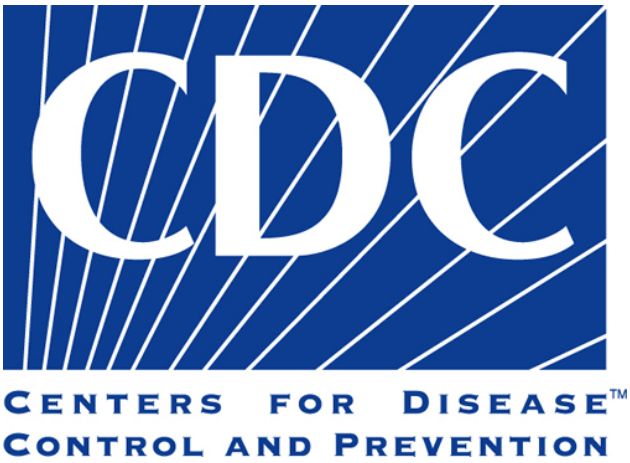

Centers for Disease Control and Prevention

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS)

CDC-RFA-CE21-2105

05/03/2021

Table of Contents

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-CE21-2105. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS)

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-CE21-2105

E. Assistance Listings (CFDA) Number:

93.136

F. Dates:

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

03/15/2021

2. Due Date for Applications:

05/03/2021

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

3. Due Date for Informational Conference Call:

March 26, 2021 @ 2:00 PM Eastern Time
Conference Number: (855) 644-0229
Conference ID: 1304938
Web URL: https://webconf.cdc.gov/vqh3/Z9CF6S45

G. Executive Summary:

1. Summary Paragraph

This announcement provides funds to recipients to collect and disseminate surveillance data on homicides, suicides, deaths from legal intervention, deaths of undetermined intent, and unintentional firearm deaths for 2022 in a targeted area to improve the planning implementation and evaluation of violence prevention programs. Eligible applicants include: U.S. state governments, U.S. territorial governments, and political subdivisions of states, which includes counties, cities, townships, and special districts of their bona fide agents. Only one application will be funded from each eligible state or territory. Recipients will be required to collect standard data elements provided by CDC on all violent deaths in their targeted area and submit this information in de-identified form to CDC using a CDC web-based data entry system. Data elements must be collected from three sources: death certificates, coroner/medical examiner reports including toxicology reports, and law enforcement reports. Recipients will disseminate data to key stakeholders in their jurisdiction including government officials, organizations working to prevent violence and injuries that result from violence, and the public through a variety of strategies including reports, presentations, or fact sheets. The collection and use of these data are designed to support the national goal of preventing violent death across all 50 states, the District of Columbia and U.S. territories.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

10

d. Total Period of Performance Funding:

$ 3,255,055

e. Average One Year Award Amount:

$ 325,506

The total period of performance is *one year*, so there will only be *one budget period* for this NOFO.

f. Total Period of Performance Length:

1

g. Estimated Award Date:

September 01, 2021

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

Violence is a major public health problem. Over 67,000 people died violently in the U.S. in 2018. These violent deaths included 48,344 suicides and 18,830 homicides. Violent deaths have been estimated to cost more than $90 billion in medical care and lost productivity in the U.S. Violence is preventable. Interventions, strategies, and policies are increasingly available that stop violence before it happens. Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the U.S. In order to prevent violence, we must first know the facts about violent deaths. This NOFO builds on previous and current work within the Division of Violence Prevention (DVP) at the Centers for Disease Control and Prevention (CDC) to conduct surveillance of violence and to prevent violence. In 2002, CDC began implementing the National Violence Death Reporting System (NVDRS, OMB No. 0920-0607). NVDRS is a state-based surveillance system that uses CDC guidelines and a CDC web-based data entry system to link data from Death Certificates (DC), Coroner/Medical Examiner (C/ME) reports including toxicology reports, and Law Enforcement (LE) reports to assist each participating state, territory, or district in designing and implementing tailored prevention and intervention efforts ((See http://www.cdc.gov/violenceprevention/nvdrs/index.html). As a state-based system, recipients collect and analyze data for their target area while CDC provides guidance to ensure the data are collected in a standardized manner and supplies access to a web-based data entry system. All recipients share their de-identified data with CDC. CDC combines recipient data into a multi-state database that informs national stakeholders. NVDRS summary data from 2003 to 2018 are available at: http://www.cdc.gov/injury/wisqars /nvdrs.html.

NVDRS collects information on characteristics of victims of violent deaths, where victims are killed, when they are killed, and what factors were perceived to contribute to or precipitate the death. A violent death is defined as a death resulting from the intentional use of physical force or power (e.g., threats or intimidation) against oneself, another person, or against a group or community. This includes all homicides, suicides, and deaths occurring when law enforcement exerts deadly force while acting in the line of duty. In addition, recipients will be required to collect information about unintentional firearm injury deaths (i.e., incidents in which the person causing the injury did not intend to discharge the firearm) and on deaths where the intent cannot be determined ("undetermined deaths") but where there is evidence that force was used. Although these deaths are not considered violent deaths by the above definition, information is collected on these types of death because some of these deaths may have been violent.

NVDRS is the first system to: 1) provide detailed information on circumstances precipitating all types of violent deaths including brief narratives that summarize what happened in the violent

death incident, 2) combine information across multiple data sources, and 3) link multiple deaths that are related to one another (e.g., multiple victim homicides, suicide pacts, and cases of homicide followed by the suicide of the suspect). The NVDRS Implementation Manual is available at: https://www.cdc.gov/violenceprevention/pdf/2014-NVDRS-Implementation-Manual -and-Appendix_Combined.pdf.

b. Statutory Authorities

This program is authorized under sections 392(a)(1) of the Public Health Service Act, as amended (42 USC § 280b-0(a)(1).

c. Healthy People 2030

NVDRS supports the Healthy People 2030 objectives of preventing unintentional injuries and violence and reducing its consequences (See http://healthypeople.gov and www.cdc.gov/violence prevention).

d. Other National Public Health Priorities and Strategies

By providing comprehensive descriptions of violence-related deaths that can be used to target, select, and evaluate violence prevention initiatives, NVDRS supports the National Strategy for Suicide Prevention to reduce suicide (See http://actionallianceforsuicideprevention.org/nssp).

e. Relevant Work

NVDRS is part of the Division of Violence Prevention's (DVP) broad approach to reducing violence (See http://www.cdc.gov/violenceprevention/) that includes:

- Monitoring violence-related behaviors, injuries, and deaths;
- Conducting research on the factors that put people at risk for or protect them from violence;
- Creating and evaluating the effectiveness of violence prevention programs, practices, and policies;
- Helping state and local partners plan, implement, and evaluate prevention efforts; and
- Conducting research on the effective adoption and dissemination of violence prevention strategies.

In addition, DVP has developed technical packages to help states and communities take advantage of the best available evidence to prevent violence (see https://www.cdc.gov/violenceprevention/pub/technical-packages.html).

Past relevant work also includes NOFOs CDC-RFA-CE14-1402, CDC-RFA-CE16-1607, CDC-RFA-CE18-1804, and CDC-RFA-CE19-1905: Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS). Additional information on the previous NVDRS NOFOs is located on Grants.gov.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

2. CDC Project Description

a. Approach:

CDC-RFA-CE21-2105 Logic Model for Collecting Violent Death Information Using the National Violent Dea

Strategies		**Outcon**
Activities	**Outputs**	**Short / Term**
CREATE A PLAN: Create and update a plan in collaboration with key partners to implement NVDRS in targeted areas across agencies and jurisdictions Later Activity • Modify design of NVDRS in response to feedback and evaluation findings from CDC, data providers, and advisory groups. • Meet with advisory group members **DATA COLLECTION:** Collect and abstract comprehensive data on violent deaths from DC, CME reports including toxicology reports, and LE reports using a web-based data entry program and standards provided by CDC Later Activity • Initiate data entry on violent deaths occurring in 2022 within 120 days from the date of death • Complete data entry/abstraction for all violent deaths occurring during 2022 in targeted areas within 16 months of the year in which the violent death occurred. • Maintain data collection as transitions occur within NVDRS and across partners **DATA DISSEMINATION:** Disseminate NVDRS data to stakeholders and the public Later Activity • Solicit and respond to concerns, needs, and values of partners and stakeholders • Disseminate violent death data to partners and the public using multiple methods (e.g., data requests, reports, presentations) **EXPLORE INNOVATIVE METHODS:** Access and report state specific data into NVDRS to improve timeliness and increase data utilization for prevention efforts Later Activity	**Development of a continually improving surveillance system that collects high quality and comprehensive violent death information in a timely manner that complies with CDC guidelines** **Dissemination of reports, data briefs, factsheets, presentations, publications, policy briefs, webinars, brochures, etc. to support violence prevention***	**Improv relation key par** Continu particip providi NVDRS Request data or factshee briefs) a Providi support support provide NVDRS **Increas receipt related preven by part public*** Applica integrat state da maintai inform stakeho Partners inform and poli Improve innovat for strea collecti

• Explore and implement innovative strategies to collect data more quickly from data providers • Explore and implement strategies to abstract and enter data more quickly • Explore and implement new partnerships to enhance use of data to prevent violence		sharing, data Increase accessi reportin data

*These are the two key outputs and two key outcomes to be accomplished during the project year.

i. Purpose

The purpose of NVDRS is to collect and disseminate accurate, timely, and comprehensive surveillance data on all violent deaths in a targeted area using CDC guidelines and the CDC web-based data entry system to inform violence prevention efforts and reduce morbidity and mortality related to violence.

ii. Outcomes

As displayed in the logic model, the two key outcomes of this project by the end of the period of performance are:

1) Strong working relationships with key partners as evidenced by the following:
a. Continued or expanded participation in providing timely data NVDRS
b. Requests for NVDRS data or reports from data providers, violence prevention stakeholders, and the public (e.g., factsheets, data briefs), and
c. Providing other support (e.g., garner support of other data providers) to the NVDRS program.

2) The public and partner receive and use NVDRS data related to their violence and possibly

injury prevention activities. Over time these two outcomes, coupled with resources, are expected to reduce violence by increasing the ability of violence prevention partners to design, target, implement, and evaluate prevention programs.

To achieve these two outcomes, recipients will need to focus on producing two key outputs, which are described in the Strategies and Activities Section of the NOFO: 1) establishing a surveillance system and 2) disseminating data to partners and the public to support violence prevention. The logic model provides a quick reference to key outputs and their corresponding outcome measures.

iii. Strategies and Activities

Recipients shall engage in the following strategies and activities:

1. Use the CDC Case Definition

For this cooperative agreement, the case definition of violent deaths includes deaths coded on the death certificate as a suicide (ICD-10 X60-X84, Y87.0), a homicide (ICD-10 X85-X99, Y00Y09, Y87.1), a death of undetermined intent (ICD-10 Y10-Y34, Y87.2), a death from legal intervention (ICD-10 Y35.0-Y35.4, Y35.6-Y35.7, Y89.0), a death related to terrorism (ICD-10 U01-U03), an "accidental" death from a firearm (ICD-10 W32-W34, and those cases coded Y86 where a firearm is the source of injury) and those cases coded Y89.9 where the death is later determined to be due to violence or unintentional firearm injury. Note that the defining code ranges explicitly include the sequelae or "late effects" of violent injuries.

2. Create and Update a Plan to Implement NVDRS.

Recipients must collect data on all violent deaths occurring during the one year of funding in their targeted area.

Recipients must select one of two options for targeting and implementing data collection efforts. Each option is considered to be equally responsive to the Notice of Funding Opportunity (NOFO). Additionally, any option other than statewide data collection, is considered intermediate. The ultimate goal is that data will eventually be collected statewide in the full jurisdiction. A few states, territories, and the District of Columbia do have counties or have areas that are not included in counties. For the purpose of this NOFO, these should be handled in the following ways: 1) Louisiana should treat parishes as “counties.” 2) Two states (Missouri and Nevada) contain incorporated places that are independent of any county organization, and these incorporated places should be treated as “counties.” **Territories and the District of Columbia are considered not to have counties and cannot apply using Option 2.**

- **Option 1:**
    - Recipients applying under Option 1 must collect data on all violent deaths occurring during the budget year of funding in their state or jurisdiction (e.g., all violent deaths in the state of the state government and all violent deaths in a territory or district for U.S. territories and the District of Columbia) **Or**
- **Option 2**: This option is only available to large states. A large state is defined as a state/jurisdiction that has at least 2500 violent deaths occurring in their state/jurisdiction during the budget year of funding.

- Recipients must collect data on all violent deaths occurring in selected counties during the budget year that represents at least 40% of all violent deaths that occur in the state. Collectively, the selected counties must capture a minimum of 40% of the suicides and 40% of homicides that occurred in their entire state in 2016 according to National Center for Health Statistics (NCHS). Applicants may obtain NCHS data by using the Detailed Mortality File search options in the CDC WONDER data query system, at the following link: http://wonder.cdc.gov/
- Recipients under Option 2 must obtain a complete census of violent deaths by collecting death certificate data for all violent deaths within their state.

When creating a plan to implement NVDRS, recipients shall:

- List the purpose, objectives, and planned uses of NVDRS within their state/territory.
- Describe the integration of NVDRS with other required data sources (e.g., vital statistics, coroners, medical examiners, and law enforcement).
- Form an advisory committee that includes partners who provide data and use data to prevent violence.
- Revise implementation and dissemination plans based on partner feedback during the project period.
- Use CDC surveillance evaluation criteria to assess their surveillance system and make improvements, including improvements related to obtaining quality and timely data (See http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm).

3. Collect Data

All recipients must collect the following information:

- Recipients must abstract information from the DC, C/ME reports including toxicology reports, and LE reports on all violent deaths occurring in 2022 in their targeted areas within 16 months of the end of the calendar year in which the death occurred (e.g., April 30, 2024 for 2022 data). Recipients must initiate reporting of violent deaths occurring in 2022 in the CDC web-based data entry system within four months of the date of the victim's death. For more information on the specific data elements captured within NVDRS, please see the NVDRS Coding Manual (https://www .cdc.gov/violenceprevention/pdf/NVDRS-WebCodingManual.pdf).
- Recipients must link violent deaths that are related and occur within 24 hours of each other such as multiple victim homicides or homicides followed by the suicide of the suspect.
- Recipients must monitor and assess the data collection process and implement improvements based on findings.

All recipients are required to obtain detailed information or data elements on violent deaths from three sources:

- Death certificates;
- Coroner/medical examiner (C/ME) records including toxicology reports; and
- Law enforcement (LE) reports.

To access information from these three sources, applicants will be required to obtain Letters of Support (LOS) from vital statistics as well as local, regional, and/or state C/ME agencies and LE agencies. These documents verify that the applicant has access to data, including circumstance information, and can acquire this information in a timely manner, if funded. **A copy of each signed LOS must accompany the application.**

The minimum requirements for LOS are listed below. LOS are required for the following:

- State agency or department in charge of **statewide** death certificates.
- Coroners/Medical Examiners working in a minimum of three counties within their state or jurisdiction (e.g., a total of three LOS are required from C/ME agencies working in three different counties/jurisdictions).
- Law Enforcement agencies working in a minimum of three counties within their state or jurisdiction (e.g., a total of three LOS are required from LE agencies working in three different counties/jurisdictions).
- Applicants submitting LOS from C/ME or LE agencies that cover multiple counties will be evaluated based on the number of counties for which data will be provided (e.g., an application containing a LOS from a centralized medical examiner covering ten counties within the applicant's state or jurisdiction will be viewed as having met the minimum requirement of Coroners/Medical Examiners working in a minimum of three counties within their state or jurisdiction).
- Each signed LOS must note the most recent year for which data are available to the applicant, whether the data are available electronically, how the applicant can access the data, how often data will be provided (e.g., weekly, monthly, or quarterly), and the target area(s) for which data will be provided (e.g., name of counties/jurisdictions).

Applicants must file each LOS, as appropriate, name the file "Letters of Support", and upload it as a PDF file at www.grants.gov.

Recipients may consider linking data from additional optional data sources, such as Supplemental Homicide Reports, Child Fatality Review Reports, Emergency Medical Services, and electronic health records. Although not required, data from optional sources may provide a more complete picture of the circumstances surrounding the death.

Surveillance data collection efforts should maximally leverage existing tools and systems and should adhere to national data and technology standards when possible.

4. Disseminate Data

Recipients shall:

- Build relationships with partners who can use data to prevent violence.
- Disseminate collected information on violent deaths through a variety of mechanisms (e.g., responses to data requests, brief reports, presentations, data dashboards, or other publications) to data providers, stakeholders working to prevent violence, and the public.

5. Explore Innovative Methods of Accessing, Reporting, and Sharing Data

Recipients shall:

- Explore innovative strategies for improving the timeliness and completeness of data collection.
- Test and implement strategies to collect complete data more quickly from data providers.
- Test and implement strategies to abstract and enter data more quickly.
- Explore innovative strategies for disseminating data to support violence prevention activities.
- Test and implement new ways of disseminating data.
- Test and implement new partnerships to enhance use of data to prevent violence.

As indicated in the logic model, these activities will result in production of the following two outputs: 1) establishing a surveillance system and 2) disseminating data to partners and the public to support violence and possibly injury prevention. The most critical output of this NOFO is establishing a surveillance system that collects high quality and comprehensive violent death information in a timely manner that complies with CDC guidelines. This is the most critical output because all other outputs and outcomes rely on obtaining high quality surveillance information.

As noted later in the CDC evaluation and Performance Measurement Strategy section, CDC will monitor the timeliness, completeness, and quality of data collected on violent deaths occurring in 2022 in the recipient's state or jurisdiction.

1. Collaborations

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

CDC funds a variety of violence and injury prevention activities whose efforts could be informed, supported, or coordinated with NVDRS. Building collaborations with these and other CDC-funded programs is encouraged and can enhance the ability of the recipient to disseminate NVDRS data. These programs include, but are not limited to:

- Overdose Data to Action (See https://www.cdc.gov/drugoverdose/states/state_prevention.html and https://www.cdc .gov/drugoverdose/foa/state-opioid-mm.html)
- Core Violence and Injury Prevention Program (Seehttp://www.cdc.gov/injury/stateprograms/index.html)
- Essentials for Childhood Framework (Seehttp://www.cdc.gov/violenceprevention/childmaltreatment/essentials.htmlhttp://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html)
- Rape Prevention and Education program (Seehttp://www.cdc.gov/violenceprevention/rpe/index.htmlhttp://www.cdc.gov/violenceprevention/rpe/index.html)
- Striving to Reduce Violence Everywhere (Seehttps://www.cdc.gov/violenceprevention/STRYVE/https://www.cdc.gov/violenceprevention/STRYVE/)
- Injury Control Research Centers (Seehttp://www.cdc.gov/injury/erpo/icrc/http://www.cdc.gov/injury/erpo/icrc/)
- National Institute for Occupational Safety and Health (Seehttps://www.cdc.gov/niosh/oep/statesurv.htmlhttps://www.cdc.gov/niosh/oep/statesurv.html and https://www.cdc.gov/niosh/oep /ercportfolio.html)
- Preventing Adverse Childhood Experiences: Data to Action (See Preventing Adverse Childhood Experiences: Data to Action | Injury Center | CDC)
- Firearm Injury Surveillance Through Emergency Rooms (FASTER) (See https://www.cdc.gov/injury/fundedprograms/faster/

Building collaborations with CDC-funded organizations is also encouraged, as it can enhance the ability of the recipient to disseminate NVDRS data. Applicants are encouraged to describe plans to collaborate with local representatives from these organizations. These organizations include, but are not limited to:

- American Public Health Association (See https://apha.org/)
- National Association of Medical Examiners (See https://www.thename.org/)
- National Association for Public Health Statistics and Information Systems (See https://www.naphsis.org/)
- National Sheriffs' Association (See https://www.sheriffs.org/)
- International Association of Chiefs of Police (See https://www.theiacp.org/)

b. With organizations not funded by CDC:

To describe how they will collaborate with programs and organizations not funded by CDC, applicants must:

- Describe the involvement of the essential data providers (i.e. vital records office, coroners/medical examiners, and law enforcement).
- Describe if and how the applicant will provide monetary assistance to collect data.
- Describe involvement of stakeholders who could use NVDRS to support prevention activities.
- Develop and/or maintain an advisory committee that will provide advice regarding 1) data collection issues, 2) data collection strategies, and 3) efficient collection and dissemination of required data to stakeholders working to prevent violence. At a minimum, membership should include representatives from agencies that collect required documents: DC, C/ME records including toxicology reports, and LE reports.
- Describe plans to collaborate with local representatives from national organizations such as the International Association of Coroners and Medical Examiners (IACME).

2. Target Populations

Recipients are required to collect data on violent deaths for populations within their targeted areas, which include, but are not limited to, populations living under vulnerable conditions such as those populations in rural areas, children and adolescents, non-English speaking populations, lesbian, gay, bisexual, and transgender (LGBT) populations, veterans, homeless, and tribal populations.

a. Health Disparities

Recipients are required to collect data on all violent deaths in their targeted areas in order to address the violence of all populations, which include, but are not limited to, people with disabilities, non-English speaking populations, tribal populations, people who live in rural areas and other geographically underserved communities, sexual and gender minorities, racial and ethnic minorities, and people with limited health literacy.

iv. Funding Strategy

Funding to recipients is determined by the number of violent deaths for which data are to be collected. The number of violent deaths is estimated using 2016 data from the National Center for Health Statistics. NVDRS state budget estimates are provided below in Table 1.

Table 1: NVDRS State Budget Estimates (Based on collecting data for all violent deaths in the state)	
Alabama	$315,224 - $318,224
California	$939,085 - $942,085
Delaware	$174,341 - $177,341
District of Columbia (Washington)	$175,398 - $178,398
Louisiana	$315,086 - $318,086
Missouri	$354,064 - $357,064
Nebraska	$191,245 - $194,245

Table 1: NVDRS State Budget Estimates (Based on collecting data for all violent deaths in the state)	
Nevada	$264,984 - $267,984
Puerto Rico	$269,935 - $272,935
West Virginia	$225,720 - $228,720

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

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/additionalrequirements/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.

Applicants must provide a jurisdiction specific evaluation and performance measurement plan that is consistent with the CDC strategy described above. At a minimum, the plan must:

- Describe how the applicant plans to monitor and verify data quality including completeness, accuracy, and timeliness.
- Describe how the applicant will monitor data requests, data dissemination, and stakeholder engagement, including maintenance of a tracking sheet.
- Describe how evaluation findings will be used for continuous program/quality improvement.
- Describe who will be responsible for conducting evaluation activities.
- Describe how the applicant will work with stakeholders on the evaluation such as consulting the advisory committee on key topics and findings.
- Use CDC surveillance evaluation criteria (See http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm) to assess the system and make improvements.

Applicants must also provide a preliminary draft or outline of a Data Management Plan (DMP). The preliminary DMP should provide or indicate the intention to develop plans for each of the following:

- A brief description of the data that will be collected using these NOFO funds (e.g., timeframe, where the data are maintained).
- Standards used for collecting the data (e.g., methods and procedures for ensuring data quality).
- Mechanisms for or limitations to providing access to and sharing the data (e.g., if/how data will be shared beyond sharing with CDC).
- Statement of the use of data standards that ensure all released data have documentation describing methods of collection, what the data represent, and data limitations (e.g., indication that CDC standards will be followed).
- Archival and long-term data preservation plans (e.g., description of any state-specific plans).
- Plans for updating the Data Management Plan (DMP), for accuracy throughout the lifecycle of the project. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Recipient may work with CDC to update and finalize the DMP throughout the life cycle of the award. Note, NVDRS has received OMB approval (#0920-0607).

c. Organizational Capacity of Recipients to Implement the Approach

The following skills and resources lead to successful execution of the project. The applicant should provide evidence and comment on any relevant experience and skills on their part or the part of their organizations/agencies within the following domains:

- Experience devising and implementing plans for complex surveillance system(s). It is preferred, but not required, that this experience involves integrating data from multiple data sources and/or across jurisdictions such as state, county, and city.
- In order to collect data on all violent deaths in the targeted area from vital statistics, C/ME agencies, and LE agencies using CDC guidelines and web-based data collection systems, applicants are encouraged to have:
    - Experience conducting mortality surveillance of public health problems.
    - Experience performing injury or violence mortality surveillance is preferred.

- Experience managing and conducting quality assurance activities on large databases.
- Experience accessing, collecting, linking, editing, managing, and analyzing surveillance information from more than one source. It is preferred that the applicant has experience working with one or more of the following types of information: death certificates, C/ME records including toxicology reports, and LE reports.
- Experience building and sustaining collaborative relationships with key data providers (e.g., coroners, medical examiners, law enforcement, and vital statistics) across levels and jurisdictions such as state, county, and city.

The NVDRS uses a web-based data entry system that has the following minimal requirements:

- Computer workstations (already owned or acquired) running the current version of a modern internet browser such as Microsoft Internet Explorer version 10.0 or higher, Microsoft Edge release 25 or higher, Google Chrome release 47 or higher, or Mozilla Firefox release 43 or higher.
- A computing environment that supports required technologies for the CDC web-based application, including Java Script for all work stations and Java for at least one administrative workstation in order to support data export.
- Reliable high-speed internet connection capable of supporting download speeds of at least 10 megabits per second and upload speeds of at least 10 megabits per second. Network latency, as measured by a ping test to a local server, should be at most 30 milliseconds. This information should be obtained using a speed diagnostic service and testing should be done during standard work hours. Examples of speed diagnostic services are www.speedtest.net, www.att.com/speedtest; or www.speakeasy.net/speedtest

In order to analyze and disseminate data to the public and stakeholders working to prevent violence, applicants are encouraged, but not required to have:

- Experience using and generating data reports using statistical software such as SAS, SPSS, or STATA.
- Experience disseminating data to support the reduction and prevention of public health problems.
- Experience in disseminating injury or violence data is preferred.

(Please provide curriculum vitaes [CVs] and/or resumes as evidence of experience. Additionally, please name the file "CVs/Resumes" and upload it at www.grants.gov.)

CDC recommends that applicants have separate individuals assume the roles of principal investigator and program manager. If the same individual is in both roles, the applicant must include the name of the supervisor of this person in the application.

d. Work Plan

Applicants must provide a detailed work plan that covers the period of performance. At a minimum, the work plan must demonstrate how the strategies, activities, outputs, timelines, and staffing/collaborations work together. Additional information on performance measures, data sources, and data collection can also be included. Please use the template below when describing your work plan.

Expected Output(s) for the Period of Performance (i.e., Outcome)
□ A continually improving surveillance system that collects high quality and comprehensive violent death information in a timely manner that complies with CDC guidelines. To accomplish this goal, the applicant will need to **create a plan** to implement NVDRS as well as **collect and abstract the required data**.
□ Dissemination of data to partners and public to support violence prevention
□ Applicant may add other outputs/outcomes here

Program Strategies and Activities (i.e., what are the key parts of your program)	**Performance Measures** (i.e., how will you measure whether the strategy was successful)	**Data Sources** (i.e., where are you going to get the information for the performance measure)	**Target** (i.e., what level of the performance measure are you trying to achieve. For example, collect data from 90% of coroners)	**Timeline** (i.e., when will the strategy be implemented and what are the timing of key milestones)
□	□	□	□	□
□	□	□	□	□
□	□	□	□	□

Activities (i.e., what specific actions are you going to take to achieve your program strategy)	**Program Strategy** (Note: the activity links to this program strategy which should also be described above)	**Person/Group Responsible**	**Estimated Activity Completion Dates**
□	□	□	□
□	□	□	□
□	□	□	□

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.

Other activities deemed necessary to monitor the award:

- A minimum of one monthly call with recipients to discuss program implementation. The structure of the monthly call can be modified at any time to the format that best meets the needs of the program (e.g., webinar or having calls with a subset of states instead of all states).
- Recipients will be required to file standard progress and end of the year reports which include successes and challenges. Progress and annual performance reports will be reviewed to ensure the plans are feasible and address the requirements of the NOFO.
- Periodic site visits or reverse site visits conducted on an as needed basis and as funding is available. The visits will assess the progress of the recipient and identify challenges as well as opportunities to meeting the NOFO requirements.
- Conference calls initiated by either the recipient or CDC to discuss emerging challenges or opportunities.
- Summary reports on data quality will be provided by CDC to recipients at least once every year.
- Each recipient will be assigned a project officer and a science officer who will be responsible for monitoring and answering programmatic and technical questions on an as needed basis.

If resources are available, CDC will conduct enhanced assessments such as providing successful recipients with interim data quality reports assessing timeliness, data completeness, and data entry errors.

f. CDC Program Support to Recipients

If funded, a cooperative agreement, as defined by the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224, 31 USC 6301 et seq.), will be used as the funding mechanism to award funds. CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds and is not intended to gain stricter controls. CDC will coordinate, facilitate, collaborate, and/or intervene to programmatically effectuate performance under the award. The substantial involvement responsibilities enumerated in this NOFO and any additional substantial involvement responsibilities will be used to benefit the program.

CDC will provide technical assistance to recipients through the following mechanisms described below:

- Provide case definitions as well as documentation and descriptions of how to collect required data elements;
- Provide a web-based system to enter data, export data to the recipients, and share data with CDC. The web-based data entry system will also support data quality by providing data summaries and implementing data entry rules, including restricting data entry to valid values;
- Provide training on how to use the web-based data entry system;
- Provide recipient results from CDC monitoring and evaluation activities including updates on key performance measures, CDC Data Quality Reports, CDC case reviews, and observations from CDC site and reverse site visits when resources are available;

- Work with recipients to solve challenges identified in evaluation and monitoring activities such as problems of missing or inaccurate data; and
- Provide technical assistance in solving problems in all aspects of the system through monthly conference calls, discussions with science and project officers, maintaining a help desk for abstraction questions and questions about the web-based data entry system, and periodic recipient site or reverse site visits as resources are available.

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:

U17-Applied Methods in Violence-Related or Accidental Injury Surveillance Cooperative Agreement

3. Fiscal Year:

2021

4. Approximate Total Fiscal Year Funding:

$ 3,255,055

5. Total Period of Performance Funding:

$ 3,255,055

This amount is subject to the availability of funds.

Estimated Total Funding:

$ 3,255,055

6. Total Period of Performance Length:

1

year(s)

7. Expected Number of Awards:

10

8. Approximate Average Award:

$ 325,506
Per Budget Period

The total period of performance is ***one year***, so there will only be ***one budget period*** for this NOFO.**

9. Award Ceiling:

$ 942,085

Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$ 177,314
Per Budget Period

11. Estimated Award Date:
September 01, 2021

12. Budget Period Length:
12 month(s)

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

2. Additional Information on Eligibility

Eligible applicants include: U.S. state governments or their bona fide agents; U.S. territorial governments or their bona fide agents; and political subdivisions of states, which includes local governments such as counties, cities, townships, and special districts or their bona fide agents. If applying as a bona fide agent of a state, territory, or local government, a legal binding agreement from the state, territory, or local government as documentation of the status is required. States or their bona fide agents who are currently funded under CDC-RFA-CE18-1804 or CDC-RFA-CE19-1905 are NOT eligible to apply under this NOFO.

This program is authorized under sections 392(a)(1) of the Public Health Service Act, as amended (42 USC § 280b-0(a)(1)).

Applicants must provide evidence of their ability to collect data from all three required data sources (DCs, C/ME reports including toxicology reports, and LE reports). The following documents are required to be included as part of the application:

- LOS from the state agency or department in charge of **statewide** death certificates.
- LOS from LE agencies in **a minimum of three counties** within the applicant's state or jurisdiction.
- LOS from C/MEs in **a minimum of three counties** within the applicant's state or jurisdiction.

Applicants must upload the LOS as PDF files under "Other Attachment Forms" and name the file "Letters of Support".

If any of the above required documents are missing, CDC will view the application nonresponsive. Non-responsive applications will not advance for further review.

3. Justification for Less than Maximum Competition

Not applicable.

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. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.
The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711

2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter Of Intent 03/15/2021

03/15/2021

b. Application Deadline

Due Date for Applications 05/03/2021

05/03/2021

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.

Due Date for Information Conference Call

March 26, 2021 @ 2:00 PM Eastern Time
Conference Number: (855) 644-0229
Conference ID: 1304938
Web URL: https://webconf.cdc.gov/vqh3/Z9CF6S45

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.

Applicants may follow either of the following processes:

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

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

Risk Assessment Questionnaire Requirement

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the

Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

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

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

The purpose of a LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. LOI must be sent via email to:

James Diggs Jr.
Email: vqh3@cdc.gov

CDC, ONDIEH/NCIPC/DVP
4770 Buford Hwy NE, S106-10
Atlanta, GA 30341
Telephone: (770) 488-1989
Fax: (770) 488-4222

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

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

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

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

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

13. Funds Tracking

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

accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 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.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the

CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

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

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

- Recipients are restricted from using these funds to support violence prevention programs and initiatives and the development of interventions that are aimed at preventing violence. See Subpart E Cost Principles of the 2 CFR 200 for other costs.

18. 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/additionalrequirements/ar-25.html

19. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

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

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

An applicant's request for permission to submit a paper application must:

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review
A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 50

Background (5 points)

- Does the applicant describe the magnitude of the violent death problem in their state/jurisdiction?
- Does the applicant describe how NVDRS could be used to support violence prevention efforts in its state/jurisdiction?

Data Collection Plan (25 Points)

- Does the applicant define the target population/area?
    - If the applicant is collecting data on a subset of counties **(Option 2 only)**, does the applicant clearly identify the targeted counties?
    - **Option 2 only**: Does the applicant provide evidence that 40% of homicides and 40% of suicides are captured in the targeted counties?
- Does the applicant identify which data collection option (Option 1 or 2) they will use? Please see the outline of data collection options under the following section of NOFO: Strategies and Activities.
- Does the applicant provide a feasible plan to collect data?
    - Gain access and integrate data on violent deaths from the three required data sources: DC, C/ME reports including toxicology reports, and LE reports?
    - Link violent deaths that are related (e.g., multiple homicides or homicides followed by suicides)?
    - Enter data using CDC guidelines when providing training and supervision to data abstractors?
    - How will the applicant increase the timeliness of data collection over time?
- Does the applicant provide a feasible timeline that meets the data collection requirements outlined in Table 2 listed in the CDC Evaluation and Performance Measurement Strategy section?
    - Does the applicant discuss how they will initiate data entry in a timely manner (i.e., start entering any information on a violent death no later than 4 months from the date of death) and complete all data entry within 16 months of the end of the calendar year in which the death occurred for each year of the project period?

- How often and when will the applicant request/obtain data from the three required data sources (e.g., perform death certificate downloads every two months and request law enforcement records 4 months after date of death)?

Data Dissemination (5 points)

- Does the applicant provide a feasible plan for disseminating violent death data to partners using multiple methods (e.g., data requests, reports, or presentations)?
  - Will the plan provide data to stakeholders working to prevent violence?

Collaboration (15 points)

- Does the applicant provide strong evidence that required data providers (e.g. vital statistics, coroner/medical examiner agencies, law enforcement agencies) will supply data in a timely and consistent manner? Evidence may be demonstrated by the applicants' identification of data providers with whom to partner with in each of the required sectors (vital statistics, coroner/medical examiner agencies, law enforcement agencies) or the applicants' prior experience working with providers in these sectors.
  - How many Letters of Support (LOS) does the applicant include? How detailed are the LOS?
- What other activities and support will partners provide to the applicant through the proposed collaboration?
- Does the applicant describe a plan to support data providers?
- Does the applicant provide a plan for forming and maintaining an advisory committee to support data collection and dissemination?

ii. Evaluation and Performance Measurement **Maximum Points:** 25

Strategies and Outcomes (15 points)

- Are the strategies/activities relevant and align with the purpose of the program announcement?
- Does the applicant provide descriptions of their access to the required data sources (e.g., Will the data provider supply the applicant access to all required information including narratives)?
  - How often will the data provider supply data to the applicant (e.g., monthly)? Will this schedule enable them to meet data collection requirements?
  - How will the data provider supply the information to the applicant (e.g., transmitted electronically or provided in a format that can be imported into NVDRS) or in hard-copy form?
- Does the applicant provide a preliminary Data Management Plan (DMP) that addresses or indicates a plan to address the DMP elements listed in the Applicant Evaluation and Performance Measurement Plan section?
  - Does the applicant indicate a plan to update the DMP for accuracy throughout the lifecycle of the project?

- Are the outputs and outcomes specific, measurable, assigned to specific staff, realistic, and time-phased?
- Is the frequency that evaluation and performance data are to be collected described?

Evaluation (10 points)

- Does the applicant provide a plan for evaluating their surveillance system? The plan should include standard surveillance evaluation measures described in the "Updated guidelines for evaluating public health surveillance systems," RR-13, vol.50, 07/27/2001, found at: http://www.cdc.gov/mmwr/PDF/RR/RR5013.pdf.
- Does the applicant describe how the applicant will monitor and verify data quality including completeness, accuracy, and timeliness?
- Does the applicant describe how data dissemination and stakeholder engagement will be monitored?
- Does the applicant describe how evaluation findings will be used for continuous program/quality improvement?
- Does the applicant describe who will be responsible for conducting evaluation activities?
- Does the applicant describe how they will assure the quality of these data through the data's lifecycle and plans to make the data accessible in the CDC NVDRS web-based system in a timely manner?
- Does the applicant describe how/when prevention partners will receive data briefs and/or reports?

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

Experience (10 points)

- What is the applicant's experience in developing and implementing plans for complex surveillance systems?
- What is the applicant's experience in conducting mortality surveillance?
    - Does the applicant have experience collecting and analyzing DC, C/ME reports including toxicology, and/or LE reports?
    - Does the applicant have experience in conducting injury or violence surveillance?
- What is the applicant's experience in building successful collaborations with key stakeholders such as vital statistics, C/ME agencies, and LE agencies?
- What is the applicant's experience in disseminating surveillance data to support prevention activities?
- What is the applicant's experience in generating data reports using statistical software such as SAS, SPSS, or STATA?

Capacity and Staffing (15 points)

- Staffing
    - Is there a clear delineation of the roles and responsibilities of project staff and their qualifications?

- Does the applicant provide evidence of staff with experience in building collaborations with required data providers (e.g., DC, C/ME and LE)?
- Does the applicant provide evidence of staff with the technical skill to analyze and disseminate the data?
- What experience do the staff have with statistical programs (e.g. SAS, STATA, SPSS, etc.), database management and quality assurance, especially involving large complex databases? Resumes or curricula vitae must be included for key personnel (i.e. Principal Investigator, Program Manager, Data Abstractor etc.).

- Capacity
  - Does the applicant own or have plans to access computer workstations capable of running a modern internet browser such as Microsoft Internet Explorer version 10.0 or higher, Microsoft Edge release 25 or higher, Google Chrome release 47 or higher, or Mozilla Firefox release 43 or higher?
  - Does the applicant have or detail plans to access a computing environment that supports required technologies for the CDC web-based application, including Java Script for all work stations and Java for at least one administrative workstation in order to support data export?
  - Does the applicant have or detail plans to access a reliable high-speed internet connection capable of supporting download speeds of at least 10 megabits per second and upload speeds of at least 10 megabits per second? Network latency, as measured by a ping test to a local server, should be at most 30 milliseconds. This information should be obtained using a speed diagnostic service and testing should be done during standard work hours. Examples of speed diagnostic services are www.speedtest.net, www.att.com/speedtest, or www.speakeasy.net/speedtest.

The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

Budget **Maximum Points:** 0

Does the applicant include at least one trip per year for at least two staff members to attend a Reverse Site Visit for recipients?

i. Approach **Maximum Points:** 0

ii. Evaluation and Performance Measurement **Maximum Points:** 0

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 0

Budget **Maximum Points:** 0

c. Phase III Review

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

Review of risk posed by applicants.

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

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

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

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

(1) Financial stability;

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

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

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given,

and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative and Principal Investigator and reflects the only authorizing document. It will be sent prior to the start date of September 01, 2021 by email notification.

F. Award Administration Information

1. Award Notices

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

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

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

Not more than 30 days after the Phase II review is completed, each applicant will receive written notification of the outcome of the objective review process, including a summary of the CDC reviewers' assessment of the strengths and weaknesses of the application, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to conditions placed on their award within a specified timeframe as noted in the Terms and Conditions of the Notice of Award.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

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

Recipients should be advised that any activities involving information collection (i.e., posing similar questions or requirements via surveys, questionnaires, telephonic requests, focus groups, etc.) from 10 or more non-Federal entities/persons, including States, are subject to Paperwork Reduction Act (PRA) requirements and may require CDC to coordinate an Office of Management and Budget (OMB) Information Collection Request clearance prior to the start of information collection activities. This would also include information sent to or obtained by CDC via forms, applications, reports, information systems, and any other means for requesting information from 10 or more persons; asking or requiring 10 or more entities/persons to keep or retain records; or asking or requiring 10 or more entities/persons to disclose information to a third-party or the general public. For cooperative agreements, PRA applicability will depend on the level of CDC involvement with the development, collection, dissemination, and management of information/data. Note, NVDRS has received OMB approval (#0920-0607).

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

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before the end of the budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	N/A	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends.	Yes

Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30, 2022; April 30, 2022; July 30, 2022	Yes

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

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

Performance Measurement

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

Evaluation

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

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

the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

Since this is a one year NOFO, recipients will not be expected to submit an Annual Performance Report. Recipients are *required* to submit Federal Financial Reporting (FFR) and the Final Performance and Financial Report as outlined below.

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

c. Performance Measure Reporting (optional)

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

Not applicable.

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 120 days after the end of the period of performance. The Final FFR is due 120 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 project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and

organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

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

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

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government

on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

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

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

7) Termination

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 notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
James
Last Name:
Diggs Jr.

Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
4770 Buford Hwy NE MS: S106-10
Atlanta, Georgia 30341

Telephone:
(770) 488-1989

Email:
vqh3@cdc.gov

Grants Staff Contact

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

First Name:
LaToya

Last Name:
Donaldson

Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2920 Brandywine Road, MS: E-01
Atlanta, GA 30341

Telephone:
(770) 488-1227

Email:
ygj0@cdc.gov

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

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

Position descriptions

Resumes / CVs

Additional Letters of Support

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

Assistance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget

period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.

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

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

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is

used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

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

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

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

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

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

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

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

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

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

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

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention

will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

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

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

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

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

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

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

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

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

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

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

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

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

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

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

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

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

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

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

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

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

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

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

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

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

NOFO-specific Glossary and Acronyms