Centers for Disease Control and Prevention

National Center for Injury Prevention and Control

Firearm Injury Surveillance Through Emergency Rooms (FASTER)
CDC-RFA-CE20-2005
Application Due Date: 07/08/2020

Firearm Injury Surveillance Through Emergency Rooms (FASTER)
CDC-RFA-CE20-2005
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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-CE20-2005. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Firearm Injury Surveillance Through Emergency Rooms (FASTER)

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CE20-2005

E. Assistance Listings (CFDA) Number:

93.136

F. Dates:

1. Due Date for Letter of Intent (LOI):	**05/22/2020**
2. Due Date for Applications:	**07/08/2020**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

Monday, May 18, 2020 at 2:00 pm EDT (855) 644-0229, Conference ID: 9542716 Join Skype Meeting ;

https://webconf.cdc.gov/imh1/ksj9tnqv

or Thursday, May 28, 2020 at 2:30 pm EDT Join ZoomGov Meeting

https://cdc.zoomgov.com/j/1611024811?pwd=cGR0N2dJO3RlVWhIUytWZXRRODJOOT09

Meeting ID: 161 102 4811

Password: 679331

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G. Executive Summary:

1. Summary Paragraph:

Firearm injury is a serious public health problem in the United States. This Notice of Funding Opportunity (NOFO) supports states' efforts to improve the timeliness of surveillance of emergency department (ED) visits for nonfatal firearm injuries, including overall firearm injuries, intentional self-directed firearm injuries, unintentional firearm injuries, and assault- related firearm injuries. Data can be used to inform state and local prevention and response strategies in areas and populations of greatest need.

Recipients must undertake 2 activities:

- Increase the timeliness of aggregate reporting of ED visits for nonfatal firearm injuries. Recipients will share real-time, case-level syndromic surveillance data with the CDC's National Center for Injury Prevention and Control (CDC/NCIPC). They will also verify state and county quarterly reports on ED visits for nonfatal firearm injuries, stratified by month, to inform public health response to suspected clusters of these injuries and broader firearm injury and mortality prevention efforts.
- Disseminate surveillance findings to key stakeholders working to prevent or respond to firearm injuries, including the public.

Data shared with CDC will be combined into a multi-state database to support surveillance efforts in other states and provide data to help answer research questions. The continued support of this NOFO beyond year one is subject to the availability of funds.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	7
d. Total Period of Performance Funding:	$3,150,000
e. Average One Year Award Amount:	$150,000
f. Total Period of Performance Length:	3
g. Estimated Award Date:	09/01/2020
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Firearm deaths and injuries are a serious public health problem in the United States. In 2018 (the latest year of available data), 39,740 people died as a result of a firearm-related injury, according to the National Vital Statistics System. Many more people suffer nonfatal firearm-related injuries. People hospitalized with nonfatal gunshot wounds often experience long-term consequences, including physical disabilities and chronic mental health problems from conditions such as post-traumatic-stress disorder. The economic impact of firearm injury and mortality is also substantial, costing the United States billions of dollars each year in medical and lost productivity costs alone, according to CDC's WISQARS Cost of Injury module. An understanding of the full extent of the problem is crucial to informing prevention and response strategies and reducing future incidents.

Timely state- and local-level data on ED visits for nonfatal firearm injuries are currently limited. The collection of near real-time data on emergency department visits for nonfatal firearm injuries overall and by intent (intentional self-directed, unintentional, and assault-related) at the state- and local-level could improve state and local jurisdictions' ability to identify and respond to emerging public health problems.

The goal of this NOFO is for recipients to improve the timeliness of surveillance of ED visits for nonfatal firearm injuries. Collaboration will include sharing data in order to improve syndrome definitions, data collection methods, analysis of surveillance data, and presentation and dissemination of findings. This NOFO will serve as a pilot to demonstrate the feasibility of monitoring nonfatal firearm injuries using syndromic surveillance data. Additionally, this collaborative NOFO will result in tools and methods that can be used by state and local health departments across the nation to rapidly track and respond to firearm injuries.

Specifically, recipients are asked to:

- *Increase the timeliness of aggregate reporting of emergency department visits for nonfatal firearm injuries.*
- *Disseminate surveillance findings to key stakeholders working to prevent or respond to firearm injuries, and the public.*

b. Statutory Authorities

Section 392(a)(1) of the Public Health Service Act, as amended [42 USC 280b-0(a)(1)]

c. Healthy People 2030

This NOFO supports the following Healthy People 2030 proposed objectives: IVP-2030-12:

Reduce firearm-related deaths and IVP-2030-13: Reduce nonfatal firearm-related injuries.

d. Other National Public Health Priorities and Strategies

This NOFO supports the following national public health priorities and strategies:

The National Academy of Medicine (formerly the Institute of Medicine) and the National Research Council's, "Priorities for Research to Reduce the Threat of Firearm-Related Violence," which includes a call to strengthen data on fatal and nonfatal firearm injuries.

e. Relevant Work

This NOFO is a new surveillance initiative to support recipients in improving surveillance of emergency department visits for nonfatal firearm injuries. This NOFO builds on syndromic surveillance of emergency department visits supported by the National Syndromic Surveillance Program: Enhancing Syndromic Surveillance Capacity and Practice (CDC-RFA-OE15-1502).

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-CE20-2005 Logic Model: Firearm Surveillance Through Emergency Rooms (FASTER)

Bold indicates period of performance outcome

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 1: Increase the timeliness of aggregate reporting of emergency department (ED) visits for nonfatal firearm injuries	Increased availability of rapid, reliable, and geographically-specific surveillance data on ED visits for nonfatal firearm injuries Improved firearm injury syndromic surveillance methodology (including improved firearm injury syndrome definitions)	· **Increased use of timely information about trends in ED visits for nonfatal firearm injuries by state and local stakeholders** · **Increased use of geographically specific information about trends in ED visits for nonfatal firearm injuries by state and local stakeholders** · **Increased use of syndromic surveillance data to develop plans for**	Stakeholders will be able to: · Respond more quickly to changes in firearm injuries · Use enhanced surveillance data to design and target interventions and monitor progress in reducing firearm injuries.

		focusing prevention and response strategies on populations at greatest risk of nonfatal firearm injuries by state and local stakeholders · National stakeholders have access to up-to-date information on nonfatal firearm injuries to inform prevention efforts and response strategies · Improved guidance to other states on nonfatal firearm injuries based on recipients' experiences	
Strategy 2: Disseminate surveillance findings to key stakeholders working to prevent or respond to firearm injuries, and the public.	Increased dissemination of firearm injury syndromic surveillance findings Increased dissemination and availability of nonfatal firearm injury syndromic surveillance success stories	· **Firearm injury prevention field has access to best practices and success stories**	Unfunded states will increase timeliness of surveillance of nonfatal firearm injuries Improved use of surveillance data to inform firearm injury prevention and response strategies Reduced morbidity and mortality associated with firearm injuries

i. Purpose

This NOFO seeks to enhance surveillance of emergency department (ED) visits for firearm injuries. The NOFO will fund recipients to:

- Increase the timeliness of aggregate reporting of ED visits for nonfatal firearm injuries, and
- Disseminate surveillance findings to key stakeholders working to prevent and respond to

firearm injuries, and the public.

Recipient data will be aggregated into a multi-state database by CDC/NCIPC to contribute to multi-state or regional surveillance efforts and to facilitate future research efforts.

ii. Outcomes

As displayed in the logic model, the key outcomes (bolded in the logic model) of the NOFO for recipients and key stakeholders are:

- Increased use of timely information about trends in ED visits for nonfatal firearm injuries by state and local stakeholders.
- Increased use of geographically-specific information about trends in ED visits for nonfatal firearm injuries by state and local stakeholders.
- Increased use syndromic surveillance data to develop plans for focusing prevention and response strategies on populations at greatest risk of nonfatal firearm injuries by state and local stakeholders.

Key stakeholders include two groups: 1) Individuals, partners, or organizations working to prevent or respond to firearm injuries in the recipient's state and 2) the Public. To effectively design, target, and monitor interventions, key stakeholders need timely access to data on substantial changes and trends in firearm injuries and insight into key risk factors driving these outcomes in their communities. Ultimately, more rapid response to changes in firearm injuries coupled with more effective prevention programs are expected over time to reduce firearm deaths and nonfatal firearm injuries.

Lastly, through the development and implementation of an effective dissemination plan and sharing success stories with CDC on a yearly basis, the key outcome of the NOFO will also include:

- Firearm injury prevention field has access to best practices and success stories.

CDC data will be used to document the extent of the dissemination of information related to best practices and success stories.

iii. Strategies and Activities

This NOFO asks recipients to implement two strategies designed to improve the timeliness of reporting of ED visits for firearm injuries.

- Increase the timeliness of aggregate reporting of ED visits for nonfatal firearm injuries.
- Disseminate surveillance findings to key stakeholders working to prevent or respond to firearm injuries, including the public.

Strategy 1: Increase the timeliness of aggregate reporting of ED visits for firearm injuries.

Recipients will be funded to leverage data already being collected on emergency department (ED) visits on an ongoing basis to (a) rapidly identify changes in nonfatal firearm injuries, and (b) to identify geographic areas within a state that are experiencing these changes. Rapid surveillance of

ED visits for nonfatal firearm injuries can act as an early warning system to quickly identify increases or decreases in these injuries. Because these systems often rely on preliminary data that are not specifically coded for firearm injuries (e.g., unintentional firearm injuries may be identified by searching ED chief complaint text data), the surveillance systems are expected to have moderate sensitivity (i.e., percent of real unintentional firearm injuries identified by the surveillance system) and positive predictive value (i.e., few false positive visits).

Recipients are asked to:

- Share real-time, case-level syndromic surveillance data with CDC/NCIPC, as well as access to historical data at the state and county levels dating back to 2016 (based on data availability), which will allow CDC/NCIPC to validate trend data and to track the following indicators using ED data: total nonfatal firearm injuries, intentional self-directed firearm injuries, unintentional firearm injuries, and assault-related firearm injuries.
- Create, validate, and monitor quality of indicator syndrome definitions.
- Verify state and county aggregate quarterly reports stratified by month generated by CDC/NCIPC for indicators occurring from July 2020 to June 2023 within 3 months of the firearm injury ED visit. Both aggregate reports are described in detail in Activity 1.3.
    - A county-level report that list the number and rate of suspected ED visits related to total nonfatal firearm injuries and also the number and rate for intentional self-directed firearm injuries, unintentional firearm injuries, and assault-related firearm injuries occurring from July 2020 to June 2023 within three months of the data of the ED visit related to the firearm injury.
    - A state/territory report that list the number and rate of suspected ED visits related to total firearm injuries and by intent (intentional self-directed, unintentional, and assault-related) occurring from July 2020 to June 2023 within three months of the ED visit date by sex, age group, race/ethnicity (if available), and disposition (if available).
- Share methodology for calculating indicators and aggregate quarterly reports with CDC.

In addition to developing and analyzing the required indicators, NOFO funding can be used to implement general improvements to the recipient's ED surveillance systems (e.g., increase hospital participation or submission of ICD-10-CM codes) if these enhancements support improving the timeliness, completeness, or quality of surveillance of nonfatal firearm injuries. If an applicant is currently conducting rapid surveillance of nonfatal firearm injuries using ED data, funding may be used to improve the coding, tracking, and/or dissemination of results.

Activity 1.1: *Share real-time, case-level syndromic surveillance data with CDC/NCIPC, as well as access to historical data at the state and county levels dating back to 2016 (based on data availability), which will allow CDC/NCIPC to validate trend data and to track the following indicators using ED data: total nonfatal firearm injuries, intentional self-directed firearm injuries, unintentional firearm injuries, and assault-related firearm injuries.*

Recipients will be required to use standard CDC syndrome definitions, which incorporate text related to firearm injury ED visit chief complaints and discharge diagnosis codes, to track the above indicators. As ED syndrome identification often relies on text searches of ED chief complaint, clinical impressions, and/or triage notes, these approaches may need to be customized

in consultation with CDC to account for local variation in the text entry conventions and quality. CDC will provide more information and guidance around the use of standard syndrome definitions upon funding.

Recipients are expected to be participating in CDC's National Syndromic Surveillance Program BioSense Platform on or before this NOFO application due date. Recipients will conduct surveillance of nonfatal firearm injuries using ED data submitted to this national platform. **The recipient must commit to sharing real-time, case-level data, as well as historical data at the state and county levels dating back to 2016 (based on data availability), with CDC using NSSP's Electronic Surveillance System for the Early Notification of Community Epidemics (ESSENCE) per the FASTER data sharing agreement (Appendix 1) and as required under this NOFO.** Data sharing through **NSSP's ESSENCE** is required to facilitate sharing patient encounter data from emergency departments, in addition to CDC syndrome definitions for firearm injuries. NOFO funding is insufficient to establish completely new ED data collection efforts and meet the NOFO reporting requirements.

Activity 1.2: *Create, validate, and monitor quality of indicator syndrome definitions.*

Recipients will be required to support validation efforts of each indicator and indicator subcategories. Because the data being analyzed are preliminary and rapidly acquired, moderate sensitivity and high positive predictive value are expected. Recipients will be expected to focus analyses on the extent to which the data are a useful tool to inform public health responses. Specifically, validation efforts should focus on the extent to which the syndrome definition predicts unusual changes in nonfatal firearm injuries at the state, county, and municipal levels, as determined by the facility location. Also, validation efforts should identify strategies for reducing false positives and negatives.

The applicant should outline the following:

- Variables to be included in each syndrome definition (e.g., ED chief complaint will be used to identify suspected assault-related firearm injury) and a general description of how the variables will be coded (e.g., ED chief complaint text will be searched for phrases indicating a firearm injury).
    - If the applicant has already implemented syndrome definitions related to nonfatal firearm injuries including total firearm injuries and by intent (intentional self-inflicted, unintentional, and assault-related), the current syndrome definitions and any proposed improvements should be briefly described.
- Strategies to validate and revise the syndrome definition. Validation is expected to be ongoing during the first two years of the project and should not delay the production of quarterly reports outlined below. Validation should include at least one of the following, but may also include a combination of these methods: analyzing the ICD-10-CM codes from identified visits in a subset of hospitals that submit text information and ICD-10-CM codes; comparing historical trends generated using syndrome definitions with trends recorded in other data sources, such as ED discharge files; assessing the ability of syndrome definitions to identify past increases in firearm injuries; and comparing results of different types of keyword searches. Additionally, innovative methods, such as using machine learning or natural language processing to improve the ability to either filter out or include terms related to cases of interest, may be incorporated into syndrome definition validation approaches.

    - To facilitate validation efforts, applicants are strongly encouraged to calculate indicator trends from 2016 (based on the data availability) to present.
    - Extensive validation studies such as record review are not required by this NOFO.
- Lessons learned from collecting and analyzing ED data to rapidly track public health issues, including infectious disease outbreaks, if available.
    - If the applicant has already implemented syndrome definitions for nonfatal firearm injuries, lessons learned about the strengths and limitations of each indicator should be addressed.
- How rates will be calculated including a description of the denominator, such as percent of all ED visits or rate per 100,000 ED visits.
    - Describe methods to monitor and account for changes in the number of hospitals participating in the surveillance system over time (e.g., only include data from hospitals that consistently provide data over time or report percentages of ED visits).
- A brief plan for how data will be analyzed to detect rapid changes in indicators over time.

Activity 1.3: *Verify state and county aggregate quarterly reports stratified by month generated by CDC occurring from July 2020 to June 2023 within three months of the ED visit date.*

A key expectation of this NOFO is that recipients will implement more rapid, reliable, and geographically-specific identification of changes in the number and rate of nonfatal firearm injuries in their state. A key step in establishing this type of surveillance system is instituting ongoing data collection and reporting.

The recipient will be required to verify quarterly state/territory and county indicator reports stratified by month generated by CDC on an ongoing basis from January 1, 2021 until August 31, 2023. CDC will provide a template report and a brief overview of each report is provided below.

- In the state/territory report, recipients will be asked to verify the number and rate of ED visits related to total nonfatal firearm injuries and nonfatal firearm injuries by intent (intentional self-inflicted, unintentional, and assault-related) for the most recent three-month period available by the following demographic information: sex, age group, race/ethnicity (if available), and disposition (if available). The data used in the reports should have a lag time of <3 months. For example, April 2021's report should include data no older than October 2020 to December 2020. Statistically significant quarterly and monthly changes should be highlighted. All available ED data should be used when calculating the demographic rates for each indicator.
- In the county report, recipients will verify the number and rate of ED visits related to total firearm injuries and by intent (intentional self-inflicted, unintentional, and assault-related) occurring for each county with data from the most recent three-month period available. The data used in the reports should have a lag time of <3 months. For example, April 2021's report should include data no older than October 2020 to December 2020. Statistically significant quarterly and monthly changes should be highlighted.

The dates that quarterly reports should be completed are provided below.

Date Quarterly Report Completed	Dates of ED Visits for Nonfatal Firearm Injuries Included in the Report to Meet Minimum Reporting Requirements
January 1, 2021	July 2020 to September 2020
April 1, 2021	October 2020 to December 2020
July 1, 2021	January 2021 to March 2021
October 1, 2021	April 2021 to June 2021
January 1, 2022	July 2021 to September 2021
April 1, 2022	October 2021 to December 2021
July 1, 2022	January 2022 to March 2022
October 1, 2022	April 2022 to June 2022
January 1, 2023	July 2022 to September 2022
April 1, 2023	October 2022 to December 2022
August 31, 2023	January 2023 to June 2023*

*Report includes extra months due to funding ending in August 2023.

After the quarterly reports are validated by the recipient, the quarterly report stratified by month provided back to CDC/NCIPC may be shared with other recipients, other health agencies, or partners, and may be published on the DVP website, or in scientific or health professional journals. Data suppression rules (as outlined in Appendix 1) will be used to prevent possible identification through publication of tables combining characteristics that could be used to identify an individual (e.g., age, sex, and geographic location). As outlined in Appendix 1, in order to prevent possible identification of an individual, CDC will suppress data when case counts range from 1 to 9 cases. Additionally, CDC will not analyze rates (e.g., ED visits suspected to involve nonfatal firearm injuries divided by total number of ED visits in a state) with fewer than 20 cases in the numerator (e.g., number of ED visits suspected to involve nonfatal firearm injuries) because of possible statistical instability of rate estimates. CDC will not report counts of suspected nonfatal firearm injuries (including total firearm injuries and by intent (intentional self-inflicted, unintentional, and assault-related) without the consent of the submitting health department when the health department elects to share ED syndromic system data with CDC. Instead, CDC will publicly report monthly, quarterly, and yearly changes in the rates of ED visits suspected to involve all nonfatal firearm injury indicators as well as rates of suspected nonfatal firearm injuries. Additional data quality and suppression rules may be established during the funding period as necessary and with feedback from recipients.

Successful recipients will collaboratively work with CDC/NCIPC to improve the timeliness of aggregate reports (e.g., biweekly or monthly instead of quarterly), enhance text searching algorithms (e.g., work with CDC/NCIPC to test different firearm injury algorithms), and improve the methodology for tracking select indicators. The collaboration will involve secure sharing of visit-level ED data negotiated between CDC/NCIPC and the recipient for the sole purpose of

working on enhancing the timely tracking of nonfatal firearm injuries. Reports resulting from this work will always be presented at the aggregate level, will never contain any individually identifiable information, and will be done in consultation with the recipient.

Applicants should be participating in CDC's National Syndromic Surveillance Program BioSense Platform (see http://www.cdc.gov/nssp/biosense) by the NOFO application due date.

Activity 1.4: *Share methodology for calculating indicators and aggregated reports with CDC.*

All recipients will be asked to:

- Share syndrome definitions with CDC. CDC will synthesize syndrome definitions and broadly disseminate to state and local health departments to support improvements in recipients' syndrome definitions and facilitate the implementation of rapid reporting on nonfatal firearm injuries among unfunded state health departments.
- Share de-identified aggregated data in quarterly reports stratified by month. CDC will combine quarterly reports into a multi-state database that will be used to rapidly track broad or localized changes in nonfatal firearm injuries. This will facilitate CDC and stakeholders working across states to respond more quickly to changes in nonfatal firearm injuries.

Strategy 2: Disseminate surveillance findings to key stakeholders working to prevent or respond to firearm injuries.

A key component of effective public health surveillance is the ability to move quickly from collecting data to meaningful action. After the recipient has enhanced surveillance reporting strategies via Strategy 1, it is critical that actionable results be disseminated in a user-friendly format to key stakeholders, such as: state and local governments (e.g., varied programs across the state health department, local health departments, first responders, law enforcement, or other relevant stakeholders) as well as non-governmental organizations and groups (e.g., community-based organizations, emergency department physicians and staff, hospital administrators, mental health professionals, violence prevention coalitions and advocates, faith-based organizations, or general health care providers). Dissemination activities include:

Activity 2.1: *Create a dissemination plan by the end of Year 1 funding (i.e., August 31, 2021).*

- The dissemination plan should prioritize how the surveillance data can be used to support public health action (e.g., enhance response to rapid increases in or changes in geographic concentration or distribution in nonfatal firearm injuries, improvements in targeted intervention programs, or identify and target interventions on prevalent risk factors), discuss dissemination strategies to support these usages (e.g., short reports, conducting presentations, developing data dashboards made available to local health departments and other key partners, providing quarterly reports to the state health department group supporting violence prevention activities), and specify intended audiences for disseminating surveillance data (e.g., local community organizations, academic institutions, state or national stakeholders, etc.). The dissemination plan should include at least two key evaluation indicators that will be used to track the success of the plan. These indicators must be approved by CDC/NCIPC.

Activity 2.2: *Build and strengthen relationships with key stakeholders.*

- Customizing the dissemination plan to meet the needs of key partners and maximize the public health use of the data. To this end, recipients may also consider using NCIPC's existing syndrome definitions for multiple violence and injury outcomes (e.g., nonfatal suicide-related outcomes, opioid and all drug overdoses, child abuse and neglect, intimate partner violence, and sexual violence), which are housed in ESSENCE to examine trends in other outcomes of interest for key stakeholders.
- Describing key goals and strategies for data dissemination. Also, current and ongoing dissemination activities that the applicant plans to leverage should be described. These goals are expected to form the outline for the dissemination plan required from recipients.
- Using the dissemination plan, the recipient should work to build relationships with key partners who can use the data to respond and prevent firearm injuries. Dissemination plans and strategies are expected to be revised as the data needs of partners are better understood over time. Applicants should describe any key relationships that will be leveraged to disseminate data or are already being used to disseminate nonfatal firearm injury surveillance data.

Activity 2.3: *Implement dissemination strategies most suited to the needs of the state and its key stakeholders.*

- The applicant should describe any other factors that will support implementation of a minimum of two dissemination strategies.

1. Collaborations

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

CDC funds several recipients whose work relates to firearm injury surveillance, and these efforts may inform, support, or coordinate with activities developed as part of this NOFO.

Applicants may consider but are not required to collaborate with the following entities:

- **States with Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO) Funding:** The Injury Center provides funding and technical assistance to 10 states through its ED-SNSRO funding. Currently, the program funds 10 state health departments to increase the timeliness of aggregate reporting of nonfatal suicide-related outcomes using syndromic surveillance data and to disseminate surveillance findings to key stakeholders working to prevent or respond to suicide.
- **State programs coordinating the National Violent Death Reporting System (NVDRS) Funding:** The Injury Center provides funding and technical assistance to states through its NVDRS funding. Currently, the program supports health departments in all 50 states, Puerto Rico, and the District of Columbia to collect data on violent deaths as well as unintentional firearm-related deaths and deaths of undetermined intent. Applicants can learn more about NVDRS funding at https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html.
- **States with Overdose to Action (OD2A) Funding:** The Injury Center provides funding

and technical assistance to states through its OD2A funding. Currently, the program supports state, territorial, county, and city health departments in obtaining high quality, more comprehensive, and timelier data on overdose morbidity and mortality and using those data to inform prevention and response strategies. Applicants can learn more about OD2A funding at https://www.cdc.gov/drugoverdose/od2a/index.html.

- **States with CORE SVIPP Funding:** The Injury Center provides funding and technical assistance to states through its CORE Violence and Injury Prevention Program (CORE SVIPP). The program supports 20 state health departments to strengthen their capacity to collect and use data for a better understanding of local injury issues and to protect residents by putting science into action to save lives and prevent injuries. Applicants can learn more about CORE SVIPP grants at https://www.cdc.gov/injury/stateprograms/index.html.
- **CDC Injury Control Research Centers:** Injury Control Research Centers (ICRCs) conduct research in all three core phases of injury control (prevention, acute care, and rehabilitation) and serve as training centers as well as information centers for the public. ICRCs are good sources of knowledge and provide other useful resources for state programs. Applicants can learn more about ICRC grants at https://www.cdc.gov/injury/erpo/icrc/index.html.
- **CDC National Centers of Excellence in Youth Violence Prevention:** National Centers of Excellence in Youth Violence Prevention (YVPCs) are academic-community collaborations that advance the science and practice of youth violence prevention. Through local partnerships, the YVPCs develop, implement, and rigorously evaluate innovative strategies to prevent violence and create safer, healthier family and community environments for youth. Applicants can learn more about YVPC grants at https://www.cdc.gov/violenceprevention/youthviolence/yvpc/index.html
- **CDC Essentials for Childhood Funding:** The Injury Center provides funding to seven state health departments to implement the Essentials for Childhood Framework, which is intended for communities committed to both, promoting the positive development of children and families and preventing child abuse and neglect. Applicants can learn more about Essentials for Childhood at https://www.cdc.gov/violenceprevention/childabuseandneglect/essentials.html#anchor_1534426062116.

Applicants are encouraged to describe any strategic partnerships and collaborations with the aforementioned, optional entities that will make this work stronger and more impactful or may have a role in achieving the outcomes and proposed activities in this funding opportunity. Applicants may provide any materials (e.g., MOUs), but are not required to do so.

b. With organizations not funded by CDC:

Increase timeliness of aggregate reporting of ED visits for nonfatal firearm injuries (Strategy 1). In order to rapidly collect and analyze data on firearm injuries, successful applicants will need to build strong relationships between staff who collect ED data (e.g., state syndromic surveillance coordinator) and subject matter experts in firearm injury prevention. Applicants should discuss their plan to strengthen or foster these collaborations over the 3-year funding period. In some states, local health departments have already used syndromic surveillance data to track nonfatal firearm injuries. If this is the case, recipients are encouraged to

leverage this local experience, if feasible.

Disseminate surveillance findings to key stakeholders working to prevent or respond to firearm injuries (Strategy 2).

- Applicants will target various key stakeholders based on their dissemination plan and unique context (e.g., state or local violence prevention coalitions, state health department offices engaged in violence and injury prevention activities, survivors of firearm violence and their families, hospital administrators, physicians, nurses, psychologists, social workers, educators, school systems, law enforcement, professional societies, industry, faith-based institutions, veterans, and health insurance agencies).
- Applicants should provide evidence of their recent ability, within the past 3 years, to disseminate data to targeted key partners or similar groups. For example, evidence of data dissemination could include, but is not limited to, website links to data dashboards, fact sheets or one-pagers to key stakeholders, and/or peer reviewed publications.

Applicants Must Show Collaboration with Other Key Partners.

Applicants must demonstrate support from other key authorities involved in their work. Applicants must provide a LOS for each key partner. These can include other federal, state, or local government agencies, hospitals and health systems, state boards of medicine, and medical organizations, among others. The LOS must demonstrate the authority's support, agreement to regular meetings, and explanation of how the state authority will facilitate the proposed activities.

Applicants Are Encouraged to Show Other Relevant Collaborations.

Applicants may consider but are not required to collaborate with organizations not funded by CDC for the activities supporting each of the NOFO strategies. Applicants are strongly encouraged to describe other strategic partnerships and collaborations with organizations that will make this work stronger and more impactful or may have a role in achieving the outcomes and proposed activities in this funding opportunity (e.g. traditional and social media; non-government organizations; nonprofit agencies; public health and public safety communities; and the business community). Applicants may provide any materials (e.g., MOUs, but are not required to do so).

2. Target Populations

By collecting and disseminating timely information on ED visits for firearm injuries, this NOFO is working to reduce firearm deaths and injuries among persons who now or in the future will be at-risk for these outcomes. Recipients will collect information on all nonfatal firearm injuries and by intent (intentional self-inflicted, unintentional, and assault-related) in their jurisdiction captured by ED data. By collecting information on all firearm injuries and by intent, recipients will be able to identify and track health disparities (e.g., based on sex, age, geography, and other relevant sociodemographic characteristics) to the extent that this information is available in data sources analyzed as part of the NOFO.

Applicants should demonstrate burden of nonfatal firearm injuries (including total firearm injuries and by intent, including intentional self-inflicted, unintentional, and/or assault-related) in their geographic area equivalent to or greater than the national average through provision of using nonfatal data sources obtained through the state or through data from their state syndromic surveillance system or from the state Emergency Medical Services (EMS) data.

a. Health Disparities

Research has shown that disparities do exist in the extent to which different populations experience firearm injuries. For instance, males are at a higher risk than females and younger people under the age of 35 are at a higher risk than other age groups of being treated in U.S. emergency departments for assault-related nonfatal firearm injuries. This NOFO will allow for further identification and tracking of such disparities using aggregated data and will help to inform prevention and response strategies for those populations at greatest risk.

iv. Funding Strategy

The total budget was created by estimating the cost for funding *Strategy 1: Increase the timeliness of aggregate reporting of ED visits for firearm injuries.* Funding to support *Strategy 2: Disseminate surveillance findings to key stakeholders working to prevent or respond to firearm injuries* is built into the budget line supporting Strategy 1.

The average annual budget is approximately $150,000. The ceiling award is $150,000 and the floor is $100,000.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will use a set of core process and outcome measures to monitor the implementation of the two key strategies and the four key outcomes outlined in the *Strategies and Activities and Outcomes* Section of the NOFO. For illustrative purposes, example performance measures are provided for each strategy and outcome. Evaluation measures will be updated over the course of the first year of funding based on feedback from recipients and a CDC review.

Strategy 1: Increase the timeliness of aggregate reporting of ED visits for nonfatal firearm injuries.

- Process measure: Recipient has hired all staff and/or secured contractual resources identified in their application that are needed to support Strategy 1 by November 15, 2020.

Activity 1.1: *Share real-time, case-level syndromic data with CDC/NCIPC and track the following indicators using ED data: total nonfatal firearm injuries and nonfatal firearm injuries by intent (intentional self-inflicted, unintentional, and assault-related).*

- Process measure: ED data being accessed and used to support NOFO goals by December 1, 2020.

Activity 1.2: *Create, validate, and monitor quality of indicator syndrome definitions.*

- Process measure: Recipient provides results of validation study demonstrating utility of syndrome definitions in tracking changes in ED visits for nonfatal firearm injuries, including total nonfatal firearm injuries and nonfatal firearm injuries by intent (intentional self-self-inflicted, unintentional, and assault-related).

Activity 1.3: *Verify state and county aggregate quarterly reports stratified by month generated by CDC occurring from July 2020 to June 2023 within three months of the ED visit date.*

- Process measure: Percentage of quarterly reports provided to CDC on or before deadline.
- Process measure: Indications that trends in quarterly firearm injury indicators are similar to trends found in other data sources (e.g., billing data).
- Process measure: Percentage of counties with information on selected indicators.

Activity 1.4: *Share methodology for calculating indicators and aggregated reports with CDC.*

- Process measure: Number of times the recipient provides feedback on any firearm injury indicator to CDC.

Intermediate Outcome*:* *Increased use of timely information about trends in ED visits for nonfatal firearm injuries by state and local stakeholders*

- Outcome measure: Number of reports, memos, data briefs, or data visualizations provided to key stakeholders on unusual trends of nonfatal firearm injuries using recent syndromic surveillance data.
- Outcome measure: Number of stakeholders who reported using reports, memos, data briefs, or data visualizations on unusual trends of nonfatal firearm injuries using recent syndromic surveillance data.
- Outcome measure: Time interval between the onset of an unusual increase in nonfatal firearm injuries detected using syndromic surveillance data and report of the increase to key stakeholders engaged in prevention and response measures.
- Outcome measure: Number of times the recipient detects confirmed increases (e.g., detection of firearm injury cluster in a county) or decreases (e.g., successful implementation of a prevention program) in any nonfatal firearm injury indicator by intent.

Intermediate Outcome: *Increased use of geographically specific information about trends in ED visits for firearm injuries by state and local stakeholders*

- Outcome measure: Number of maps developed identifying geographic clusters or hotspots of nonfatal firearm injuries using syndromic surveillance data.

Intermediate Outcome: *Increased use of syndromic surveillance data to develop plans for focusing prevention and response strategies on populations at greatest risk of firearm injuries by state and local stakeholders*

- Outcome measure: Number of times analyses of ED data are used to support prevention or response activities by key stakeholders or state or local health departments. Examples of activities include, but are not limited to, an investigation of a cluster of nonfatal firearm injuries, informing a funding proposal, identifying a promising prevention or response practice by tracking sharp decreases in firearm injuries or using data to inform firearm injury prevention planning.
- Outcome measure: Number of ongoing data sharing relationships (i.e., data are shared on

at least 2 or more occasions) with key stakeholders working to prevent firearm injuries. For instance, a violence prevention coalition has an ongoing data request that is fulfilled every 6 months.

Strategy 2: Disseminate surveillance findings to key stakeholders working to prevent or respond to firearm injuries.

Activity 2.1: *Create a dissemination plan by the end of Year 1 funding (i.e., August 31, 2021).*

- Process measure: Submission of dissemination plan to CDC by December 1, 2020.
- Process measure: Recipient identifies two evaluation measures that will be used to track the implementation of their dissemination plan by December 1, 2020.

Activity 2.2: *Build and strengthen relationships with key stakeholders.*

- Process measure: Number of times analyses of ED data are used to support prevention or response activities by key stakeholders or state or local health departments. Examples of activities include, but are not limited to, an investigation of a cluster of nonfatal firearm injuries, informing a funding proposal, identifying a promising prevention or response practice by tracking sharp decreases in firearm injuries or using data to inform firearm injury prevention planning.
- Process measure: Number of ongoing data sharing relationships (i.e., data are shared on at least 2 or more occasions) with key stakeholders working to prevent firearm injuries. For instance, a violence prevention coalition has an ongoing data request that is fulfilled every 6 months.

Activity 2.3: *Implement dissemination strategies most suited to the needs of the state and its key stakeholders.*

- Process measure: A minimum of two dissemination strategies implemented by the end of Year 3 of funding. Examples of dissemination strategies include, but are not limited to, ongoing structured data sharing with local health department (e.g., dashboards or alert system), publications on special topics, or creating a public website or data set.
- Process measure: Number of reports, memos, data briefs, or data visualizations provided to key stakeholders on unusual trends of firearm injuries using recent syndromic surveillance data.
- Process measure: Time interval between the onset of an unusual increase in firearm injuries detected using syndromic surveillance data and report of the increase to key stakeholders engaged in prevention and response measures.
- Process measure: Number of maps developed identifying geographic clusters or hotspots of nonfatal firearm injuries using syndromic surveillance data.

Intermediate Outcome: *Firearm violence prevention field has access to best practices and success stories.*

- Outcome measure: A minimum of one publication, report, or product disseminated in both Year 2 and Year 3. These may include a web report, report to a key stakeholder, a

publication, or implementation of a data sharing system (e.g., dashboard or website). If CDC staff are included as co-author(s), documents will need to be cleared by appropriate CDC clearance channels.

- Outcome measure: Recipient submits at least one short "success story" to CDC in each 12-month budget period to CDC. An example of a success story can be found here: https://prod-knowledge-repository.s3-us-gov-west-1.amazonaws.com/NSSP-Success-Story- KS-Agriculture-Workers.pdf

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Applicants are encouraged, but not required, to use the CDC surveillance evaluation criteria (See http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm) to assist in developing their plan. Applicants are also encouraged, but not required, to use the process and outcomes measures proposed by CDC. Recipients will refine their evaluation and performance measurement plan

within 6 months of award. This more detailed plan should be developed by the recipient with support from CDC as part of first year project activities and should build on the elements stated in the initial evaluation plan described in this proposal. The plan submitted in the application must be no longer than 10 pages. The entire project narrative should be no more than 20 pages in length to include the evaluation and performance measurement plan.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants need to demonstrate the capacity to complete all activities proposed. "Organizational capacity" demonstrates the applicant's ability to successfully execute the funding opportunity strategies and meet project outcomes. Applicants should have adequate infrastructure (physical space and equipment), workforce capacity and competence, relevant skill sets, information and data systems, and electronic information and communication systems to implement the award. Applicants should also have an adequate computing environment that can support data management and analysis, including information on current or planned speed of their high-speed Internet connection.

Applicants must describe their organizational capacity to carry out the strategies and activities proposed:

- In order to *Increase timeliness of aggregate reporting of emergency department visits for nonfatal firearm injuries (Strategy 1)*, the applicant must have:
    - More than one year of experience managing and conducting quality assurance activities on large databases.

- In order to *Disseminate surveillance findings to key stakeholders working to prevent or respond to firearm injuries (Strategy 2)*, applicants must have:
    - More than one year of experience using and generating data reports using statistical software such as R, SAS, SPSS, or STATA.
    - More than one year of experience disseminating data through various activities, including peer-review publications, reports, and presentations, to support the reduction and prevention of public health problems.

The following skills or experience are desired, but not required, for applicants:

- More than one year of experience performing ongoing violence or injury surveillance.
- In order to *Increase timeliness of aggregate reporting of emergency department visits for firearm injuries (Strategy 1)*, the following skills are desired:
    - More than one year experience engaging in partnership with the National Syndromic Surveillance Program (NSSP), NSSP's Community of Practice and the Council of State and Territorial Epidemiologists, and/or state or local syndromic surveillance coordinators.
    - More than one year of experience building syndromic definitions and/or running queries in ESSENCE.
    - More than one year of experience analyzing morbidity data collected on a monthly or more rapid basis to reliably identify sharp increases (i.e., outbreaks) in public

health conditions. This includes experience using algorithms or rules for detecting possible outbreaks.
    - More than one year of experience working on identifying sharp changes in any type of nonfatal firearm injury indicator by intent using any type of data.
- In order to *Disseminate surveillance findings to key stakeholders working to prevent or respond to firearm injuries (Strategy 2)*, the following skills are desired:
    - More than one year of experience in disseminating firearm injury data to key stakeholders working to respond and/or prevent firearm injuries.
- CDC recommends that applicants have separate individuals assume the role of principal investigator and program manager. If the same individual is in both roles, the applicant must include the supervisor of this person in the application. Include a CV/resume for lead staff person and upload as a pdf to Grants.gov.

d. Work Plan

Applicants must prepare a detailed work plan for the first year of the award and a high-level plan for subsequent years. If funded, CDC will provide feedback and technical assistance to help finalize the work plan post-award.

Applicants should organize the work plan according to the key outcomes outlined in the logic model and the two key strategies that are driving the outcomes. The key outcomes and the strategies to which they are linked are described below.

Strategy 1: Increase the timeliness of aggregate reporting of emergency department visits for nonfatal firearm injuries.

Key Outcomes:

- Increased use of timely information about trends in ED visits for nonfatal firearm injuries by state and local stakeholders
- Increased use of geographically-specific information about trends in ED visits for nonfatal firearm injuries by state and local stakeholders
- Increased use of syndromic surveillance data to develop plans for focusing prevention and response strategies on populations at greatest risk of firearm injuries by state and local stakeholders

Strategy 2: Disseminate surveillance findings to key stakeholders working to prevent or respond to firearm injuries, including the public.

Key Outcomes:

- Firearm injury prevention field has access to best practices and success stories.

The work plan should:

- Describe the activities that are planned to implement the required 2 strategies and ultimately achieve the key outcome.
- Provide specific process measure(s) for key activities supporting each of the strategies

described in the NOFO.
- Provide a timeline that identifies key activities and assigns approximate dates for inception and completion, including key dates required by the NOFO.
- Describe possible barriers to or facilitators of implementing the key strategies.
- Describe the planned roles and functions of staff and contracted resources to support the implementation of the specific strategies.
- For the four key outcomes, convert the outcome into Specific, Measurable, Achievable, Relevant, and Time-phased (SMART) objectives for the end of the NOFO, or Year 3.

Applicants must name the work plan "Surveillance work plan" and upload it as a PDF file on www.grants.gov.

Applicants should include a table such as the one below indicating the strategies and activities, process measures, the party responsible for completing the activities, and the date by which each activity is expected to be completed.

Period of Performance Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position/Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			

e. CDC Monitoring and Accountability Approach
Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

CDC will provide substantial involvement beyond regular performance and financial monitoring during the period of performance. Substantial involvement means that recipients can expect federal programmatic partnership in carrying out the effort under the award. CDC will work in partnership with recipients to ensure the success of the cooperative agreement by providing technical assistance to successfully implement each of the two strategies as well as general technical assistance.

The following technical assistance will be provided to recipients by CDC to support Strategy 1:

- Share example firearm injury syndrome definitions that include text and ICD-10-CM code searches developed through work with states by Fall 2020. This includes definitions for total nonfatal firearm injuries and by intent (intentional self-inflicted, unintentional, and assault-related).
- Provide feedback on proposed syndrome definitions, data reports, and validation study design.
- Facilitate sharing of syndrome definitions and analytical approaches among recipients by providing states a summary of the syndrome definitions by Fall 2021.

When provided permission by a recipient, CDC will support the implementation, analysis, and sharing of information through the BioSense platform and infrastructure.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U17

3. Fiscal Year:	2020
4. Approximate Total Fiscal Year Funding:	$1,050,000
5. Approximate Period of Performance Funding:	$3,150,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$3,150,000
6. Approximate Period of Performance Length:	3 year(s)
7. Expected Number of Awards:	7
8. Approximate Average Award:	$150,000 Per Budget Period
9. Award Ceiling:	$150,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:	$100,000 Per Budget Period
11. Estimated Award Date:	09/01/2020
12. Budget Period Length:	12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the “Notice of Award.” This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is not available through this NOFO.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:	State governments County governments City or township governments Special district governments Others (see text field entitled "Additional Information on Eligibility" for clarification)
Additional Eligibility Category:	

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

2. Additional Information on Eligibility

Section 392(a)(1) of the Public Health Service Act, as amended [42 USC § 280b-0(a)(1)]

Per the program's statutory authority, only the types of entities listed are eligible to apply:

Eligible entities include state governments or their bona fide agents (includes the District of Columbia), local governments or their bona fide agents, territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Further, eligible applicants must submit a letter of support (LOS) or Memorandum of Understanding (MOU) from their National Syndromic Surveillance Program (NSSP) Principal Investigator or the staffing unit that manages the authorization process for users to access NSSP ESSENCE data explicitly confirming the following items:

- Applicant uses the national ESSENCE platform for their syndromic surveillance data management on or before the application due date.
- Applicant collects and accesses data on a minimum of 75% of emergency department (ED) visits occurring within their state at the time of application, including visits from a minimum of 90% of Level 1-3 trauma centers. The percentage of all ED visits and Level 1-3 trauma centers in the state collected by their surveillance system (e.g., currently, 75% of all ED visits in the state are reported into NSSP ESSENCE) should be specified.
- Applicant confirms required access to NSSP ESSENCE data.
- Applicant confirms that the state NSSP staff will manage the authorization process for future CDC users.

Applications that do not meet these criteria will be considered non-responsive and will not

move forward for review.

Only one award will be given per state to avoid duplication of data submission efforts. States are encouraged to collaborate with local health departments within their state to increase their syndromic surveillance system coverage at the time of application.

3. Justification for Less than Maximum Competition

"The program's statutory authority is, Section 392(a)(1) of the Public Health Service Act, as amended [42 USC § 280b-0(a)(1)].

Per the program's statutory authority, eligible entities include state governments or their bona fide agents (includes the District of Columbia), local governments or their bona fide agents, territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Further, eligible applicants must submit a letter of support (LOS) or Memorandum of Understanding (MOU) from their National Syndromic Surveillance Program (NSSP) Principal Investigator or the staffing unit that manages the authorization process for users to access NSSP ESSENCE data."

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). 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 telephone at 1-866-705-5711 (toll

free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):
The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you	3-5 Business Days but up to 2 weeks and must be renewed	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220

	Registration (CCR)	will need to have an active SAM account before you can register on grants.gov)	once a year	
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: **05/22/2020**

b. Application Deadline

Due Date for Applications: **07/08/2020** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances

preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

Monday, May 18, 2020 at 2:00 pm EDT (855) 644-0229, Conference ID: 9542716 Join Skype Meeting ;

https://webconf.cdc.gov/imh1/ksj9tnqv

or Thursday, May 28, 2020 at 2:30 pm EDT Join ZoomGov Meeting

https://cdc.zoomgov.com/j/1611024811?pwd=cGR0N2dJQ3RlVWhIUytWZXRRODJOOT09

Meeting ID: 161 102 4811

Password: 679331

One tap mobile

+16692545252,,1611024811#,,1#,679331# US (San Jose)

+16468287666,,1611024811#,,1#,679331# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

Meeting ID: 161 102 4811

Password: 679331

Find your local number:**https://cdc.zoomgov.com/u/abzQ6hhhKy**

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission

date.

Risk Assessment Questionnaire Requirement
CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.
When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts
Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.
Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. A LOI is requested but optional. The content of the LOI can be very simple — CDC requests that the letter from the applicant state the applicant's intention to apply. LOI must be sent via email to:

Michele LaLand

Public Health Advisor

Division of Violence Prevention

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

FASTERNOFO@cdc.gov

Office: 770-488-4244

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities
Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA
  see https://www.cdc.gov/od/science/integrity/reducePublicBurden/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC

Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)
Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated

organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

The applicant's budget must include travel for at least two staff to attend a two-day meeting at CDC's National Center for Injury Prevention and Control in Atlanta, GA during the first year of the project. All recipients will attend this meeting. For the project's second and third years, the budget should include annual reverse site visits for two program staff to visit Atlanta and meet with CDC staff.

The applicant's budget must also include evidence of direct support of and collaboration with the staffing unit collecting their rapid ED data by budgeting at least $75,000 to the staffing unit collecting rapid ED data to support efforts to maintain and enhance collection of rapid ED data for this program. This funding allocation is designed to ensure that sufficient support is provided to the staffing unit collecting the data; funds may be used to support staff or infrastructure.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as

described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: https://www.whitehouse.gov/wp-content/uploads/2020/01/spoc_1_16_2020.pdf.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

16. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting

authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

Funds will be used only to support reporting and dissemination of firearm injuries, and not to support capacity building, training, or other costs associated with onboarding to ESSENCE.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

a. Electronic Submission:
Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.
An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach	Maximum Points:50

CDC will evaluate the extent to which the applicant:

Describes an effective and feasible approach for increasing timeliness of aggregate reporting of ED visits for nonfatal firearm injuries (Strategy 1) that aligns with CDC criteria outlined in the NOFO (25 points):

- Applicant provides a feasible and effective plan for verifying required state/territory and county-level quarterly reports stratified by month generated by CDC/NCIPC on the selected indicators, including how firearm injury rates will be calculated and changes detected over time.
- Applicant provides a feasible and effective plan for creating and validating syndrome definitions for total nonfatal firearm injuries and nonfatal firearm injuries by intent (intentional self-inflicted, unintentional, and assault-related).

Describe an effective and feasible approach for disseminating data to key stakeholders working to prevent or respond to firearm injuries (Strategy 2) (10 points):

- Applicant describes the key goals for the dissemination plan, which will be developed during the first year of funding.
- Applicant briefly describes how they will leverage existing dissemination efforts or initiate new efforts to reach key partners.
- Applicant dissemination plan is logical and feasible.

Demonstrates nonfatal firearm injury burden (15 points):

- Applicants must demonstrate burden of nonfatal firearm injuries (including total firearm injuries and by intent, including intentional self-inflicted, unintentional, and/or assault-related) in their geographic area equivalent to or greater than the national average through provision of using nonfatal data sources obtained through the state or through data from their state syndromic surveillance system or from the state Emergency Medical Services (EMS) data. Suspected counts, percentages, and rates of ED visits identified through the state's syndromic surveillance system using the "CDC Firearm Injury v1" syndrome definition housed in ESSENCE* can be provided.

*Instructions for accessing the "CDC Firearm Injury v1" syndrome definition are included in Appendix 2.

ii. Evaluation and Performance Measurement	Maximum Points:25

CDC will evaluate the extent to which the applicant:

- Outlines an effective and feasible plan to constantly monitor and improve the timeliness and quality of data collected (as part of Strategy 1) to increase the timeliness of

aggregate reporting of nonfatal firearm injuries **(15 points).**

- Proposed performance measures that **(5 points):**
  - Align with proposed activities, strategies, and outcomes and are useful to assess progress.
  - Will assist in tracking applicant's progress while helping identify potential challenges to implementation.
- Presents an effective and feasible plan to track the dissemination and impact of surveillance findings to key stakeholders working to prevent or respond to firearm injuries (as part of Strategy 2) **(5 points).**

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points:25

Applicants will be scored according to the following elements:

Experience (15 points)

Demonstrates experience that will support increasing timeliness of reporting on any type of public health problem, or firearm injuries (Strategy 1), including:

- Experience managing and conducting quality assurance on large databases such as ED or EMS data
- Experience performing ongoing violence or injury surveillance
- Experience engaging in partnership with the National Syndromic Surveillance Program (NSSP), NSSP's Community of Practice, and the Council of State and Territorial Epidemiologists, and/or state or local syndromic surveillance coordinators
- Experience building syndrome definitions and/or running queries in ESSENCE
- Experience analyzing morbidity data collected on a monthly or more rapid basis to reliably identify unusual increases (i.e., outbreaks) in public health conditions. This includes experience using algorithms or rules for detecting possible outbreaks. For example, experience working on identifying unusual changes in any type of firearm injury indicator using any type of data

Demonstrates experience disseminating public health information on any type of public health problem, or firearm injuries (Strategy 2), including:

- Experience using and generating data reports using statistical software
- Experience disseminating data to support the reduction and prevention of public health problems

Staffing and Capacity (10 points)

- Project staff's roles and responsibilities are clearly delineated and staff qualifications offered to demonstrate qualifications for performing key functions such as requesting, entering, analyzing, and disseminating the data
- Curriculum vita for the staff person leading the project should be included in the application
- Provides evidence of a computing environment that can support data management and

analysis, including information on current or planned speed of their high-speed Internet connection

Budget

Presentation of a reasonable budget that is consistent with the stated objectives and planned program activities. Budget will be reviewed but not scored.

c. Phase III Review

Recipients will be funded in order by score and rank determined by the review panel. Only one award will be given per state to avoid duplication of data submission efforts.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC’s framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to

future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, and the total period of performance for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative and Principal Investigator and reflects the only authorizing document. It will be sent prior to the start date of 09/01/2020 by email notification.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

The Paperwork Reduction Act of 1995 (PRA): Offerors should be advised that any activities involving information collection (i.e., posing similar questions or requirements via surveys,

questionnaires, telephonic requests, focus groups, etc.) from 10 or more non-Federal entities/persons, including States, are subject to PRA requirements and may require CDC to coordinate an Office of Management and Budget (OMB) Information Collection Request clearance prior to the start of information collection activities. This would also include information sent to or obtained by CDC via forms, applications, reports, information systems, and any other means for requesting information from 10 or more persons; asking or requiring 10 or more entities/persons to keep or retain records; or asking or requiring 10 or more entities/persons to disclose information to a third-party or the general public. For cooperative agreements PRA applicability will depend on the level of CDC involvement with the development, collection, dissemination, and management of information/data.

(CDC OMB package approval in process).

For more information on the CFR visit http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the “Agency Contacts” section of the NOFO copying the CDC Project Officer.

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data	6 months into award	Yes

Management Plan (DMP)		
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	N/A
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance

outcomes.

- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via www.grantssolutions.gov no later than 120 days prior to the end of the budget period.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

CDC will require recipients to update their performance and evaluation measures 60 days after the end of each funding year. Recipients are expected to use CDC provided annual performance report templates for reporting progress and evaluation results.

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed

over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:
a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Michele LaLand, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Division of Violence Prevention

4770 Buford Hwy, MS-S106-10

Atlanta, GA. 30341

Telephone: 770.488.4244

Email: FASTERNOFO@cdc.gov

Grants Staff Contact

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

Karen Zion, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Branch 5 Supporting Chronic Diseases and Injury Prevention

Office of Financial Resources (OFR)

Office of the Chief Operating Officer (OCOO)

2920 Brandywine Rd

Atlanta, GA. 30341

Telephone: (770) 488-2729
Email: kzion@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A

- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Organization Charts

In addition applicants are required to submit the following documents as PDFs with their application:

- LOS/MOU or MOA. (Applicants must name this file "LOS/MOU or MOA".)
- Resumes/CVs. (Applicants must name this file "Resumes or CVs".)
- Position Descriptions. (Applicants must name this file "Position Descriptions".)
- Indirect Cost Rate, if applicable. (Applicants must name this file "Indirect Cost Rate".)
- Bona Fide Agent Status documentation, if applicable. (Applicants must name this file "Bona Fide Agent Status".)

Note that the entire project narrative should have a minimum of 10 pages and a maximum of 20 pages.

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assistance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are

implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless,

these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant

aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development,

implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

ED – Emergency Departments

ER – Emergency Rooms

ESSENCE – Electronic Surveillance System for the Early Notification of Community Epidemics

FA – Firearm

NSSP – National Syndromic Surveillance Program