



**Centers for Disease Control and Prevention**

Center for Global Health

HQ Supported Development, Implementation, Use and Evaluation of Interoperable Health Information Systems to Achieve HIV/AIDS and TB Epidemic Control through Improved Health Informatics Policy, Governance, Workforce Capacity, and Systems under PEPFAR

CDC-RFA-GH20-2036

Application Due Date: 02/21/2020

HQ Supported Development, Implementation, Use and Evaluation of Interoperable Health Information Systems to Achieve HIV/AIDS and TB Epidemic Control through Improved Health Informatics Policy, Governance, Workforce Capacity, and Systems under PEPFAR

CDC-RFA-GH20-2036

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## Part I. Overview Information

Applicants must go to the synopsis page of this announcement at [www.grants.gov](http://www.grants.gov) and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-GH20-2036. Applicants also must provide an e-mail address to [www.grants.gov](http://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:

HQ Supported Development, Implementation, Use and Evaluation of Interoperable Health Information Systems to Achieve HIV/AIDS and TB Epidemic Control through Improved Health Informatics Policy, Governance, Workforce Capacity, and Systems under PEPFAR

### 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-GH20-2036

### E. Assistance Listings (CFDA) Number:

93.067

### F. Dates:

- |   |  |
|---|--|
| 1. Due Date for Letter of Intent (LOI): | N/A  |
| 2. Due Date for Applications:           | 02/21/2020, 11:59 p.m. U.S. Eastern Standard Time, at <a href="http://www.grants.gov">www.grants.gov</a> . |

### 3. Date for Informational Conference Call:

N/A

### G. Executive Summary:

#### 1. Summary Paragraph:

PEPFAR 3.0 focuses on achieving sustainable control of the global HIV epidemic through a focus on transparency, accountability, and impact aligned with the UNAIDS 95-95-95 targets. The strategy emphasizes accelerating testing and treatment strategies, expanding prevention, using quality data, supporting and strengthening country ownership, and leveraging partnerships with the public and private sectors. eHealth is foundational to achieving PEPFAR targets. As a result, health informatics is essential to manage the volume of patient data through (1) Design, development, implementation, evaluation, and use of secure, standards-based, interoperable health information systems (HIS) for data-driven decision-making for program improvement; (2) Development, implementation, evaluation and/or adoption of country eHealth/Digital Health

strategies, governance, policies; (3) Development of indigenous health informatics capacity; and (4) Monitoring and evaluation (M&E) of HIS implementation. Ongoing support for systems governance, interoperability, and workforce capacity are most necessary especially as countries need to optimize supply chain logistics, laboratory utilization, and human resources for health (HRH) staffing allocation based on site-level programmatic data; link disparate HIS to enable 95-95-95 tracking; and sustain PEPFAR's strategic investments in HIS.

**a. Eligible Applicants:** Open Competition  
**b. NOFO Type:** Cooperative Agreement  
**c. Approximate Number of Awards:** 2  
 The expected number of awards is 1-2.

**d. Total Period of Performance Funding:** \$0  
 The Approximate Project Period of Performance Funding/Estimated Total Funding for the Total 5 year Project Period is None. The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for years 2-5 will be set at continuation.

**e. Average One Year Award Amount:** \$20,000,000  
 The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for Year 1 is \$20,000,000. The expected number of awards is 1-2. Exact amounts for each award under this NOFO will be determined at the time of award. Applicants are encouraged to apply to the Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount.

**f. Total Period of Performance Length:** 5  
**g. Estimated Award Date:** 09/30/2020

**h. Cost Sharing and / or Matching Requirements:** N  
 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

## Part II. Full Text

### 1. Background

#### a. Overview

PEPFAR 3.0 focuses on achieving sustainable control of the global HIV epidemic through transparency, accountability, and impact aligned with the UNAIDS 95-95-95 targets. This includes building capacity to define, develop, maintain, use, and evaluate efficient, high-quality, secure, sustainable, and interoperable HIS.

Information systems (IS) need to be available, functional, and useful at all levels of health care facilities that provide HIV and other health care services. Ability to automatically share patient-level data between IS allows for improved clinical outcome and disease surveillance to better

understand and respond to the epidemic.

The overall goal of this NOFO is to provide technical assistance (TA) in health informatics to PEPFAR-supported countries with the following objectives:

- Support host country review, design, develop, implement, use, and evaluate secure, standards-based, interoperable HIS for data-driven decision-making for program improvement, disease surveillance, and timely and accurate reporting. Systems include electronic medical records (EMRs), electronic registers, laboratory IS (LIS), human resource IS (HRIS), health management IS (HMIS), key population (KP) tracking, and case-based surveillance (CBS) systems.
- Support host country develop, implement, evaluate, or adopt country Digital Health strategies, governance, policies (including for privacy, confidentiality, and security), architecture, and information standards
- Support host country develop health informatics capacity within leadership, health care workers (HCW), program implementers, and local organizations
- Support host country monitor and evaluate HIS implementation to identify effective informatics practices, document lessons learned, and share the results with relevant community

Recipient(s) should be guided by the following principles in carrying out these objectives: country leadership, ownership, capacity, and sustainability. Recipient(s) are to provide TA to host country in every stage of planning, programming, designing, implementing, and monitoring to enable required policies, workforce, and systems to effectively and efficiently control the epidemic.

Recipient(s) will support host government develop and sustain interoperable HIS for evidence-based country-led needs, priorities, and plans consistent with best practices and the Principles for Digital Development and of Donor Alignment for Digital Health. Country HIS implementation should be based on (1) national Digital health strategies, policies, and governance guidelines; (2) use of accepted best technology practices such as data exchange and terminology standards; (3) protection of personally identifiable information through the use of privacy, confidentiality, and security tools; and (4) adequate capacity to develop, implement, maintain, and use HIS.

Activities should be carried out in partnership and meaningful engagement of in-country stakeholders including civil society, local organizations, institutions, and donors to ensure country leadership, ownership, and capacity; optimize investments; and achieve sustainability consistent with PEPFAR's action agenda. Sustainability demands a long-term effort to ensure that a country establishes and maintains requisite levels of fiscal and technical capabilities, political will, and citizen engagement. Applicants' technical approach must address how it will support sustainability of activities consistent with PEPFAR's sustainability Action Agenda and how it will support and build needed capacities of local organizations and institutions.

## **b. Statutory Authorities**

This program is authorized under Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.] and Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), and Public Law 113-56 (PEPFAR

Stewardship and Oversight Act of 2013).

The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. The overarching purpose of this NOFO is to fund activities to prevent or control disease or injury and improve health, or to improve a public health program or service.

**c. Healthy People 2030**

N/A

**d. Other National Public Health Priorities and Strategies**

Under the leadership of the Office of the U.S. Global AIDS Coordinator (OGAC), as part of the President's Emergency Plan, the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (HHS/CDC) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan and partnership framework.

HHS/CDC focuses primarily on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;
- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs), and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring, and HIV screening for blood safety; and
- Developing, validating, and/or evaluating public health programs to inform, improve, and target appropriate interventions, as related to the prevention, care and treatment of HIV/AIDS, TB, and opportunistic infections.

In an effort to ensure maximum cost efficiencies and program effectiveness, HHS/CDC also supports coordination with and among partners and integration of activities that promote Global Health Initiative principles. As such, recipients may be requested to participate in programmatic activities that include the following activities:

- Implement a woman- and girl-centered approach;
- Increase impact through strategic coordination and integration;
- Strengthen and leverage key multilateral organizations, global health partnerships, and private sector engagement;
- Encourage country ownership and invest in country-led plans;
- Build sustainability through investments in health systems;

- Improve metrics, monitoring and evaluation; and
- Promote research, development, and innovation (research is not supported by this NOFO).

PEPFAR defines national HIV epidemic control as the point at which the total number of new infections falls below the total number of deaths from all causes among HIV-infected individuals (the classic  $R_0$  to  $R_i$  approach to infectious diseases), with both declining. This definition of epidemic control does not suggest near-term elimination or eradication of HIV as may be possible with other infectious diseases, but rather suggests a decline of HIV-infected persons in a population, achieved through the reduction of new HIV infections when mortality among people living with HIV (PLHIV) is steady or declining, consistent with natural aging. Critically, however, a country will not be able to maintain epidemic control if program efforts are not sufficiently sustained and new infections are allowed to rebound or death rates to increase.

Effective December 1, 2018, in addition to the specific activities listed in the Strategies and Activities section of this NOFO, all CDC PEPFAR cooperative agreements resulting from this NOFO may address the following activities, where and when appropriate, that focus U.S. government resources and activities toward achieving and sustaining the HIV/AIDS epidemic:

- Optimize HIV testing and treatment strategies to reach undiagnosed populations living with HIV, especially young adults, men, and key populations. These strategies may include or build upon traditional methods and activities related to outbreak detection, investigation, and response. Responding to recent infections or ongoing patterns of transmission will be prioritized.
- Focus on prevention among children, adolescents, young adults, and members of vulnerable and key populations.
- Support surveillance activities and programs, along with information systems, that improve understanding of HIV epidemiology, remaining gaps, and informed future programming.
- Support efforts to maintain quality for laboratory systems and activities, including diagnostics and viral load measurement.
- Actively use epidemiologic, program, and financial/cost data to ensure implementation of high quality, cost-effective programs to improve partner performance and increase epidemiologic impact.
- Support country-led, sustainable programming by working with and implementing activities through indigenous partners, including faith communities and faith-based organizations (FBOs), HIV network organizations and community-based organizations directly servicing communities and populations at-risk and most affected by HIV to build local capacity.
- Strengthen policy and financial contributions by partner governments in the HIV/AIDS response.
- Support activities, interventions, and programs to find, treat, and prevent Tuberculosis (TB) among PLHIV and to identify and treat HIV among people infected with TB.
- Support efforts to prevent, detect, respond, and treat infectious and non-infectious diseases that impact PLHIV and populations affected by HIV.

The Epidemic Control language immediately listed above is in effect under this NOFO from

December 1, 2018 through the remainder of the project period.

The President's Emergency Plan for AIDS Relief (PEPFAR) is committed to protecting children from abuse, exploitation and neglect in order to decrease their vulnerability to HIV/AIDS. Consistent with underlying authorities, PEPFAR seeks to ensure that children and youth obtaining services through PEPFAR programming are also protected from abuse, exploitation, and neglect in CDC PEPFAR-supported programs.

To that end, because activities to be funded under this award may involve children or personnel coming into contact with children, Recipients of CDC PEPFAR funds agree to ensure compliance with host country and local child welfare and protection legislation or international standards, whichever gives greater protection, and with U.S. law, where applicable. Further, Recipients of CDC PEPFAR funding are strongly encouraged to: 1) have in place policies and procedures that prohibit recipient personnel from engaging in child abuse, exploitation, or neglect; 2) consider child safeguarding in project planning and implementation to determine potential risks to children that are associated with project activities and operations; 3) apply measures to reduce the risk of child abuse, exploitation, or neglect, including, but not limited to, limiting unsupervised interactions with children; prohibiting exposure to pornography; and complying with applicable laws, regulations, or customs regarding the photographing, filming, or other image-generating activities of children; 4) promote child-safe screening procedures for personnel, particularly personnel whose work brings them in direct contact with children; and 5) have a process for ensuring that personnel and others recognize child abuse, exploitation, or neglect, report allegations, investigate and manage allegations, and take appropriate action in response to such allegations. It is also strongly encouraged that Recipients include the above provisions in any applicable code of conduct for its personnel implementing PEPFAR-funded activities.

This announcement is only for non-research activities supported by CDC. Recipients may not use funds for research. Certain activities that may require human subjects review due to institutional requirements but that are generally considered not to constitute research (e.g., formative assessments, surveys, disease surveillance, program monitoring and evaluation, field evaluation of diagnostic tests, etc.) may be funded through this mechanism. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

#### **e. Relevant Work**

This NOFO builds upon past and current work with the CDC's Division of Global HIV/TB and PEPFAR COP Guidance that details the need to invest in country HIS and HCW capacity in order to enhance and improve availability of high quality data capture and analytics that will inform and improve HIV/AIDS treatment and prevention programs to achieve epidemic control.

PEPFAR continues to support robust counseling and testing programs that have identified millions of people with HIV/AIDS needing antiretroviral therapy (ART). Due to this impact, electronic systems are necessary to manage the volume of patient data generated. The systems that have been focused on include, but are not limited to: patient monitoring (EMR), electronic clinical registers, LIS, pharmacy dispensing system, recency and CBS systems, HRIS, HMIS, logistics management system, system and data security and confidentiality, and KP tracking system.



Regarding system security and confidentiality, any adapted, developed, or modified systems should enable and enforce confidentiality and security protections consistent with published guidance by both CDC and UNAIDS (see <https://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf> and [http://data.unaids.org/pub/manual/2007/confidentiality\\_security\\_interim\\_guidelines\\_15may2007\\_en.pdf](http://data.unaids.org/pub/manual/2007/confidentiality_security_interim_guidelines_15may2007_en.pdf)) applicants must establish and document policies and procedures on how they will protect confidentiality and security of any personally identifiable information collected or used to implement activities funded under this announcement. These policies and procedures must document how any such data are collected, stored, used, shared, or disseminated, and must cover all physical, electronic, or procedural protections. Multiple guidance documents on data protections are available which cover government and industry data security best practice, including cyber security protection. Examples include: 1) [https://www.owasp.org/index.php/Main\\_Page](https://www.owasp.org/index.php/Main_Page); 2) <https://www.phe.gov/Preparedness/planning/405d/Documents/HICP-Main-508.pdf>; <https://www.iso.org/isoiec-27001-information-security.html>; and 4) <https://csrc.nist.gov/publications/detail/sp/800-171/rev-1/final>.

This NOFO will build on and support host governments with Health Systems Strengthening activities begun in previous years and stated in the FY 2019 COP Guidance for PEPFAR-supported countries including:

- Strengthening eHealth/HIS strategic planning and governance
- Development, promotion, and implementation of policy, guidelines, and tools
- Improvements in national-, regional-, and district-level HIS including strengthening system security and data confidentiality
- Support for the national HIS planning and development
- Address issues of standards and interoperability needed to exchange and share data needed to improve health through evidence-based decisions
- Pre-service and in-service health informatics training activities
- Capacity strengthening of the National and Subnational Units of the health system, such as policy roll-out, TA, program reviews, and use of data for quality improvement
- M&E of HIS implementations to identify effective informatics practices, efficiencies gained, health impacts, and increased sustainability and country ownership

## 2. CDC Project Description

### a. Approach

**Bold** indicates period of performance outcome.

<b><u>Strategies and Activities</u></b>	<b><u>Short-Term Outcomes</u></b>	<b><u>Intermediate Outcomes</u></b>	<b><u>Long-Term Outcomes</u></b>
<p><b>Strategy 1:</b> Support host governments review, assess, adapt and if necessary, design, develop, implement, evaluate, and use secure, standards-based, interoperable HIS for program improvement, disease surveillance, and reporting</p> <p><b>Strategy 2:</b> Support host governments develop, implement, and evaluate country eHealth/Digital Health strategies, governance, policies, architecture, and information standards</p> <p><b>Strategy 3:</b> Support host governments develop indigenous health informatics capacity among leaders, health professionals, program implementers, and organizations</p> <p><b>Strategy 4:</b> Support host governments monitor and evaluate HIS implementation to identify effective informatics practices and document lessons learned</p>	<p><b>Increased use of standards for data exchange between HIS</b></p> <p><b>Increased analytic capacity and utilization of health data systems reporting at all levels</b></p> <p><b>Increased use of unique identifiers (IDs) for longitudinal tracking of patients from first diagnosis to death</b></p> <p><b>Increased availability and use of eHealth strategies, governance, and policies best practices</b></p> <p><b>Increased health informatics (HI) collaborations among countries</b></p> <p><b>Increased use of evidence based HI competencies and HIS curriculum/courses</b></p> <p><b>Increased adoption and harmonization of evaluation frameworks, Monitoring and reporting tools/procedures by countries to improve HI implementations</b></p>	<p><b>Increased data exchange between HIS including registries and national data repositories</b></p> <p><b>Increased availability of high quality and complete data through interoperable HIS</b></p> <p><b>Increased use of eHealth costed action plans at various levels of the health system</b></p> <p><b>Increased effectiveness of HI communities of practice for collaboration</b></p> <p><b>Increased country HI workforce, systems, and IT infrastructure investments, including public-private partnership</b></p> <p><b>Increase adoption and use of internationally consistent national HIS standards</b></p> <p><b>Increased HI cadres in civil service with career path</b></p> <p><b>Increased use of evidence for systems and program improvement</b></p>	<p><b>Improved patient health outcomes</b></p> <p><b>Improved public health response to reduce HIV related morbidity and mortality</b></p> <p><b>Increased human capacity, evaluation and secure electronic data exchange through institutionalized governance, policies, strategies, standards, and funding</b></p> <p><b>Increased health decision making and health outcomes through improved monitoring of inked clinical cascade data from HIS and national-level data sets and decision-making</b></p> <p><b>Improved interoperability and security of HIS</b></p>

## **i. Purpose**

The purpose of this NOFO is to provide TA in health informatics to governments in PEPFAR-supported countries with, but not limited to, access to and use of standard competencies and

curriculum to build HIS knowledge and skills; strategy, policy, and governance to guide HIS capacity; access to data exchange models for secure and confidential transmission of patient-level data by host countries; and access to and use of a standard set of validated tools tailored to measure effectiveness and gains in efficiency of HIS and health-related IS to improve and strengthen health system infrastructure.

## **ii. Outcomes**

CDC may require or allow applicants to propose additional related project period outcomes other than those identified in the NOFO.

### **Short-Term Outcomes:**

- Increased use of standards for data exchange between HIS
- Increased analytic capacity and utilization of health data systems/reporting at all levels
- Increased use of unique IDs for longitudinal tracking of patients from first diagnosis to death
- Increased availability and use of eHealth strategies, governance, and policies best practices – including the use of unique ID, data standards, and privacy, confidentiality, and security policies for HI programming
- Increased HI collaborations among countries – as community of practice
- Increased use of evidence based HI competencies and HIS curriculum/courses
- Increased adoption and harmonization of evaluation frameworks, Monitoring and reporting tools/procedures by countries to improve HI implementations

### **Intermediate Outcomes:**

- Increased data exchange between HIS including registries and national data repositories
- Increased availability of high quality and complete interoperable HIS – for population level monitoring, patient-level monitoring and program decision making
- Increased use of eHealth costed action plans at various levels of the health system
- Increased effectiveness of HI communities of practice for collaboration
- Increased country HI workforce, systems, and IT infrastructure investments, including public-private partnership
- Increased adoption and use of internationally consistent, national HIS standards – including but not limited to terminology, exchange and security
- Increased HI cadres in civil service with career path
- Increased use of evidence for systems and program improvement

### **Long-Term Outcomes:**

- Increased human capacity, evaluation and secure electronic data exchange through institutionalized governance, policies, strategies, standards, and funding
- Increased health decision making and health outcomes through improved monitoring of inked clinical cascade data from HIS and national-level data sets and decision-making
- Improved interoperability and security of HIS

### **iii. Strategies and Activities**

#### **Strategy 1: Support host governments review, assess, adapt and if necessary, design, develop, implement, evaluate, and use secure, standards-based, interoperable HIS for program improvement, disease surveillance, and reporting**

- Support the development or revision of national eHealth/digital health strategy
- Support the development or strengthen National eHealth/IT architecture to improve data access, exchange, and use and IT management
- Develop and disseminate information Standards and Interoperability Toolkit containing tools (policies, practices, principles)
- Provide expert scientific advice, consultation, and leadership to inter-country collaboration to review, adopt, and implement internationally-consistent information standards
- Support the development of national CBS guideline, including the underlying data management systems
- Support the assessment and development of data privacy, confidentiality, and security policies
- Support development of national policy and frameworks for implementation of unique patient identifier
- Support the development of EMRs standards or requirements
- Support standard informatics workforce strategy and position developments
- Develop public private partnership with technology companies to leverage resources, technology, and innovations to support key epidemic control priorities
- Support countries' development of comprehensive strategies for sustainable health informatics financing

#### **Strategy 2: Support host governments develop, implement, and evaluate country eHealth/Digital Health strategies, governance, policies, architecture, and information standards**

- Develop and validate competencies for a variety of informatics/HIS professionals
- Develop and deliver courses on core informatics/HIS content to designated health care professionals
- Disseminate models and frameworks for developing in-country informatics/HIS capacity
- Strengthen MOH and PEPFAR recipients' capacity on open source tools and key IS

#### **Strategy 3: Support host governments develop indigenous health informatics capacity among leaders, health professionals, program implementers, and organizations**

- Support country interoperability expertise and projects
- Support the design, development, implementation, and use of HIS
- Conduct country assessments and develop strategy and plans for implementation of country data systems for electronic CBS
- Support identification of approaches/implementation of national unique ID to improve de-duplication and improve patient-tracking

- Support the development and implementation of national data repositories
- Build IT project management capacity of organizations to support national health data systems
- Develop and support inter-country collaboration for the development and maintenance of open source tools, systems, and communities

**Strategy 4: Support host governments monitor and evaluate HIS implementation to identify effective informatics practices and document lessons learned**

- Develop and validate evaluation models and tools for HIS
- Develop and validate a model framework for assessing costs and efficiencies gained
- Develop and conduct an evaluation of Inter-governmental Learning Exchange to Advance Data- driven Decision-making (I-LEAD) and Growing Expertise in E-health Knowledge and Skills (GEEKS) programs using appropriate M&E framework
- Disseminate and promote integration of evaluation models into country strategic and evaluation plans
- Support the development of country monitoring and evaluation plans and protocols for HIS implementation

In furtherance of the underlying purpose of this announcement, Recipient is expected to provide copies and/or access to all data, software, tools, training materials, guidelines, and systems developed under this NOFO to Ministry of Health and other relevant stakeholders for appropriate use. CDC should be provided access consistent with applicable grants regulations.

## **1. Collaborations**

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

The recipient(s) will be expected to collaborate with Health Informatics Team and other teams within DGHT at CDC, CDC country offices, and their respective government counterparts including but not limited to the Ministries of Health. In addition, the recipient(s) will be expected to collaborate and develop HI capacity within indigenous organizations within supported countries.

### **b. With organizations not funded by CDC:**

The recipient(s) will be expected to collaborate with non-CDC funded PEPFAR agencies and programs, non-government organizations, local government agencies, and multilaterals both domestically and specific to country offices counterparts that fall within these categories. In addition, the recipient(s) may initiate public/private partnership with technology and other private sector recipients.

## **2. Target Populations**

The target populations for this NOFO will support HCW, people living with HIV, and at risk populations through programs supported by CDC DGHT and field offices.

### **a. Health Disparities**

N/A

#### **iv. Funding Strategy**

Applicants to this NOFO are encouraged to apply to the Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount. Applications must not exceed this amount. Applicants should submit the SF-424A as part of their application which shows all components for the budget period and the amounts should exactly match what is being requested for funding. Please note the following key points on component funding:

- Component funding must be setup at the time of the application.
- Each component must be a discrete set of activities with an associated budget. Setting up components based on time (i.e., quarterly) is an appropriate distinction of activities, provided activities are clearly outlined.
- Applicants should submit SF-424As as part of their applications which show all components for the budget period. If more than 4 components exist, multiple SF-424As will be needed.
- Any component that is not funded at the time of new award may be deemed "Approved but Unfunded (ABU)". There is no guarantee that all components will be funded in a budget period as ABU components are subject to the availability of funds.
- If, during the technical review, the program office approves a budget that differs from what was submitted at application (reflected in the budget markup), a revised budget will be required in conjunction with the response to the technical review. This revised budget is due within 30 days of the start of the budget period. Any future components will not be awarded until the revised budget is submitted and approved.
- Once components are awarded, funds cannot be redirected between components. Component ceilings cannot change throughout the budget period.

Applicants are encouraged to consider the following in the development of their budgets and budget narratives:

For Year 1, CDC anticipates an Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award of \$20,000,000 with the following components:

Component 1- COP20 Q1 Targets

Component 2- COP20 Q2 Targets

Component 3- COP20 Q3 Targets

Component 4- COP20 Q4 Targets

Component 5- COP20 Additional Targets

These amounts are subject to approval and the availability of funds.

#### **b. Evaluation and Performance Measurement**

##### **i. CDC Evaluation and Performance Measurement Strategy**

CDC expects that routine performance data is reviewed, cleaned, and used for program management. To this effect, the recipient(s) should hold regular review meetings to discuss

performance and use data in program quality improvement activities.

Recipient(s) should allocate funds made available under this NOFO for both evaluation activities and performance monitoring. While the final funding amount will be agreed upon by both CDC and the recipient(s), a minimum of 4% of funds should be allocated for monitoring and 4% for evaluation activities.

## **PERFORMANCE MONITORING**

Performance measures will include both PEPFAR (MER) and non-PEPFAR indicators. Recipient(s) will be responsible for reporting on but not limited to the MER indicators listed below; applicants should propose additional relevant PEPFAR and non-PEPFAR indicators as part of their Evaluation and Performance Management Strategy. Below are **illustrative** indicators and targets for performance monitoring.

Example FY 2020 indicators and targets corresponding to Year 1 of the NOFO are listed below. Unless indicated below, the reporting periods will mirror the PEPFAR MER indicator reporting frequency (quarterly, semi-annually, and annually). Targets may be adjusted or new targets identified in subsequent years based on implementation of HIV/AIDS epidemic control strategies and prioritization. Any gaps or unmet needs not fulfilled in the first year will affect the targets of the subsequent years.

### **Targets and Reporting Frequency**

Illustrative indicators, targets, and reporting frequencies corresponding to Year 1 of the NOFO are shown below. Unless otherwise indicated, the reporting periods for MER indicators will mirror the PEPFAR MER indicator reporting frequency (quarterly, semi-annually, and annually). Targets and reporting frequencies may be adjusted or new targets identified in Year 1 and/or in subsequent years based on implementation of HIV/AIDS epidemic control strategies and program priorities. Any gaps or unmet needs not fulfilled in the first year will affect the targets and budgets in the subsequent years. Additional information regarding reporting is included in the PEPFAR MER 2.0 (V2.3) guidance.

### **PEPFAR (MER) Process and Outcome Measures:**

- **HRH\_CURR:** Number of health workers who are working on HIV-related activities and are receiving any type of support for PEPFAR, as well as total spend on these workers.
- **EMR\_SITE:** Number of PEPFAR-supported facilities that have an electronic medical record (EMR) system within the following service delivery areas : HIV Testing Services, Care and Treatment, Antenatal or Maternity Services, Early Infant Diagnosis or Under Five Clinic, or TB/HIV Services

### **Non-PEPFAR (MER) Targets:**

**Indicator:** Number and percentage of the selected HIS have successfully demonstrated interoperability [Target: Number will be assessed after award. 25% of selected HIS sub-systems have successfully demonstrated interoperability by the end of the first year of the grant.]

**Data source:** Recipient(s) will collect this information as part of their ongoing project management (PM) activities and tracks it in their PM tool.

**Indicator:** Number and percentage of patient level data that country x has been able to exchange through interoperable systems

[Target: Number will be assessed after award. 15% of data for all patients on ART is exchanged between EMR system and LIS based on open standards, through an information exchange layer at the end of the first year.]

**Data source:** EMRs, LIMS, national data repository (or data warehouse).

**Indicator:** Number and percentage of interoperable HIS enhanced availability of data for HIV CBS in country x.

[Target: Number will be assessed after award. 25% of data used for HIV CBS is generated and de-duplicated from interoperable HIS which includes EMR and LIS at the end of the first year.]

**Data source:** EMRs, LIMS, national data repository (or data warehouse).

### **Health Informatics Policy and Governance**

**Indicator:** Number and percentage of governance and policy documents produced or revised and in use to inform the implementation of interoperable HIS (e.g. eHealth strategy, standards and guidelines for EMRs, data security and confidentiality policy, etc).

[Target: Number and percentage will be assessed after award. However, at least one in the first year and xx as prioritized by the host country.]

**Data source:** policy tracking tool.

### **HI Capacity Building**

**Indicator:** The number and percentage of health workers who have graduated from nationally accredited, applied (non-academic) training program on health informatics over the last year (examples include country designed and approved training curriculum, GEEKS or I-LEAD).

[Target: Number will be assessed after award. These targets will be set by the host country but it is expected that the recipient(s) will conduct training to at least 25% of all professional (at all levels) in the first year.]

**Data source:** Training information management system

### **HI Evaluation Protocols**

**Indicator:** the number and percentage of evaluation protocols that have been submitted and approved by the CGH ADS level.

[Target: Number will be assessed after award. At least 35% of ongoing HIS programs have protocols that have been approved by the CGH ADS level by the end of the first year of the project.]



**Data source:** ADS protocol tracking tool/eClearance.

## **M&E**

**Indicator:** The number and percentage of systems in the national eHealth architecture routinely tracked using a monitoring system for their interoperability capability.

[Target: Number will be assessed after award. At least 25% of sub-systems with interoperable capability are routinely tracked by the end of first year.]

**Data source:** ADS protocol tracking tool/eClearance.

**All example indicators and targets are recommended to have the following:**

Frequency: Quarterly

Dissemination: Technical reports (e.g. business requirements specification, user guide, data dictionaries, system and data workflows, training report, manuscripts, conference PowerPoints, etc.) sent to the host-country government and CDC

## **EVALUATION**

Applicants should have an initial evaluation plan with clear evaluation questions that align the core activities listed in the NOFO. Potential evaluation topics below are examples of what the recipient(s) may be expected to answer through evaluation(s). Applicants should include at least 1, but no more than 3 potential evaluation questions. The applicant should consider the following areas when developing evaluation questions:

### **Sample Topics:**

- Interoperable systems on CBS data quality
- eHealth policies and governance structure impact on implementation of interoperable systems

**Data Sources:** Project tracking data, routine program monitoring data as well as interviews of systems users are potential sources of data for the evaluation. Data can be collected from HCW, focus groups, in-depth interviews, surveys, etc.

**Dissemination of Results:** Technical reports sent to the host-country government and CDC. Additionally, data can be disseminated via manuscripts in peer-reviewed journals or conference abstracts. Results from evaluation will be publicly available.

In addition, recipient(s) may be required to conduct a costing analysis or economic evaluation of implemented interventions or activities at the end of project to determine:

- Cost and/or unit costs, and cost drivers of interventions or activities
- Cost-effectiveness of interventions or activities

Evaluations are expected to align with national, PEPFAR, and agency priorities and

programmatic gaps, and will be reviewed and approved as part of the Country Operational Plan (COP). As such, the evaluation questions listed in this announcement may be amended based on feedback from OGAC during the annual COP review process.

## **ii. Applicant Evaluation and Performance Measurement Plan**

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

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

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

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

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

## **c. Organizational Capacity of Recipients to Implement the Approach**

Applicants should submit the following materials in their appendix:

- Statement of Experience (maximum 5 pages) demonstrating organizational capacity to address the requirements of the NOFO and specifically in the following areas:
  - Proficiency in building consensus and governance amongst broad groups of stakeholders including host government, USG agencies, development partners, etc. particularly with regard to developing and/or adopting eHealth/Digital health

- strategy, policies, and data standards
- Expertise and experience in interoperability and health exchange project design, development, and implementation
- Expertise and experience in health informatics capacity development including institutional commitment, human and other resources, and collaborative relationships and experience in building such capacity in a PEPFAR-supported country
- Capacity and experience with HIS development and IT project management methodologies and familiarity with Digital Development Principles
- Experience in IT project management
- Proficiency in developing and implementing M&E plans
- Cybersecurity capabilities including developing privacy, confidentiality, and security policies and effective planning, training, implementation, and management of an information security program to provide security for HIS, networks, and data that support public health program operations
- Experience in building capacity of indigenous individuals and organizations in resource limited settings
- Strong evidence of the organizational and personnel capabilities needed for successful program planning, management, implementation, and evaluation
- CVs/Resumes for key personnel (ex. PI, Business Official, Health Informatics Lead, Policy Lead, M&E Lead, IT Project Manager, System Architect, Training Lead, etc.)
- Job Descriptions for key personnel
- Organizational Chart (maximum 1 page)
- Financial Management Statement (maximum 1 pages) that describes the following:
  - Systems and procedures used to manage funds
  - Procurement procedures
  - Previous experience managing budgets greater than \$2,000,000

Applicants must title these documents in their appendix as follows: “Experience,” “CVs/Resumes,” “Job Descriptions,” “Organizational Chart,” “Financial Statement” and upload it at [www.grants.gov](http://www.grants.gov).

#### **d. Work Plan**

Applicants must include a work plan that demonstrates how the outcomes, strategies, activities, timelines, and staffing will take place over the course of the award. Applicants must submit a detailed work plan for the first year of the project and a high level plan for the subsequent years.

#### **e. CDC Monitoring and Accountability Approach**

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

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.

- Creating an environment that fosters integrity in program performance and results.

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

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

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

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

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program include, but are not limited to, the following:

1. Organize an orientation meeting with the recipient for a briefing on applicable U.S. Government, HHS/CDC, and PEPFAR expectations, regulations, and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and OGAC.
2. Review and make recommendations as necessary to the process used by the recipient to select key personnel and/or post-award sub-contractors and/or sub-recipients to be involved in the activities performed under this agreement, as part of the PEPFAR COP review and approval process, managed by OGAC.
3. Review and approve recipient's annual work plan and detailed budget, as part of the PEPFAR COP review and approval process, managed by OGAC.
4. Review and approve the recipient's monitoring and evaluation plan, including for compliance with the strategic information guidance established by OGAC.
5. Meet on a regular basis with the recipient to assess expenditures in relation to approved work plan and modify plans as necessary.
6. Meet on a quarterly basis with the recipient to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the recipient to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for the subsequent year, as part of the PEPFAR COP review and approval process, managed by OGAC.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert

technical assistance and targeted training activities in specialized areas, such as strategic information, project management, and confidential counseling and testing.

9. Provide in-country administrative support to help the recipient meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB).
10. Collaborate with the recipient on designing and implementing the activities listed above, including, but not limited to: the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, and the management and tracking of finances.
11. Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the recipient. All such data collections-- where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB Paperwork Reduction Act of 1995 (PRA) clearance prior to the start of the project.
12. Provide consultation and scientific and technical assistance based on appropriate HHS/CDC and OGAC documents to promote the use of best practices known at the time.
13. Assist the recipient in developing and implementing quality-assurance criteria and procedures.
14. Facilitate in-country planning and review meetings for technical assistance activities.
15. Provide technical oversight for all activities under this award.
16. Conduct site visits through the Site Improvement through Monitoring System (SIMS), in compliance with PEPFAR requirements, to monitor and evaluate clinical and community service delivery site capacity to provide high-quality HIV/AIDS services in all program areas and 'above-site' capacity to perform supportive or systemic functions, by assessing and scoring key program area elements of site performance and work with the recipient on identified gaps and continuous quality improvement, which might include more thorough data quality or service quality assessments as indicated.
17. Ensure the recipient's Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by OGAC and other HHS/CDC requirements, including PEPFAR's Monitoring, Evaluation, and Reporting (MER) strategy, PEPFAR's Evaluation Standards of Practice, and CDC's Data for Partner Monitoring Program (DFPM).
18. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters. Evaluations can be process, outcome, or economic.
  - A. Process Evaluation: measures how the intervention was delivered, what worked/did not, differences between the intended population and the population served, and access to the intervention.
  - B. Outcome Evaluation: determines effects of intervention in target population(s) (e.g., change in knowledge, attitudes, behavior, capacity, etc.).
  - C. Economic Evaluation: justifies the investment, and determines the efficiency and economic impact of interventions
19. Supply the recipient with protocols for related evaluations.

## **B. Award Information**

### **1. Funding Instrument Type:**

Cooperative Agreement

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

**2. Award Mechanism:**

U2G

**3. Fiscal Year:**

2020

**4. Approximate Total Fiscal Year Funding:**

\$20,000,000

**5. Approximate Period of Performance Funding:**

\$0

This amount is subject to the availability of funds.

The Approximate Project Period of Performance Funding/Estimated Total Funding for the Total 5 year Project Period is None. The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for years 2-5 will be set at continuation.

Estimated Total Funding:

\$0

**6. Approximate Period of Performance Length:**

5 year(s)

**7. Expected Number of Awards:**

2

The expected number of awards is 1-2.

**8. Approximate Average Award:**

\$20,000,000 Per Budget Period

The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for Year 1 is \$20,000,000. The expected number of awards is 1-2.

Exact amounts for each award under this NOFO will be determined at the time of award.

Applicants are encouraged to apply to the Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount.

**9. Award Ceiling:**

\$0 Per Budget Period

This amount is subject to the availability of funds.

The Award Ceiling is None. Please refer to the Approximate Total Fiscal Year Funding, Average One Year Award Amount, and Approximate Average Award for the anticipated total funding amount for Year 1. This amount is approximate and is subject to the availability of funds.

**10. Award Floor:**

\$0 Per Budget Period

None.

**11. Estimated Award Date:**

09/30/2020

**12. Budget Period Length:**

12 month(s)

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

### 13. Direct Assistance

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

## C. Eligibility Information

### 1. Eligible Applicants

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

Additional Eligibility Category:

Government Organizations:

State 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 Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.  
State controlled institutions of higher education  
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Ministries of Health

## 2. Additional Information on Eligibility

This is a fully competitive NOFO. In addition to the entities listed above in the text field entitled “Eligible Applicants,” the following entities are eligible to apply for this NOFO:

- Government Organizations:
  - Political subdivisions of States (in consultation with States)
- Non-government Organizations:
  - Alaska Native health corporations
  - Tribal epidemiology centers
  - Urban Indian health organizations
  - Nonprofit with 501C3 IRS status (other than institution of higher education)
  - Nonprofit without 501C3 IRS status (other than institution of higher education)
  - Research institutions (that will perform activities deemed as non-research)
- Colleges and Universities
- Community-based organizations
- Faith-based organizations (FBOs)
- For-profit organizations (other than small business)
- Hospitals
- Small, minority, and women-owned businesses
- All Other

The Approximate Total Fiscal Year Funding/Average One Year Award Amount/Approximate Average Award amount for this NOFO is \$20,000,000. CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

Late submissions will be determined non-responsive unless a request for extension is approved following the procedure outlined in “Other Submission Requirements, Paper Submission”. Please see “Application and Submission Information” and “Submission Dates and Times” for the application deadline date. Please also see, “Other Submission Requirements” for information on technical difficulties and paper submission. All requests to submit a paper application must be received at least three calendar days prior to the application deadline.

## 3. Justification for Less than Maximum Competition

N/A

## 4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

## 5. Maintenance of Effort



Maintenance of effort is not required for this program.

## D. 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](http://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](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](http://www.grants.gov):

The first step in submitting an application online is registering your organization at [www.grants.gov](http://www.grants.gov), the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at [www.grants.gov](http://www.grants.gov).

All applicant organizations must register at [www.grants.gov](http://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 <a href="http://fedgov.dnb.com/webform">http:// fedgov.dnb. com/ webform</a> 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at <a href="http://fedgov.dnb.com/">(http:// fedgov.dnb. com/</a>

		DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		<a href="#">webform</a> ) 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 <a href="https://www.sam.gov/SAM/">https://www.sam.gov/SAM/</a> 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 <a href="https://fsd.gov/fsd-gov/home.do">https://fsd.gov/fsd-gov/home.do</a> 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](http://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](http://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: N/A

##### b. Application Deadline

Due Date for Applications: **02/21/2020** , 11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov). If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

N/A

#### 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\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/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](http://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\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/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](http://www.grants.gov).

## **7. Letter of Intent**

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

## **8. Table of Contents**

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at [www.grants.gov](http://www.grants.gov).

## **9. Project Abstract Summary**

(Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at [www.grants.gov](http://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](http://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](http://www.grants.gov). The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

### **a. Background**

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

### **b. Approach**

#### **i. Purpose**

Applicants must describe in 2-3 sentences specifically how their application will address the

public health problem as described in the CDC Background section.

## **ii. Outcomes**

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

## **iii. Strategies and Activities**

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

## **1. Collaborations**

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

## **2. Target Populations and Health Disparities**

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

## **c. Applicant Evaluation and Performance Measurement Plan**

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

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

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

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

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

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

#### **d. Organizational Capacity of Applicants to Implement the Approach**

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

The Project Narrative must include a heading titled Organizational Capacity of Applicants to Implement the Approach, under which applicants should include a brief description of their organizational capacity.

A list of materials specific to this NOFO that must be submitted in the appendix is included in Part II Section 2. A. 2 c. Organizational Capacity of Recipients to Implement the Approach. Additional instructions on appendix submittal requirements can be found in Section H Other Information.

### **11. Work Plan**

(Included in the Project Narrative's page limit)

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

### **12. Budget Narrative**

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



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

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

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

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

Applicants must name this file "Budget Narrative" and upload it as a PDF file at [www.grants.gov](http://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](http://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 2 CFR 200 which include, but are not limited to, the following:

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

### **14. Intergovernmental Review**

Executive Order 12372 does not apply to this program.

### **15. Pilot Program for Enhancement of Employee Whistleblower Protections**

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

### **16. Copyright Interests Provisions**

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC’s Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the

final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

## **17. Funding Restrictions**

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an

award to another party or provider who is ineligible.

- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

- 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. Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).
- All requests for funds contained in the budget shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

#### **Public Financial Management Clause**

- The Parties acknowledge that HHS/CDC has assessed the recipient's systems required to manage the activities supported with US Government funds under this Agreement and that this Agreement is expressly conditioned upon that assessment, as well as any measures, mitigation, or means by which the recipient has or will address the vulnerabilities or weaknesses, if any, found in that assessment. The recipient agrees to take the necessary action(s) to address the recommendations or requirements of the assessment as agreed separately in writing with HHS/CDC in accordance with an action plan to be jointly developed to address such recommendations or as otherwise contained in this agreement.

#### **Conscience Clause**

An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care

- Shall not be required, as a condition of receiving such assistance
- To endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or

- To endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
- Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described above.

### **Conference Costs and Fees**

U.S. Government funds under this award must not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a multilateral organization, as defined below, unless approved by the CDC in writing.

- Definitions:
  - A foreign government delegation is appointed by the national government (including ministries and agencies but excluding local, state and provincial entities) to act on behalf of the appointing authority at the international conference. A conference participant is a delegate for the purposes of this provision, only when there is an appointment or designation that the individual is authorized to officially represent the government or agency. A delegate may be a private citizen.
  - An international conference is a meeting where there is an agenda, an organizational structure, and delegations from countries other than the conference location, in which country delegations participate through discussion, votes, etc.
  - A multilateral organization is an organization established by international agreement and whose governing body is composed principally of foreign governments or other multilateral organizations.

### **Medically Accurate Information About Condoms**

- Information provided about the use of condoms as part of projects or activities funded under the award must be medically accurate and must include the public health benefits and failure rates of such use.

### **Needle Exchange**

- No funds made available under this award may be used for needle exchange programs.

### **Abortion and Involuntary Sterilization Restrictions**

- Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.
- Prohibition on Abortion-Related Activities:
  - No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family

planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term “motivate”, as it relates to family planning assistance, must not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

- No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

### **Prostitution and Sex Trafficking**

- A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that none of the funds made available under this award may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. In addition, non-U.S. nongovernmental organizations will also be subject to an additional term and condition requiring the organization’s opposition to the practices of prostitution and sex trafficking. Any enforcement of this provision is subject to courts’ orders in *Alliance for Open Society International v. USAID* (See, e.g., S.D.N.Y. 05 Civ. 8209, Orders filed on January 30, 2015 and June 6, 2017, granting permanent injunction).

### **Trafficking in Persons Provision**

- No contractor or subrecipient under this Agreement that is a private entity may, during the period of time that the award is in effect:
  - engage in trafficking in persons, as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime;
  - procure any sex act on account of which anything of value is given to or received by any person; or
  - use forced labor in the performance of this award.
- If HHS/CDC determines that there is a reasonable basis to believe that any private party contractor or subrecipient has violated paragraph 1 of this section or that an employee of the contractor or subrecipient has violated such a prohibition where that the employee’s conduct is associated with the performance of this award or may be imputed to the contractor or subrecipient, HHS/CDC may, without penalty, (i) require the Recipient to terminate immediately the contract or subaward in question or (ii) unilaterally terminate this Agreement in accordance with the termination provision.
- For purposes of this provision, “employee” means an individual who is engaged in the performance in any part of the Project as a direct employee, consultant, or volunteer of any private party contractor or subrecipient.
- The Applicant must include in all subagreements, including subawards and contracts, a

provision prohibiting the conduct described in subsection a by private party subrecipients, contractors, or any of their employees.

### **Prohibition on Assistance to Drug Traffickers**

- HHS/CDC reserves the right to terminate assistance to, or take other appropriate measures with respect to, any participant approved by HHS/CDC who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.
- The Applicant agrees not to disburse, or sign documents committing the Applicant to disburse funds to a sub-recipient designated by HHS/CDC ("Designated Sub-recipient") until advised by HHS/CDC that: (1) any United States Government review of the Designated Sub-recipient and its key individuals has been completed; (2) any related certifications have been obtained; and (3) the assistance to the Designated Sub-recipient has been approved.
- The Applicant shall insert the following clause, or its substance, in its agreement with the Designated Sub-recipient:
  - The Applicant reserves the right to terminate this Agreement or take other appropriate measures if the [Sub-recipient] or a key individual of the [Sub-recipient] is found to have been convicted of a narcotic offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

### **Financing of Terrorism**

- Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999) ([http://www.undemocracy.com/S-RES-1269\(1999\).pdf](http://www.undemocracy.com/S-RES-1269(1999).pdf)), UNSCR 1368 (2001) ([http://www.undemocracy.com/S-RES-1368\(2001\).pdf](http://www.undemocracy.com/S-RES-1368(2001).pdf)), UNSCR 1373 (2001) ([http://www.undemocracy.com/S-RES-1373\(2001\).pdf](http://www.undemocracy.com/S-RES-1373(2001).pdf)), and UNSCR 1989 (2011), both HHS/CDC and the Applicant are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. It is the policy of HHS/CDC to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities associated with terrorism. In accordance with this policy, the Applicant agrees to use reasonable efforts to ensure that none of the HHS/CDC funds provided under this Agreement are used to provide support to individuals or entities associated with terrorism, including those identified on the U.S. Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List. This provision must be included in all subagreements, including contracts and subawards, issued under this award.

### **Restriction on Assistance for Military or Paramilitary Purposes or for Police and Prisons**

- No funds or other support provided under the award may be used for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HHS/CDC.

### **UN Security Council Sanctions List**

- It is the policy of HHS/CDC to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities designated for United Nations Security Council sanctions. In accordance with this policy, the applicant agrees to use reasonable efforts to ensure that none of the funds provided under this grant are used to provide support of individuals or entities designated for UN Security Council sanctions (compendium of Security Council Targeted Sanctions Lists at: [http://www.un.org/sc/committees/list\\_compend.shtml](http://www.un.org/sc/committees/list_compend.shtml)). This provision must be included in all sub-agreements, including contracts and sub-awards, issued under this award.

## **Worker's Rights**

- No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized workers' rights of workers in the recipient country.
- In the event the Applicant is requested or wishes to provide assistance in areas that involve workers' rights or the Applicant requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/CDC and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/CDC that it may do so.
- The Applicant must ensure that all employees and subcontractors and sub-recipients providing employment-related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.
- The term "internationally recognized worker rights" includes-- the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health.
- The term "worst forms of child labor" means-- all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by the laws, regulations, or competent authority of the country.

## **Investment Promotion**

- No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise

outside the United States.

- In the event the Applicant requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/CDC and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/CDC that it may do so.
- The Applicant must ensure that its employees and subcontractors and sub-recipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.

### **Contract Insurance Requirement**

- To the extent that a host government partner enters into contracts expressly approved by the U.S. government, the host country government partner shall ensure that its contractors or subcontractors (a) provide, before commencing performance under any contracts or subcontracts funded under this agreement, such workers' compensation insurance or security as required by HHS/CDC and (b) continue to maintain such insurance until performance is completed. The host country government partner shall insert, in all contracts and subcontracts under this agreement, a clause similar to this clause (including this sentence) imposing upon those contractors and subcontractors the obligation to obtain workers' compensation insurance or security as required by HHS/CDC.

### **Source and Nationality and Other Procurement Restrictions**

- Disbursements will be used exclusively to finance the costs of goods and services required for this Agreement [in accordance with 22 CFR 228, and] having their source and nationality in countries [included in Geographic Code [937 or 935]] OR [identified in subsection 6 below], except as HHS/CDC may otherwise agree in writing and as follows:
  - Ocean transportation costs must be financed under the Agreement only on vessels under flag registry of [countries included in Code 935] OR [the following countries: LIST. Also see subsection 7 below on use of U.S.-flag vessels.
  - Any motor vehicles financed under the Agreement will be of United States manufacture, except as HHS/CDC may otherwise agree in writing.
- The nationality of the contractor providing ocean and air shipping services will be deemed to be the ocean vessel's or aircraft's country of registry at the time of shipment.
- Provisions concerning restricted and ineligible goods and services may be provided in subsequent written communications between the parties. Special procurement rules apply to agricultural commodities, pharmaceuticals, pesticides, and fertilizer, none of which may be procured without advance written consent of HHS/CDC.
- Transportation by air of property or persons financed under this agreement will be on carriers holding United States certification to the extent service by such carriers is available under the Fly America Act. This requirement may be further described by HHS/CDC in subsequent written communications between the parties.



- Eligibility Date. No goods or services may be financed under the Agreement which are procured pursuant to orders or contracts firmly placed or entered into prior to the date of this Agreement, except as the Parties may otherwise agree in writing.
- Eligible countries for procurement: HHS/CDC to identify for specific agreement.
- Transportation
  - In addition to the requirements in subsection 1 above, costs of ocean or air transportation and related delivery services may not be financed under this Agreement, if the costs are for transportation under an ocean vessel or air charter which has not received prior HHS/CDC approval.
  - Unless HHS/CDC determines that privately owned U.S. -flag commercial ocean vessels are not available at fair and reasonable rates for such vessels, or otherwise agrees in writing:
    - At least fifty percent (50%) of the gross tonnage of all goods (computed separately for dry bulk carriers, dry cargo liners and tankers) financed by HHS/CDC which may be transported on ocean vessels will be transported on privately owned U.S.-flag commercial vessels; and
    - At least fifty percent (50%) of the gross freight revenue generated by all shipments financed by HHS/CDC and transported to the territory of the Recipient on dry cargo liners shall be paid to or for the benefit of privately owned U.S.-flag commercial vessels. Compliance with the requirements of (1) and (2) of this subsection must be achieved with respect to both any cargo transported from U.S. ports and any cargo transported from non-U.S. ports, computed separately.

### **Environmental Impact Statement**

HHS/CDC and the Applicant agree to implement the Project in conformance with the regulatory and legal requirements of the Partner Country's environmental legislation and HHS/CDC's environmental policies.

- The Applicant is required to create and follow an environmental mitigation plan and report (EMPR) for each thematic area covered by this agreement. The EMPR shall include the following:
  - Coversheet;
  - Narrative with project specific information, including level of effort;
  - Annexes:
    - Environmental Screening Form (Table 1);
    - Identification of Mitigation Plan (Table 2);
    - Environmental Monitoring and Tracking Table (Table 3);
  - Photos and Maps, as appropriate.
- The EMPR will capture potential environmental impacts and also inform whether a supplemental Initial Environmental Examination (IEE) is required and should be completed and submitted to HHS/CDC.

### **Attribution to PEPFAR**

- All PEPFAR-related accepted abstracts presented by implementing partners during any

conference (regardless of conference/meeting size) must be attributed to PEPFAR. All posters must include the PEPFAR logo as well as the following language: “This research has been supported by the President’s Emergency Plan for AIDS Relief (PEPFAR) through HHS/CDC under the terms of CDC-RFA-GH20-2036.”

## **PEPFAR Branding**

- All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. PEPFAR branding guidance can be found at <http://www.pepfar.gov/reports/guidance/branding/index.htm>

## **Using PEPFAR funds for Implementing Partners (IPs) and Partner Government Officials**

IPs are required to notify their Project Officer immediately upon abstract acceptance. Once accepted, IPs are required to submit a written justification to their Project Officer stating the rationale for seeking support to attend the conference. IPs with accepted oral posters or oral abstracts for presentations that give clear attribution to PEPFAR may be authorized to use PEPFAR funds for travel providing that funds are available for travel. Funds for travel must be drawn from an existing agreement with the IP and not from PEPFAR country program management and operations budget. IPs must obtain prior approval from their respective Project Officer for participation and on availability and use of funds.

PEPFAR partner government officials who wish to attend any large conference using PEPFAR funds must submit requests to the Project Officer, who will work with this PEPFAR Coordination office in-country, or to the designated PEPFAR Point of Contact in countries without Coordinators. Final decisions will be made in collaboration with the PEPFAR Deputy Principals and responses will be circulated to Post.

## **Requirements for Voluntary Family Planning Projects**

- A family planning project must comply with the requirements of this paragraph.
- A project is a discrete activity through which a governmental or nongovernmental organization or Public International Organization (PIO) provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.
- (3) Service providers and referral agents in the project must not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.
- (4) The project must not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor, or (ii) any personnel performing functions under the project for achieving a numerical

quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.

- (5) A person must not be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.
- The project must provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.
  - The recipient must notify CDC when it learns about an alleged violation in the requirements for voluntary family planning projects described in paragraphs (3), (4), or (5), above.
  - The recipient must investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation and must notify CDC about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.
  - The recipient must provide CDC such additional information about violations as CDC may request.

### **The 8% Rule**

The President's Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels.

To achieve this goal, OGAC establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. For U.S. Government fiscal year (FY) 2020, the limit is no more than 8 percent of the country's FY2020 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2 million, whichever is greater. The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-recipient. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/\$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and

(c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-recipients, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this NOFO. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/\$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this NOFO unless the U.S. Global AIDS Coordinator approves an exception to the cap. Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this NOFO. For example, the proposal should state that the applicant has \$\_\_\_\_\_ in FY2020 grants and cooperative agreements (for as many fiscal years as applicable) in the country(ies) covered by this NOFO. For additional information concerning this NOFO, please contact the Grants Management Officer for this NOFO.

The 8% rule does not apply to Brazil, Cameroon, Mali, Senegal, Sierra Leone, Central America Regional Office, or the Asia Regional Office because these countries are not required to have a Country Operational Plan (COP) in place.

### **Monitoring and Evaluation Section (SIMS)**

- 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, must require a provision to this effect in all sub-awards or contracts financed by funds under this Agreement. Where applicable, this includes support for, and response to, activities associated with the Site Improvement through Monitoring System.

### **Monitoring Reporting and Evaluation**

- CDC programs must ensure that recipient's Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by OGAC and other HHS/CDC requirements, including PEPFAR's Monitoring, Evaluation, and

Reporting(MER) strategy and CDC's Data for Partner Monitoring Program (DFPM). All evaluations conducted with PEPFAR funds must submit an evaluation report following the format included in Appendix C of PEPFAR Evaluation Standards of Practice <http://www.pepfar.gov/documents/organization/247074.pdf>.

### **Human Subjects Restrictions for PEPFAR Awards**

All plans for data collection from persons or personal records and for laboratory specimen collection and testing that are expected to result in public reports will require protocols for technical review and review of institutional human subjects protection considerations by CDC. Funds for implementing these activities will be restricted until all necessary institutional protocol approvals have been obtained. Funds for preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation) may be provided prior to protocol approval. To facilitate the early availability of funding, the budget and narrative should clarify which activities are preparatory.

Data collection protocols required for release of human subjects funding restrictions must be submitted to the DGHT Science Office within 6 months of notification of such restrictions, but no later than the end of the first budget year. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management Officer.

All protocol approvals should be obtained no later than the end of the subsequent budget period after the award or continuation has been made, provided that the Recipient has not been granted an exception to the deadlines specified above.

### **18. Data Management Plan**

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

<https://www.cdc.gov/grants/additionalrequirements/ar-25.html>

### **19. Other Submission Requirements**

#### **a. Electronic Submission:**

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at [www.grants.gov](http://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](http://www.grants.gov) under the "Workspace Overview" option.

**b. Tracking Number:** Applications submitted through [www.grants.gov](http://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](http://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](http://www.grants.gov). A second e-mail message to applicants will then be generated by [www.grants.gov](http://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](http://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](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](http://www.grants.gov), applicants should contact Customer Service at [www.grants.gov](http://www.grants.gov). The [www.grants.gov](http://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](mailto: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](http://www.grants.gov) is managed by HHS.

**e. Paper Submission:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should call the [www.grants.gov](http://www.grants.gov) Contact Center at 1-800-518-4726 or e-mail them at [support@grants.gov](mailto: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](http://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](http://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 I 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:40**

How well does the applicant describe implementing feasible, acceptable strategies to improve site level electronic data collection, storage, transmission, and use for availability of timely, complete, and quality data for population-level monitoring, patient-level monitoring, and program decision-making? (10 points)

How well does the applicant describe a feasible, efficient method to facilitate system interoperability and secure electronic data exchange? (10 points)

How well does the applicant describe feasible, efficient, standards-based approaches to national and site-level development and adoption of eHealth strategies, unique IDs, data standards, and policies for privacy, confidentiality, and security for use in health informatics programs and resource allocation? (10 points)

How well does the applicant describe health informatics training approaches for competency-based development of capacity at the national, sub-national, and site levels? (10 points)

##### **ii. Evaluation and Performance Measurement**

**Maximum Points:25**

How well does the applicant provide a clear plan and approach for accountability and program

M&E, dissemination, and use leading to process improvement and best practice through evidence-based solutions? (10 points)

To what extent does the initial evaluation and performance measurement plan appropriately address the components specified in this NOFO (i.e., performance measures – indicators, key evaluation questions, types of evaluations to be conducted, how often performance measures must be reported)? (10 points)

How well does the applicant clearly outline how evaluation and performance measurement will track treatment cascade events that are affected by NOFO activities contributing to the 95-95-95 treatment targets? (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points:35
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To what extent does the applicant's staffing plan reflect a comprehensive understanding of the technical and managerial requirements of the NOFO and qualifications referred in the Organizational Capacity of Recipients to Implement the Approach including to reach project targets and goals within planned timelines? (10 points)

To what extent does the applicant demonstrate successful implementation of previous projects as specified in the NOFO (interoperability projects, eHealth strategy development, EMR, etc.)? (10 points)

To what extent does the applicant have demonstrated relevant and successful experience in implementing and collaborating with Ministries of Health, other PEPFAR recipients, civil society organizations, multilateral organizations, academic institutions, private sector, and other HIS stakeholders in low resource countries to ensure rapid deployment of comprehensive TA to support scale up of health informatics and M&E activities described previously and building in-country capacity and ensuring sustainability? (5 points)

To what extent does the applicant have the organizational (administrative and financial management) and personnel capabilities needed for successful program planning, management, implementation, and evaluation? CVs/Resumes should demonstrate that staff have relevant experience and qualifications in HIS development and programming in resource-limited settings. (10 points)

#### Budget

##### **Budget (reviewed not scored)**

Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities? Is the budget itemized, well justified, and consistent with the goals of PEPFAR? If applicable, are there reasonable costs per client reached for both year one and later years of the project?



### **c. Phase III Review**

Applications will be funded in order by score and rank determined by the review panel unless funding preferences or other considerations stated in this NOFO apply. After completion of the Phase II Review, applicants are placed in rank order based on their overall score from the objective review panel and funding preference if applicable. In the event two or more applicants are tied for top ranked, CDC will conduct a further review of the applicants tied for highest rank. CDC will deem the applicant with the highest overall score in the Approach section as top ranked. In the event there is still a tie, CDC will move to the Applicant's Organizational Capacity Section to Implement the Approach and will deem the applicant with the highest overall score in that section as top ranked. Final selection and approval of activities will be prioritized in collaboration with CDC.

Any statements of performance submitted by applicants in response to this NOFO will be assessed for accuracy. In the event past performance described is not aligned with actual performance as documented in an official federal agency report (Corrective Action Plan, Site Improvement Plan, Data for Accountability, Transparency and Impact Monitoring (DATIM) target reporting, or similar), CDC may fund out of rank order.

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

#### **Review of risk posed by applicants.**

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (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 anticipated announcement date is August 2020. The award date will be September 30, 2020.

## **F. Award Administration Information**

### **1. Award Notices**

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

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

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

### **2. Administrative and National Policy Requirements**

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

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

The HHS Grants Policy Statement is available

at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

The following administrative requirements apply to this project:

Generally applicable administrative requirements (ARs):

- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010, P.L. 111-274
- AR-34: Affordable Care Act, P.L. 111-148

ARs applicable to Center for Global Health Assistance Awards:

- AR-35: Protecting Life in Global Health Assistance

ARs applicable to HIV/AIDS Awards:

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Review Panel
- AR-6: Patient Care

Organization Specific ARs:

- AR-8: Public Health System Reporting (Community-based non-governmental organizations)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-15: Proof of Non-profit Status (Non-profit organizations)
- AR 23: Compliance with 45 C.F.R. Part 87 (Faith-based organizations)

Potentially Applicable Public Policy Requirements

- False or Misleading Information
- Taxes: Certification of Filing and Payment of Taxes
- Fly America Act/ U.S. Flag Air Carriers
- National Environmental Policy Act

If applicable, award recipients will be required to submit an electronic version of the final, peer-

reviewed manuscript of any work developed under this award upon acceptance for publication. Additional information will be provided in the award terms.

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.

<b><u>Report</u></b>	<b><u>When?</u></b>	<b><u>Required?</u></b>
Recipient Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	120 days before end of budget period. Serves as yearly continuation application.	Yes
Performance Measure Reporting	Annual reports due 90 calendar days after the award year and quarterly reports due 30 days after the reporting period	Yes
Audit, Books, and Records	When applicable, within 30 days of completion of the audit and no later than nine months after the end of the period under audit	Yes, as applicable
Reporting of Foreign Taxes	Quarterly reports due April 15, July 15, October 15, and January 15	Yes

Expenditure Analysis	Annually, in conjunction with the PEPFAR Annual Progress Report at the completion of the USG fiscal year	Yes
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, April 30, July 30, and October 30	Yes

**a. Recipient Evaluation and Performance Measurement Plan (required)**

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

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

Performance Measurement

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

Evaluation

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

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined

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

#### **b. Annual Performance Report (APR) (required)**

The recipient must submit the APR via [www.Grantsolutions.gov](http://www.Grantsolutions.gov) no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed. This report must include the following:

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

The recipients must submit the Annual Performance Report via [www.Grantsolutions.gov](http://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.

**Performance Measure Reporting (required):**

The recipient is responsible for managing and monitoring each project, program, subaward, function or activity supported through this Agreement. Recipients must monitor subawards to ensure that subrecipients have met the programmatic impact requirements as set forth in the subrecipient's agreement.

Performance reports must contain, for each award, brief information on each of the following:

- A comparison of actual accomplishments with the goals and objectives previously established for the period, including metrics outlined in the monitoring and evaluation plan any findings of an external entity, or both.
- Reasons why established goals for the performance period were not met, if appropriate.
- Other pertinent information including, when appropriate, statutory or Congressional reporting requirements, analysis and explanation of cost overruns or high unit costs reported in financial reports.
- The recipient must immediately notify the awarding agency of developments that have a significant impact on or adverse conditions which materially impair the award-supported activities.
- The Quarterly Pipeline Analysis report must contain expenditures versus budget as identified in work plan, description of challenges, and explanation of unexpected pipeline (high or low). The Pipeline Analysis report must contain the project period, award amount to date, outlay or liquidated amount to date, and the balance of the pipeline, or the award amount to date less the outlay.

The recipient must submit the original and two copies of annual and quarterly Performance reports and quarterly pipeline analysis. Annual reports must be due 90 calendar days after the award year and quarterly reports must be due 30 days after the reporting period. The final performance reports are due 90 calendar days after the expiration or termination of this Agreement.

Additionally, the following terms apply to all performance measure and evaluation plans and reports:

CDC programs must ensure that recipient's Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by OGAC and other HHS/CDC requirements, including PEPFAR's Monitoring, Evaluation, and Reporting (MER) strategy, PEPFAR's Evaluation Standards of Practice, and CDC's Data for Partner Monitoring Program (DFPM).

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, must require a provision to this effect in all sub-awards or contracts financed by funds under this

Agreement. Where applicable, this includes support for, and response to, activities associated with the Site Improvement through Monitoring System and implementation of Data and Service Quality Assessments.

The recipient is required to submit in a timely manner all program results for all relevant programmatic indicators in accordance with U.S. government guidance. All evaluation reports (with or without CDC authors) must adhere to the PEPFAR Evaluation Standards of Practice and must be published on a publically available Internet website, upon approval from CDC offices.

**Audit, Books, and Records Clause (required):**

- A. Reports and Information. The recipient must furnish HHS/CDC accounting records and such other information and reports relating to the Agreement as HHS/CDC may reasonably request.
- B. The Recipient Agreement Books and Records. The recipient must maintain accounting books, records, documents and other evidence relating to the Agreement, adequate to show, without limitation, all costs incurred by the recipient, the receipt and use of goods and services acquired by the recipient, agreed-upon cost sharing requirements, the nature and extent of solicitations of prospective suppliers of goods and services acquired by the recipient, the basis of award of recipient contracts and orders, and the overall progress of the Agreement toward completion ("Agreement books and records"). The recipient must maintain Agreement books and records in accordance with generally accepted accounting principles prevailing in the United States, or at the recipient's option, with approval by HHS/CDC, other accounting principles, such as those (1) prescribed by the International Accounting Standards Committee (an affiliate of the International Federation of Accountants), or (2) prevailing in the country of the recipient. Agreement books and records must be maintained for at least three years after the date of last disbursement by HHS/CDC or for such longer period, if any, required to resolve any litigation, claims or audit findings.
- C. Partner Government Audit. If \$300,000 or more of US Government funds are expended by the recipient in its fiscal year under the Agreement, the recipient must have financial audits made of the expenditures in accordance with the following terms, except as the Parties may otherwise agree in writing:
  - i. The recipient must use its Supreme Audit Institution (SAI), if the SAI is approved by HHS/CDC, or select an independent auditor to perform the audit in accordance with the guidelines issued by HHS/CDC.
  - ii. The audit must determine whether the receipt and expenditure of the funds provided under the Agreement are presented in accordance with generally accepted accounting principles agreed to in Section 2 above and whether the recipient has complied with the terms of the Agreement. Each audit must be submitted to HHS/CDC no later than nine months after the close of the recipient's year under audit.
- D. Sub-recipient Audits. The recipient, except as the Parties may otherwise agree in writing, must ensure that "covered" sub-recipients, as defined below, are audited, and submit to HHS/CDC, no later than the end of the recipient's year under audit, in form and substance satisfactory to HHS/CDC, a plan for the audit of the expenditures of "covered" sub-recipients, as defined below, that receive funds under this Agreement



pursuant to a direct contract or agreement with the recipient.

- i. "Covered" sub-recipient is one who expends \$300,000 or more in its fiscal year in "US Government awards" (i.e. as recipients of US Government cost reimbursable contracts, grants or cooperative agreements).
  - ii. The plan must describe the methodology to be used by the recipient to satisfy its audit responsibilities for covered sub-recipients. The recipient may satisfy such audit responsibilities by relying on independent audits of the sub-recipients; expanding the scope of the independent financial audit of the recipient to encompass testing of sub-recipients' accounts; or a combination of these procedures
  - iii. The plan must identify the funds made available to sub-recipients that will be covered by audits conducted in accordance with audit provisions that satisfy the recipient's audit responsibilities.
  - iv. The recipient must ensure that covered sub-recipients under direct contracts or agreements with the recipient take appropriate and timely corrective actions; consider whether sub-recipients' audits necessitate adjustment of its own records; and require each such sub-recipient to permit independent auditors to have access to records and financial statements as necessary.
- E. Audit Reports. The recipient must furnish or cause to be furnished to HHS/CDC an audit report for each audit arranged for by the recipient in accordance with this Section within 30 days after completion of the audit and no later than nine months after the end of the period under audit.
- F. Cost of Audits. Subject to HHS/CDC approval in writing, costs of audits performed in accordance with the terms of this Section may be budgeted for, and charged to, the Agreement so long as such costs are allowable, allocable, and reasonable as defined in the Cost Allowability section of this Agreement.
- G. Audit by HHS/CDC. HHS/CDC retains the right to perform the audits required under this Agreement on behalf of the recipient conduct a financial review, or otherwise ensure accountability of organizations expending US Government funds regardless of the audit requirement.
- H. Opportunity to Audit or Inspect. The recipient must afford authorized representatives of HHS/CDC the opportunity at all reasonable times to audit or inspect activities financed under the Agreement, the utilization of goods and services financed by HHS/CDC, and books, records and other documents relating to the Agreement.
- I. Sub-recipient Books and Records. The recipient will incorporate paragraphs (A), (B), (D), (E), (F), (G) and (H) of this provision into all sub-agreements with non-U.S. organizations which meet the \$300,000 threshold of paragraph (C) of this provision. Sub-agreements with non-U.S. organizations, which do not meet the \$300,000 threshold, must, at a minimum, incorporate paragraphs (G) and (H) of this provision. Sub-agreements with U.S. organizations must state that the U.S. organization is subject to the audit requirements contained in 2 CFR 200 and 45 CFR 75.

#### **Expenditure Analysis (required):**

Recipients of PEPFAR funds are required to report annually on program expenditures. Specifically, annual completion of PEPFAR Program Expenditures (Form DS-4213, approved by OMB 1405-0208, or the relevant OMB-approved format) will be required in conjunction

with the PEPFAR Annual Progress Report at the completion of the USG fiscal year.

**d. Federal Financial Reporting (FFR) (required)**

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

**e. Final Performance and Financial Report (required)**

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

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

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

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- [https://www.frs.gov/documents/ffata\\_legislation\\_110\\_252.pdf](https://www.frs.gov/documents/ffata_legislation_110_252.pdf)
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

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

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

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

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

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

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

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

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

## **G. Agency Contacts**

CDC encourages inquiries concerning this notice of funding opportunity.

### **Program Office Contact**

**For programmatic technical assistance, contact:**

Briana Lozano, Project Officer  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
1600 Clifton Road, MSE77  
Atlanta, Georgia 30329  
Email: [ihj0@cdc.gov](mailto:ihj0@cdc.gov)

### **Grants Staff Contact**

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

Randolph Williams, Grants Management Specialist  
Department of Health and Human Services  
Office of Grants Services  
2939 Flowers Road, MS TV1  
Atlanta, GA 30341  
Telephone: 770.488.8382  
Email: [gur2@cdc.gov](mailto:gur2@cdc.gov)

For assistance with **submission difficulties related to** [www.grants.gov](http://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](http://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

The appendices will not be counted toward the project narrative page limit. **The total amount of appendices must not exceed 90 pages.** Any pages after page 90 of the appendix will not be considered for review. The following documents must be included in the application appendices:

- **Applicants must submit the following documents in the appendix and title them as follows: “Experience,” “CVs/Resumes,” “Job Descriptions,” “Organizational Chart,” “Financial Statement”, as found in the “Organizational Capacity of Recipients to Implement the Approach” section, and upload it at [grants.gov](http://grants.gov).**
- **Letters of Commitment**, if applicable. Applicants may submit letters of commitment. Letters of commitment refer to statements of active participation and financial involvement in the project. Letters of commitment are different from letters of support. As stated below under Page Limitations, letters of support are not requested and will not be referred to reviewers.
- **Negotiated Indirect Cost Rate Agreement**, if applicable
- **Non-profit organization IRS status forms**, if applicable

Any information submitted via [www.grants.gov](http://www.grants.gov) must be uploaded in a PDF file format, and should be clearly labeled (i.e.,: Organizational Chart should be named “Organizational Chart”).

### Page Limitations

- Applicants must abide by the page number limitation listed in Section D, #10 Project Narrative. Any pages submitted beyond the number of pages listed for the project narrative will not be reviewed.
- Applicants must abide by the submission requirements for the project narrative and

appendix. Materials required in the project narrative submitted in the appendix will not be reviewed. Materials submitted in the appendix that are not requested in the NOFO will not be reviewed.

- Applicants must abide by the submission requirements for the appendix. Materials submitted in the appendix that are not requested in the NOFO will not be referred to reviewers. Letters of support are not requested and will not be referred to reviewers.
- If the total amount of appendices includes more than 90 pages, any pages after page 90 of the appendix will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents as appendices. All applications will be initially reviewed for completeness by CDC OGS staff.

### **Amendments, Questions and Answers (Q&As)**

Applicants must submit their Q&As, if any, by email to [pepfarfoas@cdc.gov](mailto:pepfarfoas@cdc.gov) and to the Project Officer listed under the Agency Contacts Section of this announcement no later than 15 days after the publication date in [www.grants.gov](http://www.grants.gov). Questions received more than 15 days after the NOFO is published on [www.grants.gov](http://www.grants.gov) will not be considered and a response will not be provided.

All changes, updates, and amendments to the NOFO will be posted to [www.grants.gov](http://www.grants.gov) following the approval of CDC.

For additional information on reporting requirements, visit the CDC website at: [http://www.cdc.gov/od/pgo/funding/grants/additional\\_req.shtm](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm).

Other CDC NOFOs can be found on Grants.gov website, at the following internet address: <http://www.grants.gov>.

## **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](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](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](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](http://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](http://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](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 education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

**Notice of Award (NoA):** The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding

limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

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

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

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

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

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

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

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

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

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

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

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

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

**System for Award Management (SAM):** The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through

Electronic Funds Transfer (EFT). SAM stores organizational information, allowing [www.grants.gov](http://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