Funding Opportunity Number:	CDC-RFA-TP18-1802
Funding Opportunity Title:	Cooperative Agreement for Emergency Response: Public Health Crisis Response
Program Office:	Office of Public Health Preparedness and Response
Drafter:	Celia Toles
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Special Instructions:

Gray shaded text denotes standardized language that is required content in every announcement.

Gray shaded underlined text denotes optional standard language where users can opt to include certain text when appropriate.

Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-TP18-1802. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

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

Cooperative Agreement for Emergency Response: Public Health Crisis Response

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)).

CDC-RFA-TP18-1802

93.354

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**11/30/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

Open, continuous with the next application due date being November 30, 2018. NOTE: CDC

may establish ad hoc due dates based on the needs of the crisis, e.g., to meet unanticipated issue related to a public health emergency and/or to allow impacted eligible applicants that missed the cut off date to submit an application for consideration.

Allows for a 60-day application period with an announcement date of October 2, 2018.

3. Date for Informational Conference Call:
October 11, 2018

G. Executive Summary:

1. Summary Paragraph:
This CDC notice of funding opportunity (NOFO) seeks to enhance the nation's ability to rapidly mobilize, surge, and respond to a public health emergency (PHE) identified by CDC. This NOFO is intended to establish a new roster of approved but unfunded (ABU) public health departments that may receive rapid funding by CDC to respond to a PHE of such magnitude, complexity, or significance that they would have an overwhelming impact upon, and exceed resources available to, the jurisdictions. CDC will use this ABU list for emergencies that require federal support to effectively respond to, manage, and address identified public health threats. Funding related to this NOFO will only be made available once CDC has determined a PHE exists or is considered eminent, and is contingent upon the availability of appropriations, and will be at CDC's sole discretion. CDC will provide additional guidance and information to those on the ABU list when this NOFO is funded. This current application period is open to those jurisdictions that want to renew their status on CDC's fiscal year 2019 ABU list and eligible entities that did not submit applications when this NOFO was first published in 2017. See Section H for more information on application requirements.

a. Eligible Applicants: Limited
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 69
An estimate of up to 5 tribal health departments will meet the eligibility stand.

d. Total Period of Performance Funding: $345,000,000
It is not possible to approximate an amount of funding due to the nature of this NOFO (i.e., the intent to establish a quick funding mechanism for pre-approved recipients faced with a public health emergency or imminent threat).

e. Average One Year Award Amount: $5,000,000
It is not possible to approximate an amount of funding due to the nature of this NOFO, as its intent is to establish a quick funding mechanism for pre-approved recipients facing or faced with a public health emergency or imminent threat. However, for purposes of budget planning and development an amount of $5 million is proposed.

While CDC will use this NOFO for the time period necessary to respond to the emergency, recovery needs and/or emergencies that shift from a response mode to recovery, e.g., from epidemic to endemic, may be addressed by this NOFO in special cases (pending the response and funds available) or could be addressed by other NOFOs as appropriate.

f. Total Period of Performance Length: 1.33
g. Estimated Award Date: 02/01/2019

h. Cost Sharing and / or Matching Requirements: N

No cost sharing or matching is required.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

CDC seeks to enhance the nation's ability to rapidly mobilize, surge, and respond to PHEs as identified by CDC by establishing a new roster for fiscal year 2019 of approved but unfunded (ABU) public health departments that may receive rapid funding by CDC to respond to PHEs of such magnitude, complexity, or significance that they would have an overwhelming impact upon, and exceed resources available to, the jurisdictions. CDC will use this ABU list for emergencies that require federal support to effectively respond to, manage, and address identified public health threats. Funding related to this NOFO will only be made available once CDC has determined a public health emergency exists or is considered eminent, will be contingent upon the availability of appropriations, and will be at CDC's sole discretion. CDC will provide additional guidance and information to those on the ABU list when this NOFO is funded.

This NOFO is not a capacity-building funding mechanism, and it is not intended to create or establish new public health (PH) emergency management programs. It may be used to re-establish capacity lost or diminished as a result of the public health crisis. It is designed to support the surge needs of existing programs responding to a significant PHE. CDC will provide supplemental guidance to health departments on the ABU list when this NOFO is activated regarding specified activities intended to address the emergency.

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

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

b. Statutory Authorities

This program is authorized under section 311(c)(1) of the Public Health Service Act (42 USC § 243(c)(1)), subject to available funding and other requirements and limitations.

c. Healthy People 2020

This program addresses the "Healthy People 2020" (http://www.healthypeople.gov) focus areas of Preparedness, Immunization and Infectious Diseases, Public Health Infrastructure, Environmental Health, Health Communication and Health Information Technology.

d. Other National Public Health Priorities and Strategies

This NOFO supports National Health Security Strategy of the United States of America (NHSS), Global Health Security Agenda, and International Health Regulations.

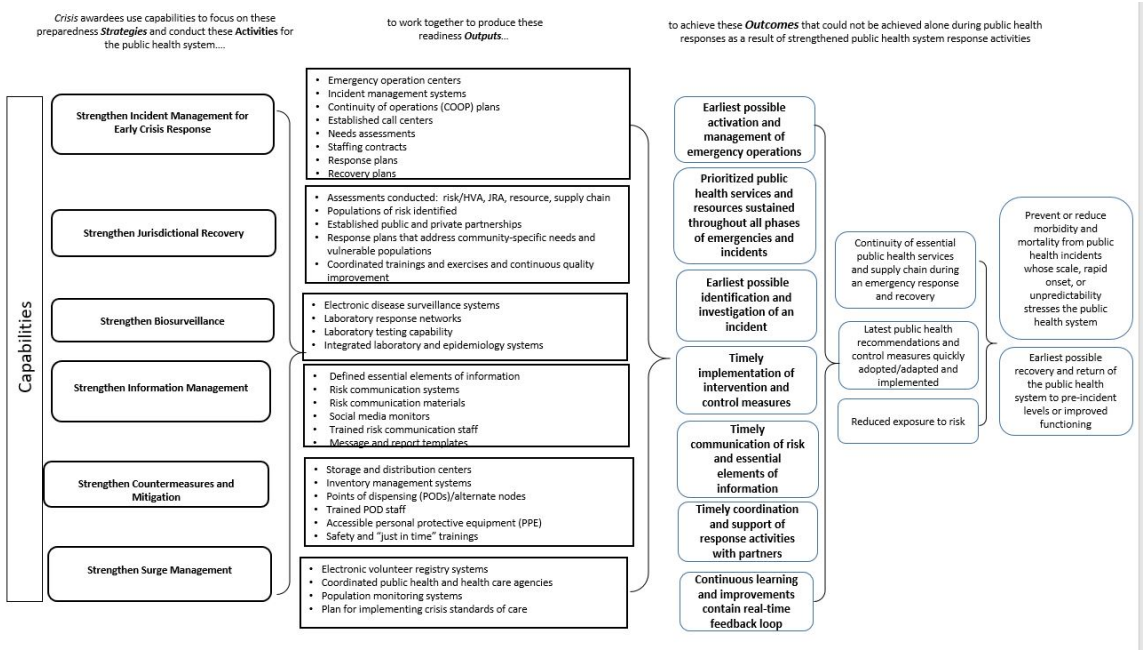
e. Relevant Work

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

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.



i. Purpose

The purpose is to ensure rapid mobilization and response to PHEs, focusing on threatened or

impacted jurisdictions. It is intended to 1) collect applications and budget requests from eligible applicants in the initial phase of a PHE to establish a list of approved but unfunded (ABU) applications, from which selection and funding can be rapidly executed and, 2) improve and enhance response and reduce morbidity and mortality. CDC may only fund some approved applicants based on the specific emergency supported by this mechanism, based on geography, impact, etc.

ii. Outcomes

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

- Earliest possible activation and management of emergency operations
- Earliest possible identification and investigation of an incident/index case (if applicable)
- Timely implementation of intervention and control measures (as applicable)
- Timely communication of risk and essential elements of information by partners
- Timely coordination and support of response activities with healthcare and other partners

iii. Strategies and Activities

Strengthen Incident Management for Early Crisis Response

Applicants must maintain open lines of communication between state, tribal, and local health agencies as well as the CDC to ensure they are prepared to receive updated guidance and must be able to revise their proposals and tailor their activities based on the nature and scope of the crisis, and the updated supplemental guidance.

Upon occurrence of a public health emergency (PHE) and receipt of funding under this NOFO, recipients that are not in an active response phase should begin accelerated crisis planning by identifying and assembling, if not already assembled, a public health emergency response incident management structure (IMS) that includes subject matter experts (SMEs) best suited for responding to the particular PHE. When recipients are in an active response phase, the incident manager should ensure PHE response activities are coordinated across the response's functional areas, including those funded by CDC, HHS, and other federal grant programs, including, but not limited to, CDC's PHEP and ELC cooperative agreements (where applicable). Following are emergency operations coordination activities applicants should consider.

- Appoint a senior representative to coordinate PHE response efforts and lead activation and continuation of IMS structure.
- Test, exercise, refine, and implement their comprehensive PHE response plan for the funded emergency event.
- Manage the response to align with CDC guidance on emergencies and any supplemental guidance related to a specified emergency.
- Review and implement jurisdictional, PHE protocols.
- Assess current capacity and capability and determine decision-making processes and

authorities for necessary public health activities.
- Provide technical assistance to state, local and tribal health departments (as applicable) on development of PHE response plans and assist in the identification of resources.
- Review and implement preparedness plans to ensure emergency rapid hiring and expedited contracting processes are in place.
- Organize regular meetings between the PHE response incident manager and the jurisdiction's preparedness and response partners to discuss plans and current progress and to ensure broadly understood decision-making processes are in place.
- Review, or develop if needed, an infectious disease preparedness and response plan for specific event and tailor as appropriate for PHEs in their jurisdiction.

Recipients must maintain and have described in their all-hazards PHE preparedness and response plans how they will use Emergency Management Assistance Compact (EMAC) or other mutual aid agreements for medical and public health mutual aid to support coordinated activities and to share resources, facilities, services, and other potential support required when responding to PHEs. Recipients must provide their plans to CDC when requested and make it available for review during site visits.

Specific activities or outputs that result from activities may include, but are not limited to:

- Standing up an EOC
- Establishing call centers
- Conducting a needs assessments
- Preparing staffing contracts
- Updating response and recovery plans

Strengthen Jurisdictional Recovery

CDC will use this NOFO for the time period necessary to respond to the emergency. Public health needs that shift from a response mode to recovery (e.g., from epidemic to endemic), may be addressed by this or other CDC NOFOs. This NOFO may be used to re-establish capacity lost or diminished as a result of the public health crisis. Recipients should collaborate with community partners (public and private) to characterize and address the needs of the jurisdiction's at-risk population related to PHEs. This includes evaluating available services and developing long-term plans to address potential needs for these populations including follow-up medical care and behavioral healthcare services.

Following are specific activities to consider.

- Identifying populations at risk
- Including populations at risk in updated response and recovery plans
- Engaging representative partners from populations at risk to exercise plans and drills
- Identifying gaps in training and from exercises to improve operations

The activities under this NOFO are intended for work activities related to an impending or occurring PHE. The NOFO is designed to address response, recovery, preparation, mitigation, and other activities directly related to the consequences of a public health crisis. CDC will provide additional supplemental guidance as appropriate at the time this NOFO is to be

implemented.

Strengthen Biosurveillance

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

Strengthen Information Management

Recipients must plan and coordinate critical information sharing among public health agency staff, and ensure coordination across governments (i.e., jurisdictional governments must work together as appropriate, with healthcare providers including, but not limited to, clinicians, key partners, and the public). This includes developing, coordinating, and disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations, and incident management responders. CDC suggests that jurisdictions consider targeting at a minimum, the public, travelers, and clinicians when developing the information sharing and risk communication messaging activities. Informing the public about PHEs is a critical component of a response.

Following are specific activities to consider:

- As appropriate for the funded PHE, work with clinicians and other healthcare partners to mitigate the impact of the PHEs including the implementation of processes that indicate how healthcare providers in the jurisdiction shall be able to exchange information with electronic public health case-reporting systems, syndromic surveillance systems, or immunization registries according to the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record Incentive Program rules and any additional applicable federal standards
- Coordinate with CDC, state, tribal, local, and territorial public health officials, and other stakeholders to ensure jurisdictional personnel have the most up-to-date information on the specific emergency. If the health department is not responsible for key activities, the health department should ensure that the IMS structure and plans include communication and coordination with those other departments (e.g., with public health emergency management officials for emergencies such as pandemic events, etc.).
- Initiate a communications campaign to raise public awareness of PHEs funded under this NOFO. Primary messaging should focus on awareness, and specific actions the public can take to protect themselves. Work with key partners and stakeholders to coordinate communication messages, products, and programs for affected communities, travelers, and clinicians.
- Update scripts for jurisdictional call centers with specific PHE messaging (alerts, warnings, and notifications) relevant to the funded emergency.
- Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and make adjustments to communications as needed.
- Contract with local vendors for translation (as necessary), printing, signage,

audiovisual/public service announcement development and dissemination.

Strengthen Countermeasures and Mitigation

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

Following are specific activities that should be included:

- Manage access to and administration of pharmaceutical and non-pharmaceutical interventions
- Administer/coordinate control measures
- Ensure safety and health of responders
- Operationalize response plans

Strengthen Surge Management

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

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

- Address mass care needs, e.g., shelter monitoring
- Address surge needs, e.g., family reunification
- Coordinate volunteers
- Prevent/mitigate diseases, injuries, and fatalities

1. Collaborations

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

Recipients are required to collaborate with CDC Programs and Centers, Institutes, and Offices (CIOs) to ensure that activities and funding are coordinated with, complementary of, and not duplicative of efforts supported under other CDC programs such as PHEP and ELC. During any particular emergency funded under this NOFO, recipients should collaborate closely with CDC incident management and involved SME programs as well as other organizations funded by CDC to address emergency response, including neighboring states/locals, sub-jurisdictional entities, tribes, territories, as well as state public health organizations (when a local is funded), national organizations (such as APHL, NACCHO, ASTHO, CSTE, etc.), local or regional organizations (e.g., vector control, clinical/healthcare institutions) or businesses (e.g., equipment/supply vendors, vector control vendors, etc.,). For questions regarding collaborating with CDC, please contact the CDC POC for this NOFO.

b. With organizations not funded by CDC:

Recipients must collaborate with their jurisdictional and/or sub-jurisdictional laboratories, surveillance, and epidemiology leads, vector control programs, providers, blood safety organizations, and emergency management partners or other relevant partners identified due to the nature of the emergency. In addition, recipients are encouraged to partner with other federal agencies and programs, including but not limited to the Hospital Preparedness Program (HPP) administered by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), and other grants and programs directed, managed and/or supported by Department of Homeland Security (DHS), the Federal Emergency Management Agency (FEMA), and the Department of Agriculture and other federal departments impacted or potentially impacted by the public health emergency for which funds will be made available under this NOFO.

No formal MOUs are required.

2. Target Populations

Target populations will vary depending on the particular public health emergency (PHE) funded under this NOFO. However, in broad terms this NOFO targets the entire U.S. population and the public health systems within the U.S. and its territories, freely associated states, and tribes. Funding awarded for response needs is intended to support the needs of any community impacted by a PHE and to ensure that the public health system is ready and capable of keeping their communities safe and mitigating the impacts of any PHE. Additionally, there is a special emphasis on ensuring the health needs of at-risk populations and to ensure that plans and processes are in place during an event to address the unique needs of these populations. Applicants should have a plan in place to address the underserved populations including but not limited to tribal, English for Speakers of Other Languages (ESOL), and disabled populations.

a. Health Disparities

Applicants should have a plan in place to be inclusive of populations that may be directly impacted or have increased risk for various PHEs, including but not limited to populations with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; people with limited health literacy; immunocompromised persons; and/or populations that may otherwise be overlooked by the program.

iv. Funding Strategy

This NOFO is designed to collect proposals from eligible applicants and designate them as "approved but unfunded" (ABU). The NOFO will only be funded upon occurrence of a particular public health emergency, or one that is projected to impact the U.S., and CDC decides to make awards under this NOFO for that particular emergency. Depending on the nature of the emergency, specific applicants and specific components of their applications will be selected for funding. These funding decisions will take into account various relevant factors such as geographic location of the emergency, expectations of spread (e.g., with infectious disease-related emergencies), applicant's capabilities, national priorities, impact of the emergency on a jurisdiction, etc. CDC's ability to understand the impact of the event on the applicant's jurisdiction will facilitate the development CDC supplemental guidance and funding strategies.

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

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

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

Evaluation and Performance Measure Strategy

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

At the core of the evaluation and performance measure strategy is a set of ***process measures and outputs*** to track implementation of the strategies, and ***outcome measures*** to monitor achievement of the outcomes expected in the project period.

Process Measures and Outputs

The process measures for each strategy will based on the outputs presented in the logic model. That is, the component activities in each strategy are intended to lead to strong deliverables (outputs); these, in turn, indicate that the strategy is being implemented faithfully and successfully. The activities an recipient conducts to address the strategies should be targeted to guidance related to achieve an effective level of implementation to address the public health emergency. CDC has established a standard on which to focus activities for the FOA to produce the prioritized outputs (plans, trained personnel and equipment) to respond to a public health emergency with funding by this mechanism. Incident management and early crisis response and public health aspects of jurisdictional recovery (component A) should lead to outputs through the following (component B) domains: Biosurveillance; Information Management; Countermeasures and Mitigation; and Surge Management.

Core Program Output

By time of award, recipient jurisdictions will have established effective public health emergency management programs across six core public health domains (as defined in the 2011

Public Health Preparedness Capabilities: National Standards for State and Local Planning). This funding aims to expedite administrative preparedness in the event of an emergency in these established programs. Evaluation for funding of these programs will focus on the response element of the preparedness cycle for each domain (and funded capability) through the review of the following.

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

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

Process Measures: Outputs for Each Strategy

As depicted in the logic model, each strategy is expected to produce some key outputs. These outputs serve as process measures, indicating that the strategy is being successfully implemented. Here are some sample/placeholder outputs that would be measured by jurisdictions. **Note that not ALL of these would be measured in any given incident. These are samples for illustration only.**

- **Strengthen Incident Management for Early Crisis Response:** Some key sample/placeholder outputs might include:
    - Emergency operation centers
    - Incident management systems
    - Continuity of operations (COOP) plans
    - Established call centers
    - Needs assessments
    - Staffing contracts
    - Response plans
    - Recovery plans

- **Strengthen Jurisdictional Recovery:** Some key sample/placeholder outputs might include:
    - Assessments conducted: e.g., risk/HVA, JRA, resource, supply chain
    - Populations of risk identified
    - Established public and private partnerships
    - Response plans that address community-specific needs and vulnerable populations
    - Coordinated trainings and exercises and continuous quality improvement
- **Strengthen Biosurveillance:** Some key sample/placeholder outputs might include:
    - Electronic disease surveillance systems
    - Laboratory response networks
    - Laboratory testing capability

- Integrated laboratory and epidemiology systems

- **Strengthen Information Management:** Some key sample/placeholder outputs might include:
  - Defined essential elements of information
  - Risk communication systems
  - Risk communication materials
  - Social media monitors
  - Trained risk communication staff
  - Message and report templates

- **Strengthen Countermeasures and Mitigation:** Some key sample/placeholder outputs might include:
  - Storage and distribution centers
  - Inventory management systems
  - Points of dispensing (PODs)/alternate nodes
  - Trained POD staff
  - Accessible personal protective equipment (PPE)
  - Safety and "just in time" trainings

- **Strengthen Surge Management:** Some key sample/placeholder outputs might include:
  - Electronic volunteer registry systems
  - Coordinated public health and health care agencies
  - Population monitoring systems
  - Plan for implementing crisis standards of care

Outcome measures:

In addition to evaluating the activities and outputs for response, outcomes will also be evaluated in part using measures from the actual response. In addition, when it is necessary to prepare for a large unseen event, drills and preparation can be used as a proxy effect for the event horizon. In addition, where it is necessary to prepare for an event horizon, drills can be used as a proxy effect on the event horizon. For each outcome CDC will compile information from all reporting recipients to report a "program measure" that indicates the effectiveness of the program at a federal (national) level. These program measures will be based on the information collected and reported as the "recipient performance measure". This will allow national comparison of recipients. All seven outcomes depicted in the logic model will be the focus of outcome measurement. For five of them, we have current proposed measures at the recipient and program level. Equivalent measures for the other two will be determined depending on the emergency and in consultation with recipients post-award:

Program and performance measures include but are not limited to:

Outcome: Earliest possible activation and management of emergency operations

- **Program measure 1**: Percent of recipients that have reduced cycle time for contracting and procurement during an incident (crisis)
  - **Recipient Performance Measure:** Emergency procedures for allocating funds

to local jurisdictions (including tribal health departments) have been exercised.

Outcome: Prioritized public health services and resources sustained throughout all phases of emergencies and incidents

- **Program Measure: 2**
    - **Recipient Performance Measure: TBD**

Outcome: Earliest possible identification and investigation of an incident/index case (if applicable to crisis, e.g., infectious disease outbreak)

- **Program Measure 3:** Percent of recipients that meet reporting times for the specific public health emergency funded under this FOA
    - **Recipient Performance Measure:** Percentage of reports of selected reportable diseases received by a public health agency within the recipient-required timeframe.
- **Program Measure 4:** Percent of recipients that meet target response time for laboratory /epidemiologic response activities required for public health emergency for this specific event.
    - **Recipient Performance Measure:** Time to complete notification in both directions between CDC and recipient.

Outcome: Timely implementation of intervention and control measures (as applicable to crisis)

- **Program Measure 5:** Percent of recipients that meet CDC-established target times to initiate disease control methods for the specific public health emergency funded under this FOA.
    - **Recipient Performance Measure:** Percentage of reports of the specific public health emergency under this FOA for which initial public health control measures were initiated within the appropriate timeframe.

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

- **Program Measure 6:** Percent of recipients with identified vulnerable population partners in place for risk communications
    - **Recipient Performance Measure:** TBD
- **Program Measure 7:** Percent of recipients with local public health partners reporting critical information during emergencies or incidents.
    - **Recipient Performance Measure**:

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

- **Program Measure 8:** Percent of recipients that have executed their plans, processes and procedures to manage volunteers supporting an emergency or incident.
    - **Recipient Performance Measure:** Plans, processes and procedures that were executed to achieve desired goals and objectives, as outlined in CDC's updated

guidance, to manage volunteers who support an emergency or health incident.

- **Program Measure 9:** Percent of recipients that deploy volunteers within requested timeframe.
    - **Recipient Performance Measure:** Percentage of volunteers deployed to support the specific public health emergency funded under this NOFO within requested timeframe.

Outcome: Continuous learning and improvements contain real-time feedback loop

- **Program Measure 10: TBD**
    - **Recipient Performance Measure: TBD**

The measures are ones which CDC expects to be able to monitor progress over the course of the response. Additional measures may be developed in accordance with an actual public health emergency and will be provided through supplemental guidance from CDC.

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.

Applicant Evaluation and Performance Measurement Plan will be developed in concert with CDC based on the nature of the event. Companion guidance will be released by CDC with event-specific guidance.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must have an existing and functional public health emergency management program within their jurisdiction's public health department. They must possess the organizational capacity and skills needed to implement the award including the capability to:

- Monitor health status to identify community health problems;
- Diagnose and investigate health problems and health hazards in the community;
- Inform, educate, and empower people about health issues;
- Mobilize community partnerships to identify and solve health problems;
- Develop policies and plans that support individual and community health efforts;
- Enforce laws and regulations that protect health and ensure safety;
- Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable;
- Assure a competent public health and personal health care workforce;
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services;
- Adapt response activities based on new insights and innovative solutions to health problems;
- Implement and/surge their public health emergency management program;
- Identify and roster staff for incident management roles and response leadership;
- Execute, revise, and develop program planning specific to an event;
- Conduct program evaluation;
- Conduct performance monitoring;
- Conduct and submit financial reports;
- Conduct budgeting and management and administration activities;
- Execute against their administrative preparedness plan; and
- Conduct personnel management activities.

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

- Demonstrates the organizational capacity and skills to implement a functional response to a public health emergency; addressing public health emergency management, incident management and response leadership, response planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management.
- Demonstrates existing organizational capacity, for example program and staffing

management; performance measurement, and evaluation systems; financial reporting systems; communication, technological, and data systems required to implement the activities of a response in an effective and expedited manner; physical infrastructure and equipment; and workforce capacity, to successfully execute all proposed strategies and activities based on the current described scenario.

- Demonstrates the organizational capacity to manage partnerships with other health departments (state, local, tribal, and territorial) in their jurisdiction to ensure a coordinated response posture and execution.
- Depicts the current organizational chart for their public health emergency management program.

Recipients must have the ability to (1) submit an amended budget within 14 days of notice of CDC's intent to make an award, (2) rapidly procure equipment, services, etc., (e.g. through GSA contract, or other viable mechanism), (3) rapidly hire or contract for temporary staffing, and (4) execute a contract within 30 days. Applicants must agree to submit quarterly spend reports for any awards made under this NOFO.

Acceptable documentation includes but is not limited to a letter signed by the Director of Public Health on departmental letterhead attesting to the existing capacity and capability for rapid procurement, hiring, and contracting; a departmental organizational chart; and an incident management structure organizational chart.

Applicants may describe their current status in applying for public health department accreditation or evidence of accreditation. Information on accreditation may be found at http ://www.phaboard.org.

d. Work Plan

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

General Work Plan Guidance: Applicants must develop and submit a high level work plan that addresses the proposed scenario. The plans and activities related to Component A should be more developed and align with the activities addressed in the logic model. Applicants should be able to revise the plans and activities in the work plan related to Component B plan based on supplement guidance issued by CDC for an identified public health emergency. The high level plan should reflect the strategies, activities, outcomes, evaluation, and performance measures described in the NOFO.

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

for their work plan development.

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

Awardees must provide sub-awardee contracts, if applicable.

Component A Work Plan: The work plan for Component A should be developed to address initial (first 120 days) incident command capability and early crisis response activities for the emerging infectious disease planning scenario, and should include: EOC activation, staffing contracts, needs assessment, accelerated planning, and call center activation. Identified activities should describe specific actions that support the completion of the domain activity. Applicants should explicitly identify what activity will be completed and in what timeframe. These activities should lead to measurable outputs that are linked to response activities and projected outcomes. Applicants are expected to aggregate and document activities that support sub-awardees, e.g., state to local/tribal.

Applicants must include a high level object class budget for early emergency activation activities. Costs should be estimated using real, rather than budgeted, costs from previous responses such as H1N1, Ebola, or Zika. Domains specific to Component A:

- Strengthen Incident Management for Early Crisis Response
- Strengthen Jurisdictional Recovery

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

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

- Strengthen Biosurveillance
- Strengthen Information Management
- Strengthen Countermeasures and Mitigation
- Strengthen Surge Management

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

As awards are made, recipients will be required to update the work plan and submit it to CDC as a quarterly progress report along with a quarterly budget summary documenting the jurisdiction's expenditures. CDC will provide the interim guidance document and budget

summary form to applicants within seven days of the award of funding.

CDC has provided a sample work plan from which applicants can model their plans.

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee 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 awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee 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:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees 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.

Other activities deemed necessary to monitor the award, if applicable; these activities may include 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 grantees.

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

In this cooperative agreement, CDC staff will be substantially involved in the program activities above and beyond routine grant monitoring. CDC's Division of State and Local Readiness (DSLR) project officers and subject matter experts will work with other CIO subject matter experts that may serve in a technical monitoring role for specific activities, segments or aspects of a specific public health emergency. DSLR will review or coordinate the review of applications to ensure activities are in scope and do not duplicate those funded by other CDC cooperative agreements. CDC will use application submission information to identify strengths and weaknesses, to update work plans, and to establish priorities for site visits and technical assistance. To assist recipients in achieving the purpose of this award, CDC will conduct the following activities.

1. Provide ongoing guidance, programmatic support, training, and technical assistance as related to activities outlined in this crisis funding announcement(s). Technical assistance resources include a crisis work plan template, and spend plan template as needed.
2. Convene conference calls, site visits, and other communications as applicable with awardees.
3. Facilitate communication among awardees to advance the sharing of expertise on response activities.
4. Coordinate planning and implementation activities with federal partners including the Office of the Assistant Secretary for Preparedness and Response, Federal Emergency Management Agency, Department of Homeland Security, and others based on the specific public health emergency.

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:	U90

Cooperative Agreements for Special Projects of National Significance (SPNS)

3. Fiscal Year:	2019
4. Approximate Total Fiscal Year Funding:	$345,000,000
5. Approximate Period of Performance Funding:	$345,000,000

This amount is subject to the availability of funds.

It is not possible to approximate an amount of funding due to the nature of this NOFO (i.e., the intent to establish a quick funding mechanism for pre-approved recipients faced with a public health emergency or imminent threat).

Estimated Total Funding: $345,000,000

6. Approximate Period of Performance Length: 1.33 year(s)

7. Expected Number of Awards: 69

An estimate of up to 5 tribal health departments will meet the eligibility stand.

8. Approximate Average Award: $5,000,000 Per Budget Period

It is not possible to approximate an amount of funding due to the nature of this NOFO, as its intent is to establish a quick funding mechanism for pre-approved recipients facing or faced with a public health emergency or imminent threat. However, for purposes of budget planning and development an amount of $5 million is proposed.

While CDC will use this NOFO for the time period necessary to respond to the emergency, recovery needs and/or emergencies that shift from a response mode to recovery, e.g., from epidemic to endemic, may be addressed by this NOFO in special cases (pending the response and funds available) or could be addressed by other NOFOs as appropriate.

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

This amount is subject to the availability of funds.

No ceiling is established for the outset of this NOFO. CDC may establish a ceiling when a public health emergency requires this NOFO to be activated and supplemental guidance will provide additional information on this topic.

10. Award Floor: $100,000 Per Budget Period

Component A (State): $500,000

Component A (Local): $250,000

Component A (Territory): $100,000

Component A (Tribal): $100,000

Component B (State): TBD

Component B (Local): TBD

Component B (Territory): TBD

Component B (Tribal): TBD

A floor for the funding of Component B will be made at the time this NOFO is activated. For planning and budgeting purposes, one may use the difference in their Component A floor and the expected average award. That is $5 million less the Component A amount.

11. Estimated Award Date: 02/01/2019

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The

total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is available through this NOFO.
DA is allowed.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Native American tribal governments (Federally recognized)

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.
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

2. Additional Information on Eligibility

The eligible applicants to receive funding are limited to governmental public health departments that are constitutionally empowered to protect the health and welfare of their respective communities. Eligible applicants must have functional public health emergency

management programs, legal authority, and already existing public health emergency management capacity, thus they are pre-positioned to act expeditiously to meet the requirements of this cooperative agreement. Administrative preparedness and existing public health emergency management capacity are integral components of the infrastructure of the entities that receive funding and this funding will give grantees additional capacity to respond to public health crises.

The eligible entities are limited to the 50 state public health departments, local public health departments with current alignment to PHEP or ELC (includes Washington D.C.), and territorial governments 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.

In addition tribal governments meeting the requirements laid out in this NOFO and serving a population of at least 50,000 members are eligible to compete.

Limited Source Competitions:

- State governments or their bona fide agents (N=50)
- Local health departments or their bona fide agents (N=6) (city or county) consistent with PHEP and ELC awardees, which include: Chicago Department of Public Health, Houston Department of Health and Human Services, L.A. County Department of Health Services - Public Health, New York City Department of Health and Mental Hygiene, Philadelphia Department of Public Health, and Washington D.C. Department of Health
- American Indian or Alaska Native Federally recognized tribal governments or their bona fide agents that meet requirements listed in Section C.3 of this NOFO for Justification for Less than Maximum Competition and that serve, through their own PH infrastructure, at least 50,000 people (N~5)
- Territorial governments or their bona fide agents (N=8) in the Commonwealth of Puerto Rico, the U.S. 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

All applicants must provide certification from the applicant's Public Health Director that the applicant has an existing capacity, capability, and infrastructure to provide the 10 essential public health services (https://www.cdc.gov/nphpsp/essentialservices.html) and that within that public health infrastructure there currently exists an established public health emergency management program that can provide the 15 *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (https://www.cdc.gov/phpr/readiness/00_docs/DSLR_capabilities_July.pdf).

In addition, applicants must submit: (1) an organizational chart that represents their emergency preparedness program or Incident Command System (ICS), and (2) a crisis response plan/concept of operations, that includes a provision outlining expedited business processes, including but not limited to: rapidly hiring surge staff, contracting, procuring, and travel procedures.

3. Justification for Less than Maximum Competition

The eligible applicants to receive funding are limited to governmental public health departments that are constitutionally empowered to protect the health and welfare of their respective communities. Eligible applicants must have functional public health emergency management programs, legal authority, and already existing public health emergency management capacity, thus they are pre-positioned to act expeditiously to meet the requirements of this cooperative agreement. Administrative preparedness and existing public health emergency management capacity are integral components of the infrastructure of the entities that receive funding, and this funding will give grantees additional capacity to respond to public health crises.

The eligible entities are limited to the 50 state public health departments, local public health departments with current alignment to PHEP or ELC (includes Washington D.C.), and territorial governments in the Commonwealth of Puerto Rico, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. These agencies have participated in a large number of public health emergency response activities in cooperation with many CDC programs for many years.

In addition, tribal governments meeting the requirements laid out in this NOFO and serving a population of at least 50,000 members are eligible to compete.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

No cost sharing or matching is required.

5. Maintenance of Effort

N/A

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 ***www.SAM.gov***.

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 Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become	Same day but can take 8 weeks to be fully	Register early! Log into grants.gov and check AOR

		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	registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	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. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

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: **N/A**

b. Application Deadline

Due Date for Applications: **11/30/2018** , 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.

Open, continuous with the next application due date being November 30, 2018. NOTE: CDC may establish ad hoc due dates based on the needs of the crisis, e.g., to meet unanticipated issue related to a public health emergency and/or to allow impacted eligible applicants that missed the cut off date to submit an application for consideration.

Allows for a 60-day application period with an announcement date of October 2, 2018.

Date for Information Conference Call
October 4, 2018

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

LOI is not requested or required as part of the application for this NOFO.

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.

Applicants must describe how they will collaborate with programs and organization 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.

Applicants must describe their specific target population(s) in their jurisdiction and explain how such a target will be addressed in response activities. Applicants must also address how they will include specific populations that can benefit from response activities described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

- Describe other information (e.g., measures, data sources).

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

At the time of application, applicants must include in their project narrative a brief description of how they plan to fulfill the requirements described in the Evaluation and Performance Measurement and Project Description sections of this NOFO. Applicants must also briefly outline the scope of work, planned activities, and intended outcomes of work performed via sub-recipient contracts, per domain.

Recipients will work with CDC to develop evaluation and/or performance measurement plans in accordance with supplement guidance that will be issued pursuant to the intent of this NOFO. Recipients will be required to submit, within the first six months after an agreed upon plan approach, a brief evaluation and performance measurement plan, including a DMP, 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.

Applicants must address the organizational capacity requirements as described in the CDC Project Description, as well as provide copies of organizational charts for their public health department to include their emergency management programs (PHEMP) and their IMS structure. A letter signed by the Director of Public Health on departmental letterhead attesting to the existing capacity and capability for rapid procurement, hiring, and contracting is also required.

Applicants must name the files “Health Department Organizational Chart,” “PHEMP Organizational Chart,” “Health Department IMS Structure,” and “Administrative Requirement Capability Letter” Applicants must upload them as PDF files at www.grants.gov.

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.

Recipients must prepare a high-level work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient would plan to achieve the response outcomes, strategies and activities, evaluation and performance measurement. Recipients must name this file “Work Plan” and upload it as a PDF file at www.grants.gov.

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.
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 development of the budget should align to the two components: A and B.

Component A:

In addition to a high level object class budget for early emergency activation activities based on costs estimated from previous responses such as H1N1, Ebola, or Zika as practical, applicants must develop a budget narrative.

The budget narrative for Component A should also be structured at a high level, addressing those concepts of activities linked with strengthening incident management for early crisis response and strengthening jurisdictional recovery planning. It should address how the funding will not be duplicative of other federal funding, e.g., PHEP, ELC, etc; that is it should address new activities; activities that will increase speed, scale, and scope of existing efforts; and other identified issues that the applicant thinks will be critical to responding in the early stages of an emergency. Additionally, Component A funding should address the first 120 days of the response. It should be informed from the use of real costs from previous responses such as H1N1, Ebola, or Zika to the extent practical. Activities that are expected to be continued beyond the 120 days should be rolled into component B starting after the 120 days.

Component B:

The budget narrative for Component B should address high level concepts that address the strategies and activities in the logic model. It should address the elements of the planning scenario, such that activities related to an emerging infectious disease with multiple routes of transmission are accounted for in the proposal. It should address medical countermeasure activities (pharmaceutical and nonpharmaceutical), vector control activities, and an oral prophylaxes component required as a mitigation/intervention activity and the necessary resource elements with which to execute them. It should address areas of public health that will need to be strengthened/surged for the jurisdiction, such as, but not limited to surveillance (human and vector), epidemiology, laboratory, risk communications, emergency response coordination, etc. It should be informed from the use of real costs from previous responses such as H1N1, Ebola or Zika to the extent practical. The budget period for Component B is 12 months starting from the time the award is made.

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

Executive Order 12372 does not apply to this program.

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).

As the funding source for this NOFO is not yet established, and will need to be determined at the time CDC decides to implement the NOFO, additional funding restrictions may be added as required by appropriation language used to make awards.

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.
If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

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).

f. Review and Selection Process

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

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified

electronically if their application does not meet eligibility or published submission requirements.

i. Approach	Maximum Points:33

Identification of gaps:

- How clearly did the work plan identify and quantify existing operational gaps and the root cause of the gaps to be addressed?
- Has the recipient included estimated timelines for completion of all performance and work plan activities as well as obligation and liquidation of funds within the budget and project period? Timelines should be consistent with cycle times identified in recipient jurisdiction's current HPP-PHEP administrative preparedness plan.

ii. Evaluation and Performance Measurement	Maximum Points:33

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

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

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles.
- Provides an organizational chart.

Budget

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

c. Phase III Review

All applicants will be subject to CDC's standard objective review process using the criteria identified above. In order to successfully implement a national strategy to combat public health emergencies, CDC recognizes the need to fund out of rank order based on the nature of the

emergency, geographic need, disease burden, and/or populations disproportionately impacted by public health emergencies.

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

CDC will provide additional information regarding when and how the awards will be announced as determined by the public health emergency. While email from the Grants Management Office will be the official route of communications, additional communications will be made through a variety of media to ensure awareness by health departments that CDC will be implementing the provisions of this NOFO.

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.

As the funding source for this NOFO is not yet established and will need to be determined at the time CDC decides to implement this NOFO, the list of administrative and national policy requirements may need to be amended to bring this NOFO into compliance.

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.

IMPORTANT UPDATE for FOLLOWING SECTION:

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must be prepared to submit the plan **30** days 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.

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.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 release budget guidance documents for the performance measures, including detailed reporting requirements. CDC recommends that awardees reflect performance/program measure requirements, in contracts, memoranda of understanding, and other binding documents with sub-awardees.

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.

As CDC has transitioned to GrantSolutions/Grants Management Module, FFRs must be submitted to assigned OGS grants management specialists. eRA Commons is no longer operable for non-research recipients to submit FFRs.

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).

The Final Performance Report should include information to fulfill any specific reporting requirements in the assistance award, a summary statement of progress toward the achievement of the originally stated aims, a list of the results (positive or negative) considered significant, and a list of publications resulting from the project, with plans, if any, for further publications. An original and two copies of the report are required.

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:

Noelle Anderson, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: 404.772-4630
Email: xwq3@cdc.gov

Grants Staff Contact

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

Shicann Phillips, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Telephone: 770.488.2809
Email: ibq7@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.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: ogstims@cdc.gov

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

UPDATED INFORMATION FOR NOFO (FY2019)

ADDENDUM to Section D. Application and Submission Information; 5. CDC Assurances and Certifications

Duplication of Effort Applicants must avoid a duplication of efforts associated with other federal funding from sources such as FEMA, Stafford Act funding, or other federal program funding. This includes "open" or "working" funding actions associated with this statement. Applicants will provide documentation indicating there is/are no duplication of effort(s).

Following is a COMPLETE list of acceptable attachments applicants must submit for the 2019 FY Crisis Response NOFO.

Fiscal Year 2019 Public Health Crisis Response NOFO	New Applicants	Renewi Applicar
Detailed budget narrative*	✓	
Project abstract*	✓	
Project narrative* - Including work plan	✓	
Organizational chart*	✓	
IMS structure*	✓	
CDC assurances and certification	✓	
SF-424 application for Federal Assistance	✓	✓**
SF-424A budget	✓	✓**
Indirect cost rate agreement	✓	✓**
Administrative capability letter***	✓	✓**
Report on programmatic, budgetary, and commitment overlap	✓	✓**
Response to weaknesses (Using Crisis NOFO application renewal requirements template)		✓

*Not required of renewing applicants unless there are significant changes from FY2018 applications
** Submit a revised version for fiscal year 2019 cycle
*** Letter signed by the public health director on departmental letterhead attesting to the existing capacity and capability for rapid procurement, hiring, and contracting, existing incident management structure for the department's public health emergency management program, organizational chart reflecting public health department's structure and placement of the emergency management program.

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.

Assitance 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 2020: 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