



Centers for Disease Control and Prevention

NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

National Partnerships to Address Prenatal Alcohol and Other Substance Use and Fetal Alcohol
Spectrum Disorders

CDC-RFA-DD22-2201

Application Due Date: May 02, 2022

Table of Contents

A. Funding Opportunity Description	3
B. Award Information	24
C. Eligibility Information	25
D. Required Registrations	27
E. Review and Selection Process	39
F. Award Administration Information	44
G. Agency Contacts	52
H. Other Information	53
I. Glossary	54

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DD22-2201. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

National Partnerships to Address Prenatal Alcohol and Other Substance Use and Fetal Alcohol Spectrum Disorders

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DD22-2201

E. Assistance Listings Number:

93.073

F. Dates:

1. Due Date for Letter of Intent (LOI):

April 01, 2022

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

2. Due Date for Applications:

May 02, 2022

11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:

March 17, 2022

The CDC program will hold an Informational Conference Call for potential applicants to ask questions. Applicants can access the latest information related to the call at <https://www.cdc.gov/ncbddd/fasd/nofo.html>

F. Executive Summary:

Summary Paragraph

This NOFO is intended to build a collaborative framework of national partner organizations that contribute to 1) reducing prenatal alcohol and other substance use, 2) improving support services and access to care, and 3) improving identification and health of children/families with fetal alcohol spectrum disorders (FASDs).

Recipients will develop/foster/expand a multidisciplinary FASD champions network; disseminate evidence-based recommendations/messaging; build capacity to link clinical/public health partners; use innovative strategies to educate organizations' membership; coordinate efforts across/between organizations; integrate lived experiences of families to inform messaging; and evaluate the effectiveness of program strategies. The period of performance outcomes are to demonstrate collaboration between clinical/public health partners; increase use of accurate, innovative, and evidence-based information/resources; increase identification of organizations' members' knowledge, current practices, and organizational needs; improve capacity of state/local networks to reach affected populations with evidence-based messaging/services; increase knowledge of the risks of prenatal alcohol and other substance use; increase integration of evidence-based strategies into clinical practice and non-clinical settings; increase incorporation of prenatal alcohol and substance use content into organizational policies/requirements; and increase linkage of people/families to services.

a. Eligible Applicants:

Open Competition

b. NOFO Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

9

Up to 9 total applicants will be awarded across Component A (up to 6 awards), Component B (up to 3 awards), and Component C (1 award).

d. Total Period of Performance Funding:

\$12,000,000

e. Average One Year Award Amount:

\$333,000

The average one-year award for recipients within each component is as follows:

Component A: \$325,000

Component B: \$325,000

Component C: \$400,000

f. Total Period of Performance Length:

4

g. Estimated Award Date:

August 30, 2022

h. Cost Sharing and / or Matching Requirements:

No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Prenatal alcohol and other substance use as well as fetal alcohol spectrum disorders (FASDs) remain a critical public health issue. Recent data show that nearly 1 in 7 pregnant people report current drinking and about 1 in 20 report binge drinking in the past 30 days. Further, current alcohol use and binge drinking during pregnancy in the US increased slightly from 2011 to 2018. Data also show that polysubstance use is high among those who use alcohol during pregnancy. While few estimates for the full range of FASDs are available, experts estimate that up to 1 in 20 US school children may have FASDs.

From FY2018–FY2022, CDC funded cooperative agreements with national medical and professional societies with memberships who serve people who are or might be pregnant as well as a national partner whose primary focus is FASD prevention and support. This NOFO expands and leverages previous efforts in the following ways:

- Collaboration and coordination remain foundational elements with a multidisciplinary approach to address the mother-infant dyad.
- Non-clinical, public health partners are now integrated to improve access to care, mental health services, and other resources for people who are medically underserved.
- Innovative up-to-date approaches to assessing the state of the science, disseminating data and messages, and updating educational materials are essential.
- Efforts are expanded to include the impact on the mother and infant and to encompass other prenatal substance use.
- A regional and local approach is required to reach communities and individuals at-risk.
- Activities can include early identification and care of children and families with FASDs.

Healthcare professionals are trusted messengers for people trying to become pregnant, those who are pregnant, and those recently pregnant. In addition, parents and caregivers rely heavily on healthcare providers' advice for children. Healthcare professionals trust and rely on information and recommendations from their professional organizations. While healthcare professionals continue to be a priority audience to partner with, people with limited access to health care or who might be distrustful of the medical establishment may rely on advice from other trusted messengers. Previous partnership efforts have focused on medical organizations and been discipline-specific; however, there is a strong need to build a cohesive, multi-disciplinary collaborative to maximize impact.

This NOFO is intended to build a collaborative framework of national partner organizations that contribute to 1) reducing prenatal alcohol and other substance use, 2) improving support services and access to care, and 3) improving identification and health of children/families with FASDs. This NOFO has three components, each designed to serve a different population. Component A will fund entities that engage with healthcare and/or allied health professionals serving people who are or might be pregnant and/or children and families with FASDs. Component B will fund entities with a national and/or regional reach that engage with non-clinical professionals serving maternal and child health populations with limited access to health care. Component C will fund an entity with national reach that engages individuals, families, and communities affected by prenatal alcohol and other substance use and/or individuals with FASDs.

Each recipient will conduct some or all activities tailored to their population and are also expected to work together across NOFO recipients as part of a multidisciplinary collaborative.

b. Statutory Authorities

This program is authorized under Sections 301 and 317C of the Public Health Service Act [42 U.S.C. 241 and 247b-4], as amended

c. Healthy People 2030

This program addresses the Healthy People 2030 focus area of Maternal, Infant, and Child Health, objective MICH-09, increase abstinence from alcohol among pregnant women from 89.3% to 92.2%.

d. Other National Public Health Priorities and Strategies

HHS [Strategic Goal 2, Objective 2.3](#): Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support – “Encourage healthcare providers’ use of screening and brief intervention approaches for alcohol, opioid, and other substance use disorders to reduce...effects of harmful substance use in pregnancy”

HHS [Strategic Goal 3, Objective 3.2](#): Safeguard the public against preventable injuries and violence or their results – “Protect women from harmful exposures before, during, and after pregnancy, such as from...alcohol, opioid, and other harmful substance use, and improve outcomes for newborns and pregnant women”

e. Relevant Work

CDC currently funds:

- [CDC-RFA-DD18-1803](#): Reaching Healthcare Professionals in the Prevention of Fetal Alcohol Spectrum Disorders through National Professional Organizations

- [CDC-RFA-DD18-1801](#): Promoting Resources for Fetal Alcohol Spectrum Disorders Awareness and Prevention

These projects, ending 9/29/2022, have focused on promoting training for healthcare professionals, incorporating FASD prevention content into professional licensure requirements, and integrating and disseminating messaging on FASD prevention.

Additionally, CDC is funding a communication contract through 9/2022 to conduct message testing to improve patient-provider communication on the risks of prenatal alcohol exposure.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DD22-2201 Logic Model: *National Partnerships to Address Prenatal Alcohol and Other Substance Use and Fetal Alcohol Spectrum Disorders*

Component A: Entities to engage with healthcare and/or allied health professionals serving people who are or might be pregnant and/or children and families with FASDs

Component B: Entities with national and/or regional reach that engage with non-clinical professionals who serve maternal and child health populations with limited access to health care

Component C: An entity with national reach that engages with individuals, families, and communities affected by prenatal alcohol and other substance use and/or individuals with FASDs

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Components A, B, and C 1. Participate in a cohesive, multidisciplinary FASD champions network 2. Develop and disseminate messaging through national and regional systems, as well as other networks using evidence-based recommendations 3. Build community, state, and local capacity to link clinical and public health partners to reach affected populations with effective programs and practices 4. Evaluate the effectiveness of program strategies,	-Demonstrated collaboration between clinical and public health partners dedicated to prenatal alcohol and other substance use and FASD-related services -Increased use of evidence-based information and resources about prenatal alcohol and other substance use -Increased identification of organizations'	- Increased knowledge related to the risks of prenatal alcohol and other substance use -Increased integration of evidence-based strategies into clinical practice and non-clinical settings -Increased incorporation of prenatal alcohol and substance	-Reduced use of alcohol and other substances among people who are pregnant or might be pregnant -Improved support services for people who are pregnant or might be pregnant and are using alcohol and

<p>including membership knowledge, practices, referral patterns, and awareness of resources</p> <p>Components A and B Only</p> <p>5. Develop and use innovative, updated methods to educate organizations' members serving populations of reproductive age, including pregnant people, and/or those serving children and families</p> <p>Component C Only</p> <p>6. Coordinate efforts across and between all components to share information and resources and ensure consistent messaging</p> <p>7. Develop and foster a cohesive, multidisciplinary FASD champions network</p> <p>8. Collect and integrate lived experiences of families affected by alcohol and other substance use during pregnancy and FASDs to inform messaging</p>	<p>members' knowledge, current practices, and organizational needs</p> <p>-Improved capacity of state and local networks to reach affected populations with relevant, evidence-based messaging and services</p>	<p>use content related to clinical recommendations and organizational policies into organizational resources, student curricula, or certification requirements</p> <p>-Increased linkage of people at risk of prenatal alcohol and other substance use as well as families living with FASDs to local services, treatment, support groups, prevention programs, and statewide services</p>	<p>other substances</p> <p>-Increased identification of children with FASDs by clinicians</p> <p>-Increased access to evidence-based care and mental health services for pregnant persons using alcohol and other substances and for families living with FASDs</p> <p>-Improved health and quality of life for pregnant persons using alcohol and other substances as well as children with FASDs and their families</p>
--	---	--	---

i. Purpose

This NOFO is intended to build a collaborative framework of national partner organizations that contribute to 1) reducing prenatal alcohol and other substance use, 2) improving support services and access to care, and 3) improving identification and health of children and families with FASDs.

ii. Outcomes

During the period of performance, concrete evaluation data should be collected related to the short-term and intermediate outcomes; however, achieving long-term outcomes in the logic model is not required, because they represent the ultimate impact to which the strategies and activities will contribute. Although CDC will be responsible for measuring the long-term outcomes, recipients will contribute to the long-term outcomes by implementing the NOFO strategies/activities and demonstrating measurable progress towards achieving the short-term and intermediate outcomes of the NOFO logic model. Each recipient will complete specific activities that pertain to a group of outcomes in the logic model, which are outlined below. All strategies may not have both a short-term and intermediate outcome. Example measures that may provide qualitative and/or quantitative data for these outcomes are further described in section (b)(i) *CDC Evaluation and Performance Measurement Strategy*.

Expected short-term outcomes (STO) and intermediate outcomes (IO) include the following:

Strategies: 1. Participate in a cohesive, multidisciplinary FASD champions network; 6. Coordinate efforts across and between all components to share information and resources and ensure consistent messaging; and 7. Develop and foster a cohesive, multidisciplinary FASD champions network

- **STO:** Demonstrated collaboration between clinical and public health partners dedicated to prenatal alcohol and other substance use and FASD-related services
- **IO:** Increased integration of evidence-based strategies into clinical practice and non-clinical settings

Strategies: 2. Develop and disseminate messaging through national and regional systems, as well as other networks using evidence-based recommendations about prevention of alcohol and other substance use among people who are pregnant or might be pregnant and promoting early identification and management of children living with FASDs

- **STO:** Increased use of evidence-based information and resources about prenatal alcohol and other substance use
- **IO:** Increased integration of evidence-based strategies into clinical practice and non-clinical settings

Strategy: 3. Build community, state, and local capacity to link clinical and public health partners to reach affected populations with effective programs and practices

- **STO:** Improved capacity of state and local networks to reach affected populations with relevant, evidence-based messaging and services
- **IO:** Increased linkage of people at risk of prenatal alcohol and other substance use as well as families living with FASDs to local services, treatment, support groups, prevention programs, and statewide services

Strategy: 4. Evaluate the effectiveness of program strategies, including membership knowledge, practices, referral patterns, and awareness of resources

- **STO:** Increased identification of organizations' members' knowledge, current practices, and organizational needs

Strategy: 5. Develop and use innovative, updated methods to educate organizations' members serving populations of reproductive age, including pregnant people, and/or those serving children and families

- **STO:** Increased use of evidence-based information and resources about prenatal alcohol and other substance use
- **IO:** Increased knowledge related to the risks of prenatal alcohol and other substance use
- **IO:** Increased incorporation of prenatal alcohol and substance use content related to clinical recommendations and organizational policies into organizational resources, student curricula, or certification requirements

Note: Strategy 4. *Evaluate the effectiveness of program strategies, including membership knowledge, practices, referral patterns, and awareness of resources* is cross-cutting and has application across all other strategies. It is most closely aligned with **STO: Increased identification of organizations' members' knowledge, current practices, and organizational needs**, which will help establish a baseline for other outcomes to be measured during the period of performance.

iii. Strategies and Activities

The Strategies and Activities of this NOFO include those that are listed in the Strategies and Activities column in the logic model above and are restated here with additional detail. Each recipient will conduct some or all activities tailored to their population and are also expected to collaborate and coordinate across NOFO recipients as part of a multidisciplinary collaborative.

Component A: Entities that engage with healthcare and/or allied health professionals serving people who are or might be pregnant and/or children and families with FASDs

Component B: Entities with a national and/or regional reach that engage with non-clinical professionals who serve maternal and child health populations with limited access to health care

Component C: An entity with national reach that engages with individuals, families, and communities affected by prenatal alcohol and other substance use and/or individuals with FASDs

Components A, B, and C

1. Participate in a cohesive, multidisciplinary FASD champions network to galvanize support for and share messaging and resources about prevention of prenatal alcohol and other substance use as well as early identification and management of children living with FASDs.

- a. Participate in champions consortium activities with other organizational champions, including national, regional, and local meetings.
- b. Disseminate messaging within their organizations, health systems, or clinics.

- i. Amplify recommendations, resources, and messaging through social media to peers.
- ii. Leverage partners and networks to share messaging and materials and expand the reach of program activities.
- c. Identify subject matter experts (SMEs) for presentations and media opportunities (both traditional and digital platforms).
- d. Collect and share promising practices for integrating alcohol screening and brief intervention into electronic health records and clinical workflow.

2. Develop and disseminate messaging through national and regional systems, as well as other networks using evidence-based recommendations about prevention of alcohol and other substance use among people who are pregnant or might be pregnant and promoting early identification and management of children living with FASDs.

- a. Use evidence-based recommendations and messages and disseminate them to members and partners, via organizational websites, journals, social media, newsletters, webinars, and/or email blasts. Distribute resources nationally, regionally, and at a health system level.
- b. Integrate evidence-informed messages into existing health education materials for populations served and educational activities for organizations' membership.
- c. Conduct or attend virtual or in-person events (as appropriate) to disseminate messaging.
- d. Disseminate messaging and resources to people who are pregnant or might be pregnant as well as their partners and families with FASDs via social media, factsheets, infographics, patient portals, digital newsletters, waiting rooms, awareness events, and other indicated modalities. Leverage advancements in telehealth, as appropriate, and virtual communication to share messaging and resources.
- e. Consider partnering with digital platforms that are trusted sources of information for populations of reproductive age/pregnant people or social media influencers to share information and resources.
- f. Tailor strategies and scripts for discussing substance use with people who are pregnant or might be pregnant and empathetic talking points for how to ask about substance use, including confidentiality, and how to access mental health and other resources.
- g. Identify and distribute resources to connect people who screen positive with appropriate brief intervention, or if needed, with services in the community, such as referral to treatment.
- h. Draft joint statements and evidence-based recommendations with collaborating professional/partner groups.

3. Build community, state, and local capacity to link clinical and public health partners to reach affected populations with effective programs and practices.

- a. Mobilize partners and collaborators to share messaging and resources to prevent prenatal alcohol and other substance use and facilitate early identification and management of children and families living with FASDs.
- b. Collaborate across components to promote resources and contribute to a directory of national, state, and community-based organizations that offer prevention, screening, diagnosis, and/or treatment services.
- c. Build, adapt, or promote resources to connect people with services in the community, such as referral to mental health services and substance use treatment.

4. Evaluate the effectiveness of program strategies, including membership knowledge, practices, referral patterns, and awareness of resources.

- a. Develop and implement a plan for identifying best practices and measuring effectiveness of strategies to measure impact of efforts.
- b. Assess knowledge and practices of organization membership by implementing a mixed-method approach to assess a representative sample of members about knowledge, attitudes, referral patterns, awareness of recommendations and resources, practices, and training about the prevention of prenatal alcohol and other substance use and/or identification and management of children living with FASDs.
- c. Use assessment information to tailor programmatic activities and evaluate change in knowledge or practices over time.
- d. Disseminate promising strategies/practices, effective organizational policies, and share lessons learned.
- e. Develop an evaluation summary to guide and continuously improve program activities.
- f. Assess value of current and future educational offerings and identify opportunities to improve these, improve dissemination to new audiences, and measure longitudinal impact.

Components A and B Only

5. Develop and use innovative, updated methods to educate organizations serving populations of reproductive age, including pregnant people, and/or those serving children and families about prenatal alcohol and other substance use, screening and brief intervention for alcohol and other substances, and identification and management of children living with FASDs.

- a. Promote evidence-based recommendations and adapt existing messaging into innovative educational offerings that resonate best with each audience (e.g., podcasts, blogs, journal articles) based on assessment of members' knowledge gaps and needs.
- b. Identify and integrate evidence-based recommendations or policies into educational offerings for:
 - i. Practicing clinicians, medical and allied health students, residents (e.g., work with individual resident education groups for specific specialties, such as the Council on Resident Education in Obstetrics and Gynecology (CREOG) for ob-gyns, to have

training about the prevention of prenatal alcohol and other substance use added as a graduation requirement), and other trainees. (Component A)

- ii. Non-clinical professionals serving maternal child health populations with limited access to health care. (Component B)
- c. Develop interactive materials for presentation at national, regional, and local meetings and publish in relevant newsletters or other venues to disseminate information.
- d. Develop and implement engaging continuing education opportunities nationally, regionally, and at a health system level.
- e. Identify opportunities to incorporate evidence-based recommendations into re-certification requirements with content related to alcohol, alcohol screening and brief intervention, prenatal alcohol and other substance use, and early identification and management of children living with FASDs.

Component C Only

6. Coordinate efforts across and between all components to share information and resources and ensure consistent messaging.

- a. Develop and coordinate a national meeting with recipients of all NOFO components to occur at least yearly and regional meetings to occur periodically.
- b. Serve as a national FASD Resource and Information Center to promote, coordinate, and disseminate up-to-date evidence, practices, and messaging at a national, regional, and local level.
- c. Maintain and expand a national-level directory to connect various audiences with local resources and services related to prenatal alcohol and other substance use, identification and diagnosis of FASDs, treatment for individuals and families living with FASDs, support groups, prevention programs, and statewide services.

7. Develop and foster a cohesive, multidisciplinary FASD champions network with demonstrable impact in galvanizing support for and sharing messaging and resources about prevention of prenatal alcohol and other substance use as well as early identification and management of children living with FASDs.

- a. Develop a strategy for building a national FASD champions consortium with regional reach, including a work plan and efforts to effectively use champions across organizations and within jurisdictions.
- b. Develop and expand a network of new and existing FASD champions from Components A and B for prevention of prenatal alcohol and other substance use as well as early identification, and management of children with FASDs at the national, regional, health system and local level.
- c. Convene the FASD champions consortium regularly to foster collaboration across the various disciplines and recipients.

- d. Facilitate co-presentation of persons with lived experience alongside champions during educational opportunities to address prenatal alcohol and other substance use as well as FASD awareness, prevention, and treatment.

8. Collect and integrate lived experiences of families affected by alcohol and other substance use during pregnancy and FASDs to inform messaging.

- a. Support various dissemination channels to share personal stories about the impact of prenatal alcohol and other substance use, FASDs, and recovery from alcohol/substance use disorder to reduce stigma and inspire hope.
- b. Build a cohort of people with lived experience willing to be consulted to help inform access to services, recommendations, messaging, dissemination, and programmatic activities.
- c. Incorporate shared lived experiences with champions efforts and needs at the national, regional, and local level.
- d. Work with the media to portray accurate prevention and health messages concerning prenatal alcohol and other substance use as well as the prevention and treatment of FASDs, including both reactive and proactive approaches.

1. Collaborations

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

Collaboration is an essential element of this NOFO. Recipients will be required to collaborate within and across NOFO components.

Recipients will also be expected to collaborate with other CDC-funded FASD-related efforts, including:

American Academy of Pediatrics, funded through CDC-RFA-OT18-1802: *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health* and any entity funded in the future to primarily reach pediatric providers.

b. With organizations not funded by CDC:

Applicants should describe the specific agencies and organizations, including state, local, and/or community-based organizations, with whom the applicant currently or previously collaborated on FASD- and/or prenatal substance-related issues and identify other organizations expected to join in the network to accomplish the proposed activities. Recipients should establish, build, and/or maintain collaborative relationships that will support the implementation of the proposed strategies and activities to maximize public health impact and contribute to long-term goals. Recipients should consider collaborating with other federally funded efforts, such as those funded by agencies within the Interagency Coordinating Committee on Fetal Alcohol Spectrum Disorders (ICCFASD)—e.g., the Health Resources and Services Administration's (HRSA) [cooperative agreement with a focus on FASDs](#).

2. Target Populations

Applicants for **Component A** must target a specific healthcare professional or allied health specialty on a national level with the capacity for extensive partnership and widespread dissemination of resources nationally and regionally. Each applicant must identify and target only one professional specialty—e.g., emergency medicine, family medicine, medical assisting,

behavioral health, nursing, obstetrics and gynecology, social work, or medical or nursing students.

Applicants for **Component B** must target maternal and child health populations, particularly with a focus on prioritizing access to care, mental health services, and other resources for underserved populations.

Applicants for **Component C** must engage with individuals, families, and communities affected by prenatal alcohol and other substance use and individuals with FASDs and/or who have an interest in FASDs on a national and regional/local scale.

a. Health Disparities

All applicants should provide information on how they will ensure that activities include diverse representation to serve populations of interest. Recipients should consider the spectrum of people who are at risk of prenatal alcohol and other substance use and who are at risk of having FASDs and be sure to prioritize those at greatest risk for adverse outcomes with their specific programmatic activities.

Component B of this NOFO is intended to target entities that engage with individuals focused on underserved populations, particularly pregnant people and families with limited access to health care. Component C activities aim to involve people with lived experience willing to be consulted to help inform access to services, recommendations, messaging, dissemination, and programmatic activities.

iv. Funding Strategy

Applicants can only apply for **one** component.

Component A: Up to six awards will be funded to entities serving healthcare and/or allied health professionals. Component A recipients are expected to address all the strategies listed in the logic model and in the Strategies and Activities section of the NOFO 1) in the section marked for Components A, B, and C and 2) in the section marked for Components A and B only. Component A recipients will be funded up to \$325,000 for Year 1. Funding award ceilings for Years 2, 3, and 4 are not set.

Only one Component A applicant will be funded focused on any one specific healthcare professional or allied health specialty—e.g., emergency medicine, family medicine, medical assisting, behavioral health, nursing, obstetrics and gynecology, social work, or medical or nursing students.

Component B: Up to three awards will be funded to entities with a national and/or regional reach who serve maternal and child health populations with limited access to health care. Component B recipients are expected to address all the strategies listed in the logic model and in the Strategies and Activities section of the NOFO 1) in the section marked for Components A, B, and C and 2) in the section marked for Components A and B only. Component B recipients will be funded up to \$325,000 for Year 1. Funding award ceilings for Years 2, 3, and 4 are not set.

Component C: One award will be funded to an entity with national and/or regional reach that

serves individuals, families, and communities affected by prenatal alcohol and other substance use and/or individuals with FASDs. The Component C recipient is expected to address all the strategies listed in the logic model and in the Strategies and Activities section of the NOFO 1) in the section marked for Components A, B, and C and 2) in the section marked for Component C only. The Component C recipient will be funded up to \$400,000 for Year 1. Funding award ceilings for Years 2, 3, and 4 are not set.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

The CDC's monitoring and evaluation (M&E) strategy for tracking recipients' performance of implementing strategies/activities and achieving the program outcomes (short-term and intermediate) of this NOFO will use both process and outcome evaluation consistent with the logic model/approach presented earlier. Evaluation and performance measurement helps CDC and recipients demonstrate achievement of proposed program outcomes to relevant stakeholders and the value of the NOFO in contributing to the long-term goals, which CDC is responsible for measuring. Additionally, evaluation can provide insight into programmatic activities of the NOFO that are effective, identify barriers and facilitators to program implementation, and help build evidence towards the desired NOFO outcomes, which facilitates continuous program improvement.

The applicant must describe in the budget narrative how they will use the DD22-2201 funds allocated to support evaluation activities with staff supporting the project at a minimum of 25% time.

Key evaluation questions that may be answered include, but are not limited to the following:

- To what extent can collaboration between national organizations improve members' knowledge about the risks of prenatal alcohol and other substance exposure?
- To what extent can clinical and public health partners collaborate within a multidisciplinary network to promote evidence-based recommendations and messages about prenatal alcohol and other substance use and FASDs?
- To what extent has messaging and resources about prenatal alcohol and other substance use and FASDs reached affected populations at the regional, state, or local level?
- To what extent has messaging and resources about prenatal alcohol and other substance use and FASDs reached organizations' members?
- To what extent are evidence-based strategies for the prevention of prenatal alcohol and other substance use being integrated into clinical practice and non-clinical settings?
- To what extent are the activities contributing to reducing prenatal alcohol and other substance exposure during pregnancy?
- To what extent are the activities contributing to increasing early identification and management of children living with FASDs?

Process Evaluation Measures

For the following strategies found in the NOFO logic model, CDC has provided example process measures that can be used by recipients to describe how they will monitor and report

performance measurement data annually.

Components A, B, and C

Strategy 1: Participate in a cohesive, multidisciplinary FASD champions network

- Example Process Measure: Number of organization members who actively participate in the FASD champions network
- Example Process Measure: Member documentation of the types of dissemination activities used in the champions network

Strategy 2: Develop and disseminate messaging through national and regional systems, as well as other networks using evidence-based recommendations

- Example Process Measure: Number of people reached through electronic dissemination of evidence-based recommendations
- Example Process Measure: Number of joint statements drafted between organizations in the champions network

Strategy 3: Build community, state, and local capacity to link clinical and public health partners to reach affected populations with effective programs and practices

- Example Process Measure: Number of collaborative activities completed between clinical and public health partners
- Example Process Measure: Number of people from target populations who are reached through collaborative activities

Strategy 4: Evaluate the effectiveness of program strategies, including membership knowledge, practices, referral patterns, and awareness of resources

- Due to the cross-cutting application of this strategy, no additional process measures are expected

Components A and B Only

Strategy 5: Develop and use innovative, updated methods to educate organizations' members serving populations of reproductive age, including pregnant people, as well as those serving children and families

- Example Process Measure: Number of clinical, public health, or community-based organizations' staff who report participating in an innovative educational opportunity related to the prevention of alcohol or other substance use exposure during pregnancy
- Example Process Measure: Documentation from collaborating organizations on the types of innovative methods implemented

Component C Only

Strategy 6: Coordinate efforts across and between all components to share information and resources and ensure consistent messaging

- Example Process Measure: Number of people accessing a national-level directory online
- Example Process Measure: Number of total downloads from the FASD Resource and Information Center

Strategy 7: Develop and foster a cohesive, multidisciplinary FASD champions network

- Example Process Measure: Documentation of strategy, within the workplan, to effectively use champions across organizations and within jurisdictions
- Example Process Measure: Meeting notes or high-level themes from regular convenings of the FASD champions consortium

Strategy 8: Collect and integrate lived experiences of families affected by alcohol and other substance use during pregnancy and FASDs to inform messaging

- Example Process Measure: Number of family stories disseminated about lived experiences with alcohol and other substance use during pregnancy and/or FASDs
- Example Process Measure: Number of individuals or families engaged to share lived experiences in collaboration with the FASD champions network

Outcome Evaluation Measures

For the following outcomes found in the NOFO logic model, CDC has provided example outcome measures that can be used by recipients in describing how they will monitor and report performance measurement data annually.

STO: Demonstrated collaboration between clinical and public health partners dedicated to prenatal alcohol and other substance use and FASD-related services

- Example Outcome Measure: Documentation of the types of promising practices shared within the champions network on integration of evidence-based strategies and resources into clinical or non-clinical activities
- Example Outcome Measure: Documentation of how champions are being utilized across organizations and within jurisdictions

STO: Increased use of evidence-based information and resources about prenatal alcohol and other substance use

- Example Outcome Measure: Number of organizations that incorporate evidence-based information about prenatal alcohol and other substance use into policy documents
- Example Outcome Measure: Number of evidence-based resources downloaded on provider websites about prenatal alcohol and other substance use

STO: Increased identification of organizations' members knowledge, current practices, and organizational needs

- Example Outcome Measure: Documentation of organizations' needs related to prenatal alcohol and other substance use resources before and after implementing NOFO strategies
- Example Outcome Measure: Documentation of clinicians' practices related to prevention, identification, support, and care of pregnant people and/or children before and after implementing NOFO strategies

STO: Improved capacity of state and local networks to reach affected populations with relevant, evidence-based messaging and services

- Example Outcome Measure: Documentation of the types of organizational changes to enhance capacity at the state and/or local level
- Example Outcome Measure: Number of memorandums of understanding (MOUs) in place between clinical and public health partners to facilitate referral to services, like mental health services and/or substance use treatment

IO: Increased knowledge related to the risks of prenatal alcohol and other substance exposure

- Example Outcome Measure: Percentage of organizations' members surveyed who improve their scores on prenatal alcohol and other substance use assessment from pre- and post-testing
- Example Outcome Measure: Number of clinicians who report awareness of mental health, substance treatment, and/or early intervention resources in their community to refer pregnant people and families

IO: Increased integration of evidence-based strategies into clinical practice and non-clinical settings

- Example Outcome Measure: Number of clinicians reporting that a protocol is in place in their practice to screen all patients for excessive alcohol use
- Example Outcome Measure: Percentage of patients who receive an intervention after a positive screen

IO: Increased incorporation of prenatal alcohol and substance use content related to clinical recommendations and organizational policies into organizational resources, student curricula, or certification requirements

- Example Outcome Measure: Number of organization members who report obtaining continuing education credits from [CDC's online FASD trainings](#)
- Example Outcome Measure: Number of graduate education programs that add training on risks of prenatal alcohol and substance use as a graduation requirement

IO: Increased linkage of people with risk of prenatal alcohol and other substance use as well as families living with FASDs to local services, treatment, support groups, prevention programs, and statewide services

- Example Outcome Measure: Documentation from clinical or public health partners on the types of referrals made to connect individuals to services, treatment, or programs
- Example Outcome Measure: Number of national, state, and community-based organizations included in an online resource directory

Evaluation Technical Assistance

CDC will work with recipients in the first 6 months of the period of performance to finalize an evaluation plan (see NOFO section (b)(ii), Applicant Evaluation and Performance Measurement Plan) that is consistent with their final DD22-2201 work plan and the M&E strategy. CDC will also provide information to funding recipients on the timeline to report performance measurement data through required annual progress reporting (see NOFO section (F) Award

Administration Information (3. Reporting)). Technical assistance will be provided by CDC to recipients about collecting, using, and submitting quantitative and qualitative M&E data on an ongoing basis throughout the period of performance.

Evaluation Findings

The proposed M&E strategy will be used to determine if NOFO strategies and activities are scalable and effective at reaching priority populations. Evaluation findings will be used to inform programmatic planning and to guide technical assistance that CDC will provide to recipients.

Data collection and reporting will be limited to data that will be analyzed and used by CDC and recipients for program monitoring and quality improvement. Recipients will submit to CDC the required M&E data on the implementation of strategies/activities for their specific component. Recipients will be expected to collect and report both qualitative and quantitative performance measurement data that will be finalized by CDC with input from funding recipients.

Evaluation data provided to CDC will be aggregated to highlight similar data on performance measures across components and help generate annual evaluation reports regarding program implementation, barriers and facilitators, as well as outcomes achieved related to this NOFO. The annual evaluation report will highlight key measures of performance for individual recipients under each component, as well as the combined performance across each component of the NOFO. Performance measurement data will be shared with recipients at least annually in the evaluation report. Evaluation findings may be repurposed for sharing in different formats and settings including at national conferences, through publication in peer-reviewed journals, and via online reports.

Data Management Plan

Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required for this NOFO.

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 the 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) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. 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/additional-requirements/ar-25.html>.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant 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.

CDC and recipients may determine the need to update their organization's evaluation and performance measurement plan during the period of performance. Recipients can submit an updated evaluation plan in the appendix of their annual continuation applications and should note where changes have been made to the plan since the first submission in budget year 1.

c. Organizational Capacity of Recipients to Implement the Approach ***Components A, B, C***

The applicant should demonstrate experience and capacity to carry out and evaluate the strategies and activities described within the NOFO. This information must be described in the project narrative. At a minimum, all Component A, Component B, and Component C applicants must:

- Demonstrate their ability to conduct the activities of the cooperative agreement by describing their previous relevant experience, expertise, and capacity, particularly in the following areas. Examples and impact of experiences are encouraged:
 - o Ability to establish and maintain partnerships and collaborations with national, regional, and local groups or organizations to inform and implement programmatic activities.
 - o Ability to gather, analyze, interpret, and use evidence-based or evidence-informed strategies and best practices.
 - o Ability to manage complex programs and resources, including the administrative, financial, and staff support necessary to sustain activities.
 - o Experience serving or working with the target populations selected and examples of outcomes or benefits that were demonstrated as a result of this work.
- Describe their ability to identify and recruit qualified personnel, including credentials and appropriate experience to fill key positions and begin project activities in a timely fashion.
- Describe all project staff, regardless of their funding source. Descriptions should include professional title, relevant qualifications and experience, percentage of time devoted to the project, as well as the portion of their salary to be paid by the cooperative agreement.
- Describe their ability to evaluate project efforts and utilize data to monitor progress and

identify areas for improvement. The applicant is required to identify and recruit an evaluator to manage the project evaluation plan (minimum: 25% time).

All applicants must describe (in the Project Narrative) an adequate staffing plan, brief job descriptions for proposed NOFO-funded personnel, and a project management structure that clearly defines staff roles and a reporting structure. Applicants must provide (as attachments) CVs/resumes for proposed NOFO-funded personnel and an overall organizational chart for their organization and other relevant organizations involved in the project. Applicants must name the attachments “CVs/Resumes” and “Organizational Charts” and upload them as PDF files under “Other Attachment Forms” at www.grants.gov.

Additionally, organizational capacity requirements apply to applicants for specific components as follows:

Component A

- Each applicant must identify and target only one professional specialty—e.g., emergency medicine, family medicine, medical assisting, behavioral health, nursing, obstetrics and gynecology, social work, or medical or nursing students. All applicants must either have the capacity to reach their selected specialty or must propose to work with one of these professional specialties outside of their organizational structure.
- To achieve national coverage, the organization should have regional or state offices or chapters and describe how these chapters work together to reach members across the nation and likewise, how national strategies and activities have regional and local reach/influence. Members should be involved in the clinical care and/or provide mental health services for people who are or might be pregnant and/or children living with FASDs.
- For applicants that represent the professional specialty they are aiming to reach:
 - o Applicants should include their organization’s mission statement within the Project Narrative and describe the organization’s structure and its processes for ensuring local, state, and national members’ needs are addressed.
- For applicants proposing to work with a professional specialty outside of their organizational structure:
 - o Applicants should refer to the professional specialty that their partner organization has within its mission the capacity to reach on a national basis. The partner organization’s mission statement should be included within the Project Narrative as well as description of the organization’s structure and its processes for ensuring that local, state, and national members’ needs are addressed.
 - o Applicants should provide a Memorandum of Agreement (MOA) from the partner organization that describes its history of working collaboratively to achieve similar outcomes, if applicable, and a commitment to collaborate with the applicant to conduct the activities of the NOFO if funded. Applicants should name it “MOA” and upload it as a PDF file under “Other Attachment Forms” at www.grants.gov.

Component B

- Applicants under Component B should describe engagement with the maternal and child health community, specifically more underserved populations and those not typically in traditional health care. Examples of non-traditional health care could include, but are not limited to, organizations with membership comprised of community health workers, maternal and child health programs, perinatal quality collaboratives, or early intervention programs.
- Applicants should include their organization's mission statement within the Project Narrative and describe the organization's structure and its processes for ensuring local, state, and national members' needs are addressed.
- To achieve national coverage, applicants should have regional or state offices or chapters and describe how these chapters work together to reach members across the nation and likewise, how national strategies and activities have regional and local reach/influence.

Component C

- Provide their mission statement within the Project Narrative reflecting that their work and priorities include a focus on the prevention of prenatal alcohol and other substance use and support for individuals with FASDs and their families.
- Describe the organization's existing network of state and/or local organizations dedicated to FASD-related services.
- Describe relevant FASD-related national- and state-level experience, leadership, capacity, and infrastructure to successfully conduct proposed activities.
- Describe experience convening and coordinating activities of partner organizations, including other federally funded projects, through a collaborative framework.
- Describe existing relationships and experience with national professional organizations in collaborating to reduce stigma around prenatal alcohol and other substance use and FASDs through use of persons with lived experience to share their stories in educational venues for healthcare providers.

d. Work Plan

Applicants are required to provide a work plan that provides both a detailed description of the first year of the award and a high-level overview of the entire four (4)-year period of performance. The first-year work plan should incorporate all NOFO-related program strategies and activities with a concise description of how the recipients plan to implement the activities for their component and monitor the work with the appropriate measures. Work plans will allow CDC project officers and recipients to monitor (a) implementation of project strategies and activities (i.e., process evaluation) and (b) progress toward achieving period-of-performance outcomes (i.e., outcome evaluation).

A sample work plan format is presented below. In this format, the table would be completed for each of the project strategies. While this format is not required, it may simplify development of the work plan and help ensure that it includes all required information in an easy-to-follow format. If a particular strategy leads to multiple outcomes (short-term and/or intermediate), it should be described with multiple outcome measures.

Post-award, recipients will refine and finalize the first-year work plan in collaboration with CDC within the first 3 months of award to better align with the required reporting needs established in the NOFO (*see section 3. Reporting*). Work plans should also be updated annually and submitted as part of the Annual Performance Report.

Strategy: <i>[from Approach section]</i>			
Outcome Measure(s): <i>[from Evaluation and Performance Measurement section]</i>			1.
			2.
			3.
Activities: <i>[from Approach section]</i>	Start Date	End Date	Responsible Person/Party
1.			
2.			
3.			
4.			
5.			
Process Measures: <i>[from Evaluation and Performance Measurement section]</i>			1.
			2.
			3.
High-level summary (Years 2-4)			

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.

In addition to those listed, other activities deemed necessary to monitor the award may be applied.

- Monitor recipient program performance via use of multiple approaches, such as site visits, emails, conference calls, and standardized review of performance reports and other data reports, to support program development, implementation, evaluation, and improvement.

Priority Measures

CDC and the recipients will spend the first 6-months of the period of performance finalizing the performance monitoring and accountability approach. Although a list of measures has been provided in section (b.) (i.) CDC Evaluation and Performance Measurement Strategy, CDC and recipients will finalize a subset of priority measures that are feasible for recipients to collect and report on throughout the period of performance.

Recipient Feedback

Performance feedback will be shared with individual recipients at least annually in the form of an annual evaluation report, upon CDC review of end-of-year performance measurement data. As the annual evaluation report is being developed, CDC will work with recipients to answer questions and provide feedback related to any data that are submitted. The annual evaluation report will include key individual recipient and aggregated recipient data across components to help CDC and recipients understand the overall performance of the NOFO. The evaluation report will serve as another opportunity to provide feedback to recipients on areas that may be improved upon each budget period to support ongoing program improvement and reporting.

f. CDC Program Support to Recipients

In a cooperative agreement, CDC staff will be substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

- Within the first six (6 months) of funding, CDC will work with recipients to finalize an evaluation plan to describe evaluation methods, data collection, use, and data submission requirements.
- Provide guidance and coordination to funded organizations to improve the quality and effectiveness of work plans, evaluation strategies, products, and collaborative activities with other funded organizations.
- Collaborate, as appropriate, in assessing progress toward meeting strategic objectives and in using established performance measurement and grants management systems for documenting progress to understand performance improvements and best or promising practices.
- Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation (M&E) activities.

B. Award Information

1. Funding Instrument Type:

CA (Cooperative Agreement)

CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:

U84

Cooperative Agreements for Fetal Alcohol Syndrome Prevention Research Programs

3. Fiscal Year:

2022

Estimated Total Funding:

\$12,000,000

4. Approximate Total Fiscal Year Funding:

\$3,000,000

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:

\$12,000,000

6. Total Period of Performance Length:

4

year(s)

7. Expected Number of Awards:

9

Up to 9 total applicants will be awarded across Component A (up to 6 awards), Component B (up to 3 awards), and Component C (1 award).

8. Approximate Average Award:

\$333,000

Per Budget Period

The average one-year award for recipients within each component is as follows:

Component A: \$325,000

Component B: \$325,000

Component C: \$400,000

9. Award Ceiling:

\$0

Per Budget Period

Estimated Year 1 Award Ceiling

Component A: \$325,000

Component B: \$325,000

Component C: \$400,000

These amounts are subject to the availability of funds.

Future funding levels will be dependent on funding availability. Therefore, Year 2, Year 3 and Year 4 Award Ceilings are not set.

10. Award Floor:

\$0

Per Budget Period

11. Estimated Award Date:

August 30, 2022

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).

12. Budget Period Length:

12 month(s)

13. Direct Assistance

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

11 (Native American tribal organizations (other than Federally recognized tribal governments))

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

Additional Eligibility Category:

Government Organizations:

State (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 Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

State controlled institutions of higher education

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

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities

Community-based organizations

Faith-based organizations

2. Additional Information on Eligibility

The NOFO has three components: A, B, and C. Eligible applicants may only apply for Component A, Component B, or Component C. If an applicant submits multiple applications, all applications will be deemed non-responsive and none will receive further review.

In the “Descriptive Title of Applicant’s Project” on the SF-424 form, applicants must identify the component to which they are applying.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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.

PLEASE NOTE: For applications due on or after April 4, 2022, applicants must have a unique entity identifier (UEI) at the time of application submission (SF-424, field 8c). In preparation for the federal government’s April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), applicants must obtain a UEI. The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and grants.gov. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available on the [GSA website](https://www.gsa.gov), [SAM.gov](https://sam.gov), and [Grants.gov-Finding the UEI](https://www.grants.gov).

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number to register in SAM.gov prior to April 4, 2022. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

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](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 and a Unique Entity Identifier (UEI). 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 [SAM.gov](https://sam.gov) and the [SAM.gov Knowledge Base](https://sam.gov/knowledge-base).

c. [Grants.gov](https://www.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) (Required until April 4, 2022)	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)	<p>1. Retrieve organizations DUNS number (required until April 4, 2022)</p> <p>2. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.</p>	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/home.do Calls: 866-606-8220
3	Grants.gov	<p>1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)</p> <p>2. Once the account is set up the E-BIZ POC will be notified via email</p> <p>3. Log into grants.gov using the password the E-BIZ POC received and create new password</p> <p>4. This authorizes the AOR to submit applications on behalf of the organization</p>	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent: April 01, 2022

The LOI date will generate once the Synopsis is published if Days or a Date are entered. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

b. Application Deadline

Due Date for Applications May 02, 2022

11:59 pm 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.

March 17, 2022

Due Date for Information Conference Call

The CDC program will hold an Informational Conference Call for potential applicants to ask questions. Applicants can access the latest information related to the call at <https://www.cdc.gov/ncbddd/fasd/nofo.html>

5. Pre-Award Assessments

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

Recommended but not required by April 1, 2022

A Letter of Intent (LOI) is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of applications and plan for their review.

Please include the following information in the LOI:

1. Number and title of this NOFO;
2. Descriptive title of the proposed project (including for which component you are applying);
3. Description of the target audience(s) you are proposing to reach (for Component A, this means which specific healthcare professional or allied health specialty);
4. Name, address, telephone number, and email address of the Principal Investigator or Project Director; and
5. Name, address, telephone number, and email address of the primary contact for writing and submitting the application.

The LOI must be sent via email to:

Kellianne King, Project Officer

CDC/NCBDDD/DBDID
Re: CDC-RFA-DD22-2201
Telephone: 404-718-8961
Email: hnh3@cdc.gov

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

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

Multi-component NOFOs may have a maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. 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.

Page Limit:

Although section **10. Project Narrative** provides instructions for the page limit for multi-component NOFOs, applicants will have a maximum of 20 pages for the Project Narrative which should be single-spaced, with 12-point font, 1-inch margins, and all pages numbered. The 20-page limit includes the work plan. Content beyond the specified page number will not be reviewed. Please also see section **H. Other Information** for additional information about the Project Narrative.

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 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 period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

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 period of performance. (See CDC Project Description: Strategies and Activities section.)

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of

Management and Budget. For further information about CDC's requirements under PRA see <https://www.cdc.gov/od/science/integrity/reducePublicBurden/>.

- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file

at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Pilot Program for Enhancement of Employee Whistleblowers 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.

13a. 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 45 CFR 75 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.

13b. 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.

13c. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the 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/additional-requirements/ar-25.html>.

14. 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.

15. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can

complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

<https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=GetStarted%2FGetStarted.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 via email.

E. Review and Selection Process

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

a. Phase I Review

All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by 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: 40

Components A, B, C

The extent to which the applicant:

1. (5 points) Describes relevant background information, including the context of the problem.
2. (2 points) Includes a 2-3 sentence purpose statement describing specifically how they will address the problem as described in the Background section.
3. (1 point) Clearly identifies if the application is for Component A, B, or C.
4. (6 points) Addresses all of the strategies that are identified as being relevant to all components as well as the additional strategies specific to the individual component.
5. (5 points) Provides a high-level overview of strategies/activities to be completed across the period of performance.
6. (10 points) Provides a detailed Year 1 work plan that includes strategies, activities, person(s) responsible, partners, process measures, outcome measures, and baseline and target data (if appropriate) for each measure addressed, which should align with the selected application component.

7. (6 points) Describes how they will collaborate with programs and organizations either internal or external to CDC, including letters of support, MOUs, or MOAs from major partners, if appropriate.
8. (5 points) Clearly identifies target populations (e.g., organizational membership, populations served by organization), indicates how reaching this group will alleviate health disparities, and demonstrates that they know how to reach these groups.

ii. Evaluation and Performance Measurement

Maximum Points: 25

Components A, B, C

The extent to which the applicant's evaluation and performance measurement plan:

1. (2 points) Describes the type(s) of evaluation to be conducted (i.e., process, outcome, or both) and key evaluation questions to be answered.
2. (5 points) Describes relevant performance measurement data that align to the strategies/activities (process measures) and outcomes (outcome measures) from the logic model.
3. (5 points) Describes new or existing data sources that can be used to collect data on the selected performance measures as well as the feasibility of collecting the data.
4. (4 points) Describes the frequency for collecting performance measurement data to meet required annual progress reporting timelines.
5. (3 points) Describes how key program partners will be engaged in evaluation and performance measurement.
6. (3 points) Describes how evaluation findings will be used for continuous program quality improvement.
7. (3 points) Describes how evaluation findings will be disseminated among partner and stakeholder groups, including to CDC.

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 35

Component A

The extent to which the applicant:

1. (3 points) Demonstrates their ability to gather, analyze, interpret, and use evidence-based or evidence-informed strategies and best practices.
2. (3 points) Demonstrates their ability to manage complex programs and resources, including the administrative, financial, and staff support necessary to sustain activities.
3. (3 points) Describes their experience serving or working with the target populations selected and provides examples of outcomes or benefits that were demonstrated as a result of this work.
 - Identifies the professional specialty that their organization targets. Has within its mission, or the organization with whom it proposes to work, the capacity to reach the target population on a national level.

4. (6 points) Describes (in the Project Narrative) an adequate staffing plan, brief job descriptions for proposed NOFO-funded personnel, and a project management structure that clearly defines staff roles and a reporting structure. Provides CVs/resumes for proposed NOFO-funded personnel and an overall organizational chart for their organization and other relevant organizations involved in the project.
5. (5 points) Describes how they will evaluate project efforts and utilize data to monitor progress and identify areas for improvement. In the description, includes plans to maintain an existing or recruit a new evaluator to manage the project evaluation plan at a minimum of 25% time.
6. (10 points) Demonstrates relevant experience and organizational capacity to carry out the strategies and activities described within the NOFO through clear description of experience, skills, knowledge, and previous work of a similar nature.
7. (5 points) Demonstrates their ability to establish and maintain relationships with relevant stakeholders and partners to inform and implement program activities.
 - Provides a description of their members and their regional, state offices, and/or chapter structure and how they work together to meet members' needs. Includes their organization's mission statement within the Project Narrative. If proposing to work with a professional specialty outside their organizational structure, provides a Memorandum of Agreement (MOA) from the organization that describes its history of working collaboratively to achieve similar outcomes and a commitment to collaborate with the applicant to conduct the activities of the NOFO if funded. Applicants should name it "MOA" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

Component B

The extent to which the applicant:

1. (3 points) Demonstrates their ability to gather, analyze, interpret, and use evidence-based or evidence-informed strategies and best practices.
2. (3 points) Demonstrates their ability to manage complex programs and resources, including the administrative, financial, and staff support necessary to sustain activities.
3. (3 points) Describes their experience serving or working with the target populations selected and provides examples of outcomes or benefits that were demonstrated as a result of this work.
 - Demonstrates capacity to reach maternal and child health populations on a national and/or regional basis or with whom they propose to work.
4. (6 points) Describes (in the Project Narrative) an adequate staffing plan, brief job descriptions for proposed NOFO-funded personnel, and a project management structure that clearly defines staff roles and a reporting structure. Provides CVs/resumes for proposed NOFO-funded personnel and an overall organizational chart for their organization and other relevant organizations involved in the project.
5. (5 points) Describes how they will evaluate project efforts and utilize data to monitor progress and identify areas for improvement. In the description, includes plans to maintain an existing or recruit a new evaluator to manage the project evaluation plan at a minimum of

25% time.

6. (10 points) Demonstrates relevant experience and organizational capacity to carry out the strategies and activities described within the NOFO through clear description of experience, skills, knowledge, and previous work of a similar nature.

7. (5 points) Demonstrates their ability to establish and maintain relationships with relevant stakeholders and partners to inform and implement program activities.

- Provides a description of their members and their regional, state offices, and/or chapter structure and how they work together to meet members' needs. Includes their organization's mission statement within the Project Narrative and describes the organization's structure and its processes for ensuring local, state, and national members' needs are addressed.

Component C

The extent to which the applicant:

1. (3 points) Demonstrates their ability to gather, analyze, interpret, and use evidence-based or evidence-informed strategies.
2. (3 points) Demonstrates their ability to manage complex programs and resources, including the administrative, financial, and staff support necessary to sustain activities.
3. (3 points) Describes their experience serving or working with the target populations selected and provides examples of outcomes or benefits that were demonstrated as a result of this work.
4. (6 points) Describes (in the Project Narrative) an adequate staffing plan, brief job descriptions for proposed NOFO-funded personnel, and a project management structure that clearly defines staff roles and a reporting structure. Provides CVs/resumes for proposed NOFO-funded personnel and an overall organizational chart for their organization and other relevant organizations involved in the project.
5. (5 points) Describes how they will evaluate project efforts and utilize data to monitor progress and identify areas for improvement. In the description, includes plans to maintain an existing or recruit a new evaluator to manage the project evaluation plan at a minimum of 25% time.
6. (10 points) Demonstrates relevant experience and organizational capacity to carry out the strategies and activities described within the NOFO through descriptions of:
 - (4 points) Provides evidence of relevant FASD-related national- and state-level experience, leadership, capacity, and infrastructure (e.g., resources, access to an existing network of state and/or local organizations dedicated to FASD-related services) to successfully conduct proposed activities
 - (3 points) Provides the organization's mission statement within the Project Narrative reflecting that their work and priorities include a focus on the prevention of prenatal alcohol exposure and support for individuals with FASDs and their families
 - (3 points) Provides evidence that the organization has an existing network of state and/or local organizations dedicated to FASD-related services

7. (5 points) Demonstrates their ability to establish and maintain relationships with relevant stakeholders and partners to inform and implement program activities.

- Describes the specific agencies and organizations (including state, local, and/or community-based organizations) with whom the applicant currently collaborates or previously collaborated on FASD-related issues and identifies other organizations to be invited to join in the network to accomplish the proposed activities. Provides experience convening and coordinating activities of partner organizations, including other federally funded projects, through a collaborative framework.

Budget

Maximum Points: 0

The budget is unscored. It will be evaluated regarding the extent to which the applicant provides a strong justification for budget activities and whether they align closely with strategies and activities described in the work plan.

The applicant should include funding in the budget for two individuals for one annual grantee meeting at CDC in Atlanta, GA.

c. Phase III Review

Applications for each component will be rank-ordered. CDC may fund out of rank order in consideration of the following factors:

Only one Component A applicant will be funded focused on any one specific healthcare professional or allied health specialty—e.g., emergency medicine, family medicine, medical assisting, behavioral health, nursing, obstetrics and gynecology, social work, or medical or nursing students. For example, if multiple applicants propose to work in the specialty of nursing, only the top-ranked applicant for nursing would be funded before moving on to the next highest-ranked applicant for a different specialty.

For Component B applicants, the ability to reach populations with limited access to health care and populations not addressed in other applications might affect the funding decision.

CDC will provide justification for any decision to fund out of rank order.

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 (FAPIS)) 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

Anticipated announcement date: 03/01/2022

Anticipated award date: 08/30/2022

Anticipated budget/project period start date: 09/30/2022

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.

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 <https://www.cdc.gov/grants/additional-requirements/>

The HHS Grants Policy Statement is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

Generally applicable ARs:

- [AR-9: Paperwork Reduction Act Requirements](#)
- [AR-10: Smoke-Free Workplace Requirements](#)
- [AR-11: Healthy People 2030](#)
- [AR-12: Lobbying Restrictions](#)
- [AR-14: Accounting System Requirements](#)
- [AR-16: Security Clearance Requirement](#)
- [AR-21: Small, Minority, And Women-owned Business](#)
- [AR-24: Health Insurance Portability and Accountability Act Requirements](#)
- [AR-25: Data Management and Access](#)
- [AR-26: National Historic Preservation Act of 1966](#)
- [AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009](#)
- [AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973](#)
- [AR-34: Accessibility Provisions and Non-Discrimination Requirements](#)
- [AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020](#)

Organization-specific ARs:

- [AR-8: Public Health System Reporting Requirements](#)
- [AR-15: Proof of Non-profit Status](#)
- [AR-23: Compliance with 45 CFR Part 87](#)

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>

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with

limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement	6 months into award	Yes

Plan		
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	90 days after the end of the budget period	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publically available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.

- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than 120 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 recipient must submit the Annual Performance Report via <https://www.grantsolutions.gov> 120 days prior to the end of the budget period.

Recipients can submit an updated evaluation plan in the appendix of their annual continuation applications and should note where changes have been made to the plan since the first submission in budget year 1.

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.

This is a requirement under this NOFO. CDC will provide information to funded recipients on the timeline to report performance measurement data through required annual progress reporting to capture final end-of-year data, which will be due approximately 90 days after the end of the budget period. These data are expected at the end of years 1, 2, and 3 with year 4 data being captured in the final performance and financial report (see section e. Final Performance and Financial Report).

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

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). 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 period of performance, 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).

No additional final performance and financial report requirements.

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.frs.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.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Kellianne King

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

National Center on Birth Defects and Developmental Disabilities

Division of Birth Defects and Infant Disorders

4770 Buford Hwy

MS S106-3

Atlanta, GA 30341

Telephone:

404-718-8961

Email:

hnh3@cdc.gov

Grants Management Office Information

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

Dixene Hall

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:
2920 Brandywine Rd
MS TV-2
Atlanta, GA 30341

Telephone:
404-498-4304

Email:
qsg7@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

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 sub-headings): 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.

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 <https://www.cdc.gov/grants/additional-requirements/index.html>. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: 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 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 period of performance. 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.

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. <https://www.cdc.gov/grants/additional-requirements/index.html>.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a

cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

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 education, 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.