide example could be a public education campaign on positive social norms. The public education campaign would take into consideration that help-seeking among parents is something

that communities may need assistance with. The campaign would be conducted across the State in multiple cities. A local approach would focus, based on the highest need, on specific towns or communities.

58. **Question:** If we had a statewide campaign around helping behaviors but then we had community members modify the campaign, making sure that it really speaks to the diverse communities in different areas. Would we still consider that statewide?

    Answer: Yes, it would be considered statewide (and a good example of utilizing data for action). It would also be helpful to make clear that the campaign is both statewide and also focuses on specific diverse communities.

Questions received after the informational call

59. **Question:** We are hoping to apply for CDC-RFA-CE-23-0005, Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action which is due on 06/12/2023. The date for submission of Letter of Intent (LoI) has passed. Are we therefore precluded from applying without having submitted the LoI?

    Answer: The letter of intent (LOI) was requested, but not required as part of the application for this NOFO (see page 40).

60. **Question:** For the CDC-RFA-CE-23-0005 Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action, the due date for the optional Letter of Intent (LOI) is listed as May 9, 2023, in the NOFO and on your website. In the slides from the informational webinar, the due date for the optional LOI is listed as May 22, 2023. Does this reflect a change in the due date allowing us to send in an optional currently?

    Answer: The due date for the LOI was May 9, 2023 (see slide 49). EfC NOFO Informational Call Presentation (cdc.gov)

61. **Question:** In the slides for the webinar the due date for proposal submission is listed as June 13, 2023. Does this reflect a change in the due date for submission? The NOFO and website State the due date for submission is June 12.

    Answer: The due date for the NOFO is June 12, 2023, 11:59pm EST (see slide 49). EfC NOFO Informational Call Presentation (cdc.gov)

62. **Question:** May we use a font size smaller than 12-point for the workplan?

    Answer: The font size should be 12-point font as stated on page 40 of the NOFO. "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."

63. **Question:** Do references/citations count towards the narrative page limit?

    Answer: Reference/citations do not count towards the narrative page limit.

64. **Question:** We wanted also to check on page limits for the application. Page 40 describes a 20-page limit for the Project Narrative. Are there additional page limits for the overall application, sections, or attachments?

    Answer: Page 40 of the NOFO and slide 50 of the EfC NOFO Informational Call Presentation (cdc.gov), includes more information. The project narrative has a 20-page limit, which includes the background, approach, evaluation and performance management plan (including data management plan), organizational capacity description, and work plan. The Table of Contents has no page limit, and the project abstract summary has a maximum of 1 page.

65. **Question:** Is the evaluation and performance management plan included in the 20-page project narrative page limit? Does the page limit also include the DMP (since that' is a part of the evaluation plan)?

    Answer: Page 40 of the NOFO includes the project narrative information, and page 42 includes the minimal requirement information for the Applicant Evaluation and Performance Measurement Plan. The data management plan (DMP) is included in the page limit total.

66. **Question:** Should we include CVs/Resumes for the finance and administrative support staff that are included in our budget?

    Answer: Page 28 of the NOFO states, "applicants must provide (as attachments) CVs orresumes for assigned NOFO-funded personnel only and an overall organizational chart for their organization. Applicants must name the attachments CVs or resumes" and organizational charts and upload them as PDF files under other Attachment Forms at www.grants.gov."

    "Applicants should have demonstrated expertise in analyzing complex data sources, and expertise in tracking surveillance data over time by providing relevant CVs/resumes for proposed NOFO-funded personnel and organizational accomplishments. Applicants must name the attachments "CVs/Resumes" and "Organizational Surveillance Accomplishments" and upload them as PDF files under "Other Attachment Forms" at www.grants.gov. If applicants have applied for enhanced funding, they must describe the ability to link data on ACEs and PCEs with the social determinants of health, capacity to link data (i.e., availability of indicators necessary to link data) as well as expertise in data linkage should be described by providing relevant CVs/resumes for proposed NOFO-funded personnel and organizational accomplishments."

67. **Question:** As a UK-based organization, are we eligible to apply for funding under the scheme above?

    Answer: Eligibility information can be found on page 35 of the NOFO.

68. **Question:** How can we collaborate on the application?

    Answer: This NOFO builds on the findings and lessons learned in the previous NOFOs CE18-1803: Childhood Essentials and CE20-2006: Preventing ACEs: Data to Action (page 4). A list of these recipients can be found here: CE18-1803: Childhood Essentials and CE20-2006: Preventing ACEs: Data to Action.

69. **Question:** I am reaching out in regard to an attachment described on page 28 of the CDC-RFA-CE-23-0005 Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action NOFO (attached). On page 28, it describes a request to please submit a document titled, "Organizational Surveillance Accomplishments." However, on page 62 of the NOFO which provides a list of all acceptable documents which an applicant may upload, "Organizational Surveillance

Accomplishments" is not included. Will Grants.gov allow us to upload this document or would it be best to not include it in our submission package?

Answer: Please ignore the boilerplate language and instead follow the criteria in the NOFO for the required documentation and upload the necessary documents.

70. **Question:** We understand it can be between 12 months and 5 years, based on the yearly and total funding budget provided in the documents. Is this correct?

    Answer: Please see page 3 of the NOFO for the total period of performance (see below), and page 34 for the budget period length (see below). f. Total Period of Performance Length: 5 year(s) 12. Budget Period Length: 12 month(s).

71. **Question:** Will we have to propose a time period for our project, or will CDC determine the project length?

    Answer: CDC determines the period of performance, which is five years. Each budget period of the total period of performance is 12 months.

72. **Question:** Can applicants propose the State we work in or will the CDC decide that?

    Answer: Applicants will propose the State to work with.

73. **Question:** The NOFO states an average of $400,000 per budget period with a maximum request of $485,000 per budget period. Does the maximum of $485,000 apply to all applications, or is does this apply only to applicants pursuing Enhanced Activities?

    Answer: The award ceiling is $485,000, which includes applicants applying for and receiving funding for the optional enhanced activities.

74. **Question:** Regarding the one meeting to be attended annually: Is there a specific meeting we should be budgeting for or will this be an annual meeting of the applicant's choosing. Are there any certain amount of days we should be using to calculate expense in the budget for each year?

    Answer: Page 27 of the NOFO states that "recipients are expected to participate in CDC's annual meeting or site visits, monthly monitoring meetings or conference calls…" The specific details will be discussed with funded recipients.

75. **Question:** Under the review section of the NOFO, it is stated that no more than one application per State will be funded. Is that state agencies only, or does that include tribal applications from a state also? Is it possible for a state application and a tribal application from that same State to be awarded if the applications show a close and productive working relationship with cooperative project goals?

    Answer: Eligibility information can be found on page 35 of the NOFO. Phase III Review (see page 52) states that the following:

    - Applications will be reviewed and scored using the following criteria:
        - Applications will be reviewed and scored in accordance with the Phase II Review Criteria.
        - Applications for the optional enhanced activities will be reviewed and scored separately in accordance with the Phase II Review Criteria.

- Applications may be funded out of rank order to ensure maximum U.S. coverage, no more than one application per State will be funded.
- If multiple applicants from the same State apply under this NOFO, only the highest-scoring applicant from that State will be selected for funding.

76. **Question:** We were told during the information session that since we are a national organization, we will need to focus on delivery in the State where we're registered (i.e., California). American SPCC's connections with community-based organizations that will enable delivery of the program is strongest in Texas, and we would prefer to select Texas. Do we need to provide additional rational for why we are selecting Texas and not California?

    Answer: Yes, please provide rationale in your application on why Texas and its associated partners are your chosen communities. Please see page 35 of the NOFO for eligibility categories.

77. **Question:** Can you provide any examples of successful past collaborations between recipients and CDC to aggregate, synthesize, translate, and disseminate findings from their projects?

    Answer: CDC and recipients will collaborate throughout the period of performance to ensure best practices in ACEs and PCEs data collection, analysis, synthesis, translation, and dissemination. Page 27 includes a list of examples, including peer-reviewed publications, brief reports, aggregated reports, and success stories.

78. **Question:** Can you provide more information on the rapid feedback process provided by the CDC and how recipients should incorporate this feedback into their ongoing project implementation and evaluation efforts?

    Answer: Pages 9 and 14 of the NOFO include a list of example partners for surveillance and prevention, respectively. There is no preference or priority for the types of partners engaged; however, the recipient should identify the appropriate partners needed to support their surveillance, prevention, and data-to-action goals and meet the requirements of the cooperative agreement.

79. **Question:** Does the CDC have any recommendations for addressing the unique needs of different populations (e.g., rural vs. urban communities) when designing and implementing prevention strategies for ACEs?

    Answer: CDC does not define specific target populations. However, applicants should use their surveillance and other available data to identify the target populations and communities to be served based on data collected. Specific target populations may vary by applicant (see page 20).

80. **Question:** Can you provide any examples of innovative or unique approaches that past recipients have used to engage local communities and stakeholders in their projects to prevent ACEs and promote PCEs?

    Answer: Please see CE18-1803: Childhood Essentials and CE20-2006: Preventing ACEs: Data to Action for a list of prevention strategies and approaches.

81. **Question:** Are there any specific considerations or requirements related to the use of digital and online learning resources when developing and implementing projects supported by the CDC grant?

Answer: The use of digital and online learning resources is not explicitly acknowledged within the NOFO. However, CDC will provide support through collaboration, technical assistance, and information sharing to ensure appropriate implementation of strategies and approaches are executed.

82. **Question:** How does the CDC define "community-based organizations" within the context of this grant, and what role are they expected to play in the proposed projects? For context, the American SPCC will heavily rely on community-based organizations to support local-level outreach and promotion, as well as development of the course materials.

    Answer: Please see page 35 of the NOFO for a list of eligible applicants. Roles of specific partner organizations are determined by the applicant based on requirements of the NOFO.

83. **Question:** Is there a preference for projects that focus on specific age groups or developmental stages of children?

    Answer: Page 20 of the NOFO includes information on the target population. CDC does not define specific target populations. However, applicants should use data to identify the target populations and communities to be served. Specific target populations may vary by applicant.

84. **Question:** Are there any expectations for recipients to engage with other organizations or initiatives (outside of the organizations identified as collaborators in the grant application) working on similar issues, either regionally or nationally?

    Answer: Cross multi-sector partnerships and resources to support the implementation and sustainability of comprehensive ACEs surveillance and prevention efforts are required. Recipients should identify, sustain, and support collaborations with the surveillance, prevention, and data to action partners needed to implement the goals of the cooperative agreement.

    Recipients are required to foster and sustain a national-level dialogue and collaboration on primary prevention with non-CDC-funded state health departments (SHDs), national partners, and other partners including but not limited to those in the business community, emergency management, hospitals, media, non-government organizations, nonprofit agencies, other federal, State, or local government agencies, the public health community and tribes or tribal organizations (see page 19). There is not a requirement to engage with other organizations or initiatives outside of the above requirements.

85. **Question:** Are there any restrictions on the use of grant funds for marketing, outreach, or promotional activities related to the proposed project?

    Answer: Please see page 45 of the NOFO for a list of funding restrictions.

86. **Question:** Can you provide more information on the rapid feedback process provided by the CDC and how recipients should incorporate this feedback into their ongoing project implementation and evaluation efforts?

    Answer: CDC will provide feedback in a timely manner to recipients (e.g., conference calls, and emails), which will include how to incorporate the feedback.

87. **Question:** We understand we must provide a detailed budget justification for selected enhanced activities. Do we need to separate the Enhanced Activities costs from the overall budget? If so, do we need to break out those costs on the SF-424. The form only has one line for total cost and does not allow for a breakout of the "Enhanced Activities Budget".

Answer: No, the applicant can include up to $85,000 for enhanced activities. Please see page 34 for award ceiling information.

88. **Question:** We understand recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate. Can you please identify those Administrative Requirements (AR's) that are appropriate so that we can ensure compliance?

    Answer: All Administrative Requirements listed on page 54 of the award are appropriate. Brief descriptions of relevant provisions are available at https://www.cdc.gov/grants/additional-requirements/index.html

89. **Question:** On p. 18 of the NOFO, it says we need to have an MOU or MOA for data systems such as YRBS (Minnesota has the Minnesota Student Survey). We just wanted to clarify what an MOU or MOA is in this context—can it be in a letter format but contain elements of an MOA? We typically have gotten letters of support from our partners and weren't sure how different this is from that.

    Answer: If the applicant is the administrator for the youth-based surveillance system (in this case, as you note, the Minnesota Student Survey), please submit a letter of evidence stating this. If the applicant is not the administrator, then a MOU/MOA with the administrator of the survey is required. Letter format would be acceptable if it clearly documents the information requested and data sharing agreements between the applicant and partner. Page 19 of the NOFO states, "Applicants must provide evidence of partnership with the state entity who administers the Youth Risk Behavior Survey (YRBS) or similar jurisdiction-wide survey of adolescents. A MOU/MOA and LOS stating the requested information should be provided. If applicants are the YRBS administrator, a LOS within information outlined below is required." Please see pages 19-20 of the NOFO on the information that should be included as part of the letter of evidence. Please see question 26 above for the information that should be included within the MOU/MOA with the youth-based surveillance system partner.

90. **Question:** For the enhanced option of linking youth data to social determinants of health data, could you explain more about what kind of linkage is meant? For example, if we have SDOH data at the county level and 'link' that to county-level youth data on ACEs and PCEs, is that adequate? Or is this meaning linking individual socioeconomic status, for example, to individual level ACEs/PCE data?

    Answer: Data on the social determinants of health (SDOH) are typically considered to be data on the "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affects a wide range of health, functioning, and quality-of-life outcomes" (see page 67). Within the context of this cooperative agreement, data on the social determinants of health are considered data at the county or other similar geographic areas that provide context to the social and structural inequities within which people live (see page 11 for examples of SDOH data sources and indices). Data on individual risk and protective factors, such as the individual socio-economic status of families, may be helpful to the broader surveillance system but will not be considered social determinants of health within the context of this cooperative agreement.

91. **Question:** In the NOFO section for 'Additional Activities Supported by Enhanced Funding', it states that recipients will "Link social determinants of health data with youth-based ACEs and PCEs data." Just wanting to make sure we understand this concept correctly. At the CDC Reverse Site Visit last summer, Dr. Swedo presented on layering/linking data in a way that combines SDOH and ACE data together (slide attached and copy/pasted below). Would this be an appropriate example for how to link these types of data together? Thank you for your help.

    Answer: As part of the cooperative agreement application, the applicant should describe their capacity and ability to conduct linkage between data on the social determinants of health and data from a youth-based surveillance system on ACEs and PCEs. This should include a proposed description of the types

of SDOH data and a description of the youth-based surveillance system with ACEs and PCEs data that may be linked, as well as documentation that this linkage is feasible and allowable given data governance processes. Technical assistance on how to structure data files to conduct data linkage will be provided by CDC following award.

92. **Question:** The NOFO says to include MOUs for partners who will be participating in the state plan update but letters of support for partners who are committing to the planning, implementation, and evaluation process. If partners are committing to all those things, can we submit just MOUs for those entities – or do they need to provide both an MOU and separate letter of support.

    Answer: Applicants must describe any key state-level partners who would likely participate in the state action plan update process or collaborate in any substantial way, including signed MOUs indicating the organization's commitment and willingness to participate. Applicants must submit the MOU, MOA and/or letters of support, as appropriate, name the file MOUs/MOAs/letters of support, and upload it as a PDF file at www.grants.gov (see page 19).

93. **Question:** On Slide 11 of the NOFO PowerPoint slides, it discusses enhanced funding activities for Goals one and two as being an 'and/or' option; however, based on Slide 37, it mentions in red that Goal 2 enhanced activities must be conducted to do Goal three enhanced activities. Does this mean that Goals 1 and 2 optional enhanced activities can be 'pick and choose'? In other words, we can choose to do syndromic surveillance but not data linkage. Or we can choose to do local prevention strategies but not developing local partnerships, etc.

    Answer: Yes, you may choose to select the syndromic surveillance optional activity and not other Goal 1 optional activities. However, recipients conducting the optional activity of implementing comprehensive ACEs prevention strategies at the local level must also include local-level implementation efforts within the process and outcome evaluation plan for enhancing ACEs and PCEs surveillance and ACEs prevention strategies. Therefore, you must apply for Goal three optional activity in addition to this optional Goal 2 activity.

94. **Question:** Can Goal 3 enhanced activities only be selected if Goal 2 enhanced activities were also chosen?

    Answer: Goal 3 enhanced activities correspond to other optional activities within Goal 1 and Goal 2. Please see slides 37 and 38 from the informational call for more information. EfC NOFO Informational Call Presentation (cdc.gov)

95. **Question:** Regarding MOUs, the language in the NOFO states this regarding the YRBS:
    "A Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) is required for each CDC-funded data source at the time of the application, even if the administrator of each data source is the same entity. If the recipient is the administrator, a letter of evidence should state this."
    Could you clarify whether this language requires both an MOU and letter of evidence OR just a letter of evidence if our organization is the administrator for the YRBS? Unfortunately, our leadership discourages internal MOUs and requires a lengthy process for an exception to this rule, so I want to ensure we understand the requirements before embarking on this process.

    Answer: Yes, if the applicant is the administrator for the Youth Risk Behavior Survey (YRBS) or intended surveillance equivalent in the jurisdiction, please submit a letter of evidence stating this. Page 18 of the NOFO states "A Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) is required for each CDC-funded data source at the time of the application, even if the administrator of each data source is the same entity. If the recipient is the administrator, a letter of evidence should state this." Page 19 of the NOFO states, "Applicants must provide evidence of partnership with the state

entity who administers the Youth Risk Behavior Survey (YRBS) or similar jurisdiction-wide survey of adolescents. A MOU/MOA and LOS stating information below should be provided. If applicants are the YRBS administrator, a LOS within information outlined below is required." Please see pages 19-20 of the NOFO on the information that should be included as part of the letter of evidence.

96. **Question:** "Applicants must describe any key state-level partners who would likely participate in the state action plan update process or collaborate in any substantial way, including signed MOUs indicating the organization's commitment and willingness to participate."

    Can you clarify in which cases an MOU would be needed vs an LOS from our state level partners? We have a state level coalition and executive committee and I want to understand what "collaborate in a substantial way" means in this example. Again, we are trying to reduce time in getting MOUs if they are not necessarily due to our lengthy internal processes, so any guidance you can provide is very much appreciated. Thank you in advance for your help. I look forward to hearing from you soon.

    Answer: The recipient is required to collaborate with the CDC-funded entity that implements the State, territorial, or tribal Youth Risk Behavior Surveillance System (YRBS) as well as the CDC-funded entity that implements the syndromic surveillance program (if applying for enhanced activities). A Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) is required for each CDC-funded data source at the time of application, even if the administrator of each data source is the same entity. If the recipient is the administrator, a letter of evidence should state this. If the recipient is a jurisdiction that does not utilize the YRBS, or if this is not the intended youth-based surveillance system that will monitor ACEs and PCEs, the recipient is required to provide a similar MOA/MOU for the State, territorial, or tribal entity that administers the youth-based surveillance system (see page 18).

    Other cross/multi-sector partnerships and resources to support implementation and sustainability of comprehensive ACEs surveillance and prevention efforts are required (see page 19 for more details). However, these partnerships can be described and documented using a combination of MOU, MOAs, or letters of support, depending on which is most appropriate.

    Applicants must submit the MOU, MOA and/or letters of support, as appropriate, name the file MOUs/MOAs/letters of support, and upload it as a PDF file at www.grants.gov (see page 19).

97. **Question:** Does a county government applying as the fiscal sponsor of a community collaborative qualify to apply for this funding to conduct their own local ACEs prevalence data collection and tie it to county-wide ACEs mitigation and prevention strategies. We do get some limited ACEs data from the State of California, but it is limited and combined with two other adjacent counties and this county would like more detailed data for their own county to target intervention strategies more effectively.

    Answer: Please see page 35 of the NOFO for a list of eligible applicants. If the county government is the primary applicant, please note that 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 (see page 46 under 16. Funding Restrictions of the NOFO).

98. **Question:** For the enhanced funding under Goal 1 for using syndromic surveillance data to monitor indicators, is sharing data with CDC a required component?

    Answer: Data sharing within the NSSP ESSENCE platform is not required; however, it is encouraged to support more effective technical assistance in use, analysis, and dissemination of these data to inform prevention and intervention strategies. Page 12 of the NOFO states "For the purposes of providing

effective technical assistance that can facilitate the use of syndromic surveillance data to inform prevention activities, if recipients choose to share their data with CDC, surveillance reports will be provided by CDC highlighting the burden of ACEs-related ED visits within their State. CDC will work with recipients post award on the processes for sharing data."

99. **Question:** For Goal 2, page 13 of the NOFO states that "Recipients are required to select at least two strategies and two approaches from the table below..." Does this mean that recipients must choose at least two approaches from two strategies (equating to a total of 2 strategies with at least 4 approaches), or does this mean that recipients can choose at least two strategies with at least one approach from each of those strategies (equating to a total of 2 strategies with at least 2 approaches)?

    Answer: Recipients are required to select at least two strategies and two approaches only (not four approaches).

100. **Question:** On page 3 of the NOFO, ACEs are defined as preventable, potentially traumatic events that occur among children and adolescents aged 0-17 years. To confirm, is the 0-17 age group the age group of focus for data and surveillance and prevention activities?

    Answer: CDC defines ACEs as preventable, potentially traumatic events that occur in childhood and adolescence (aged 0-17 years).

    Please consult pages 9-11 of the NOFO for information on the multiple surveillance components of the award, which include youth-based surveillance of ACEs and PCEs, use of data on the social determinants of health (which are typically measured at the community and not individual levels), and other available data within the jurisdiction (including near-real-time data). For the youth-based surveillance data, recipients will "use state, territorial, or tribal Youth Risk Behavior Survey (YRBS) or equivalent state-level jurisdiction-wide survey of adolescents to collect ACEs and PCEs data" (see page 10). Data on other age ranges may be used to supplement these data. Please note that we are aware that many surveys of high school students include adolescents who are aged 18 (i.e., high school seniors); this is acceptable given that the focus of these data collection is on children and adolescents (i.e., the focus is not on young adults).

101. **Question:** In the NOFO on pages 21 (6 months), 24 (within 45 days), and 42 (in the application) it states that we are to provide an evaluation and performance measurement plan within 6 months of the grant award (final), within 45 days after the grant award (draft), and in the grant application (draft) due on 6/12. Is that correct?

    Answer: The EfC NOFO Informational Call Presentation (cdc.gov) (slide 51) includes this information as well. The draft Evaluation and Performance Measurement Plan is due within 45 days of the award, and the final Evaluation and Performance Measurement Plan is due 6 months (180 days) after the award. The NOFO application is due on June 12, 2023, 11:59pm EST (slide 49).

102. **Question:** Are both Letters of Support and MOU/MOAs required at the time of submission. We will be partnering with our state departments of health and other agencies to access data sources. Are letters of support sufficient?

    Answer: Page 18 of the NOFO states "A Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) is required for each CDC-funded data source at the time of the application, even if the administrator of each data source is the same entity. If the recipient is the administrator, a letter of evidence should state this." Page 19 of the NOFO states, "Applicants must provide evidence of partnership with the state entity who administers the Youth Risk Behavior Survey (YRBS) or similar

jurisdiction-wide survey of adolescents. A MOU/MOA and LOS stating the information below should be provided. If applicants are the YRBS administrator, a LOS within the information outlined below is required." Please see pages 19-20 of the NOFO on the information that should be included in the letter of evidence.

103. **Question:** If a state participates in CDC's BioSense Platform and must commit to using standard CDC syndrome definitions to track selected ACEs indicators (Goal 1 page 12 of NOFO), will technical assistance provided by CDC to states mean that there will be no cost to the State to add this ACEs set of indicators and definitions to BioSense?

Answer: The National Syndromic Surveillance Program includes information on all Emergency Department (ED) visits for participating facilities, regardless of the type of indicator. The CDC-funded entity that implements the syndromic surveillance program in each jurisdiction manages access to the data for the jurisdiction; recipients should collaborate with the CDC-funded entity in their State if they apply for this optional enhanced funding (see pages 12 and 18). There are already indicators available within the system that identify types of ACEs, such as suspected child abuse and neglect; childhood sexual violence; mental health; suicide ideation and attempts; nonfatal overdose or substance use; and intimate partner violence. Recipients will be asked to commit to leveraging indicators as specified by CDC to align with national and other state standards and technical assistance will be provided to support the use of these indicators. There is no cost to leveraging these indicators within the NSSP system as they are already available to users.

104. **Question:** Does the CDC plan to continue the 8 or 16-question ACEs module funding in 2025 and 2027 as they provided in 2023 to support fulfilling the new grant requirements? For 2023, we opted in for the 8-question ACEs module and therefore had funding assistance for a swap and a new ACEs question on our YRBS. If there is a chance you do not plan to provide that funding in 2025 and 2027, we need to appropriately budget for the 2 ACEs and the new PCE required by the NOFO in the years we plan for the next YRBS survey (and to ensure we are asking all the required questions).

Answer: "Contingent upon funding, the Division of Violence Prevention and the Division of Adolescent and School Health within CDC intend to continue offering financial incentives to YRBS sites who choose to include ACE questions on their surveys. We encourage recipients to inquire about how this YRBS information on ACEs may help them to leverage resources to advance the goals of the NOFO. States may also leverage the YRBS by including items about ACEs and PCEs without additional supplemental funding from CDC, if they wish to do so. Applicants should work with the YRBS coordinator in their State to leverage this surveillance system."

105. **Question:** How does this grant define "evidence-based" prevention program? Are they only the ones included in the ACEs prevention technical packet?

Answer: The NOFO states on page 13 that "Recipients will: implement data-driven, comprehensive, evidence-based ACEs primary prevention strategies and approaches, particularly with a focus on health equity. Recipients are required to select at least two strategies and two approaches from the table below, derived from the CDC's Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence." See Table 2: ACEs Prevention Strategies and Approaches (page 13-14).

106. **Question:** How does this grant define "state-level collection of data" and "state-level action plan"?

Answer: State-level refers to statewide. The NOFO states the following on page 22 (Process Evaluation): "In what ways has the recipient enhanced their statewide action plan to implement complementary ACEs

prevention strategies (additional funding for implementation at the local level)? The NOFO states on page 28 that the applicant must provide a current version of their State's action plan that outlines primary prevention of ACEs with the application as a PDF file named "State Action Plan" at www.grants.gov."

107. **Question:** Does the applicant have to have an MOU/MOA from the YRBS or will a LOS be sufficient? The division collecting YRBS data is also located within the same health department.

Answer: Page 18 of the NOFO states "A Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) is required for each CDC-funded data source at the time of the application, even if the administrator of each data source is the same entity. If the recipient is the administrator, a letter of evidence should state this."

Page 19 of the NOFO states, "Applicants must provide evidence of partnership with the state entity who administers the Youth Risk Behavior Survey (YRBS) or similar jurisdiction-wide survey of adolescents. A MOU/MOA and LOS stating the information below should be provided. If applicants are the YRBS administrator, a LOS within the information outlined below is required."

108. **Question:** We noticed that the RFP is more focused on state-level infrastructure so have determined not to move forward with applying at this time. Please advise if we misinterpreted that focus.

Answer: This NOFO will support the implementation of data-driven, comprehensive, evidence-based ACEs primary prevention strategies and approaches, with a particular focus on health equity, to prevent ACEs and ensure safe, stable nurturing relationships and environments for all children. Recipients will enhance a state-level surveillance infrastructure that ensures the capacity to collect, analyze, and use ACEs and PCEs data among youth; and conduct data-to-action activities to inform changes or adaptations to existing strategies or selection and implementation of additional prevention strategies" (see page 7).

109. **Question:** Can you please explain the eligibility and dollar amounts available for the Enhanced Funding in the NOFO? Our project team wants to ensure we understand the activities and funding available in this category.

Answer: The applicant can apply for enhanced funding to conduct one or more of the additional activities: (1) collect ACEs data using syndromic surveillance approaches, (2) implement ACEs primary prevention strategies at the local level; and/or (3) link state and local data on the social determinants of health to youth-based ACEs data. The Strategies and Activities section (starting on page 9) includes the specific details and requirements for the three additional activities.

The award ceiling is $485,000. Page 44 of the NOFO states that "the budget should include the requested funding amount for each enhanced activity."

110. **Question:** Given our work on adverse childhood experiences (ACEs), we have been asked to support two separate states on this opportunity. We are an Eligible Applicant as per Section C.1 of the request for applications (RFA). We are interested in supporting both states, but do not want to hamper either State's opportunity for award selection: Would it be permissible for us to submit two separate applications for the CDC's consideration (one for each State), with our organization serving as the prime on both, or would we have to apply as the prime on one application or a sub on the other?

Answer: Response: The NOFO states on page 46 (under 16. Funding Restrictions) that 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.

111. **Question:** Would the CDC consider a joint award for a project in which we are proposing to work with two states?

Answer: The NOFO states on page 3 (under G. Executive Summary) that approximately 12 awards will be made at an average one year amount of $400,000.

112. **Question:** One State that we are looking to partner with participated in the 2021 Middle School Youth Risk Behavior Survey (YRBS) and is denoted as having conducted a representative state survey on the YRBSS website. If the State continues to conduct this same survey, would this count as an eligible state-level, jurisdiction-wide survey of adolescents for purposes of this RFA?

Answer: To be eligible for NOFO funding, recipients will use a state, territorial or tribal Youth Risk Behavior Survey (YRBS) or equivalent state-level jurisdiction-wide survey of adolescents to collect ACEs and PCEs data (see page 11). The hallmark Youth Risk Behavior Surveillance System (YRBSS), which is a set of Youth Risk Behavior Surveys, track behaviors that can lead to poor health in students grades 9 through 12. The inquirer is correct that states, districts, territories, and tribes (collectively referred to as "sites") that conduct YRBS at the high school level have the option of also conducting the survey at the middle school level. However, to be eligible for the EFC funding, recipients must use a state-level jurisdiction wide-survey of adolescents. While there is not one definition of "adolescent," this period is often thought of including those aged 12 or 13 years to up to 18 years of age. Given that many middle school students are pre-adolescent and use of surveys focusing on this age range alone would not include the majority of the adolescent age range, use of only a jurisdiction-wide survey of middle school students would not meet eligibility criteria. The use of data on adolescents is critical given that experience of adversities increases with age, and that cognitive testing has demonstrated that there may be comprehension issues with asking ACEs items among middle school-aged children. However, if the recipient would like to use jurisdiction-wide surveys that include information on both children and adolescents (i.e., data are collected from middle and high school students), this would be an eligible data collection strategy.

113. **Question:** On page 4 of the NOFO, it state "Applicants applying for the enhanced activities must have core youth-based ACEs surveillance data (as defined by CDC) in a survey administered during or prior to 2023." We want to clarify that in order to apply for any of the enhanced activities, applicants must have included the 8 core ACEs questions and 1 PCE question on the YRBS during or prior to 2023. Is this correct?

Answer: Applicants applying for the enhanced activities must have youth-based surveillance data on ACEs in a survey administered during or prior to 2023. The core ACEs as defined by CDC for youth-based surveillance are the 8 questions included on pages 10-11 of the NOFO. Recipients do not have to have youth-based PCE(s) data collected during or prior to 2023 to apply for enhanced funding.